

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION (FRA)

# INSPECTION REPORT

OMB Approval No.: 2130-0509

Inspector's Name <b>Voigt, Jordan</b>				Inspector's Signature				Inspector's ID No. <b>M3004</b>		Report No. <b>23</b>		Date		
												yy <b>2020</b>	mm <b>02</b>	dd <b>24</b>
Railroad/Company Name & Address <b>MONTANA RAIL LINK</b>						R/C <b>R</b>		Division <b>SYSTEM</b>		RR/Co. Representative (Receipt Acknowledged) Name <b>Paul Andrus</b> Title <b>Mechanical Foreman</b> Email Signature _____				
						RR/Co. Code <b>MRL</b>		Subdivision <b>SYSTEM</b>						
From: City <b>MISSOULA</b>				Codes <b>0830</b>		Destination City & County				Codes		From Latitude		
State <b>MT</b>				<b>30</b>		City						From Longitude		
County <b>MISSOULA</b>				<b>C063</b>		County						To Latitude		
Mile Post: From				To		Inspection Point <b>INDUSTRY SIDING</b>						To Longitude		
Activity Code:	<b>215</b>	<b>224</b>	<b>231</b>	<b>232</b>	<b>232X</b>							<b>CARS</b>		
Units:	<b>32</b>	<b>32</b>	<b>32</b>	<b>32</b>	<b>1</b>							<b>32</b>		
Sub Units:	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>							<b>0</b>		
Item	Initials/Milepost	Equipment/Track #	Type/Kind	49 CFR/USC	Defect	Subrule	Speed	Class	Train #/Site	SNFR*	RCL**	# of Occ.***	Activity Code	
<b>1</b>	<b>GATX</b>	<b>212431</b>	<b>T</b>	<b>215</b>	<b>0123</b>	<b>D1</b>				<b>N</b>	<b>N</b>	<b>1</b>	<b>215</b>	
Description <b>Knuckle pin broken/missing (A end).</b>														
Seal Applied			Seal Removed			Hazard Class			UN/NA ID					
Violation Recommended <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						Latitude:			Longitude:					
Written Notification to FRA of Remedial Action is: <input type="checkbox"/> Required <input checked="" type="checkbox"/> Optional						Railroad Action Code			Date(mm/dd/yyyy):		Comments on back?			
Item	Initials/Milepost	Equipment/Track #	Type/Kind	49 CFR/USC	Defect	Subrule	Speed	Class	Train #/Site	SNFR*	RCL**	# of Occ.***	Activity Code	
<b>2</b>	<b>HPTX</b>	<b>732657</b>	<b>FB</b>	<b>231</b>	<b>0130</b>	<b>A3</b>				<b>N</b>	<b>N</b>	<b>1</b>	<b>231</b>	
Description <b>Sill step loose (BR).</b>														
Seal Applied			Seal Removed			Hazard Class			UN/NA ID					
Violation Recommended <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						Latitude:			Longitude:					
Written Notification to FRA of Remedial Action is: <input type="checkbox"/> Required <input checked="" type="checkbox"/> Optional						Railroad Action Code			Date(mm/dd/yyyy):		Comments on back?			

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# INSPECTION REPORT

(Continuation)

OMB Approval No.: 2130-0509

Inspector's ID No. M3004	Report No. 23	Report Date 2/24/2020
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Item	Initials/Milepost	Equipment/Track #	Type/Kind	49 CFR/ USC	Defect	Subrule	Speed	Class	Train #/Site	SNFR*	RCL**	# of Occ.***	Activity Code
3	TTZX	86588	FB	215	0123	D2				N	N	1	215

Description  
Knuckle thrower inoperative (A end).

Seal Applied	Seal Removed	Hazard Class	UN/NA ID
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Violation Recommended	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Latitude:	Longitude:
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Written Notification to FRA of Remedial Action is:	<input type="checkbox"/> Required <input checked="" type="checkbox"/> Optional	Railroad Action Code	<input type="text"/> <input type="text"/> <input type="text"/>	Date(mm/dd/yyyy):	<input type="text"/>	Comments on back?
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