

INSPECTION REPORT

OMB Approval No.: 2130-0509

Inspector's Name Voigt, Jordan				Inspector's Signature				Inspector's ID No. M3004		Report No. 19		Date		
												yy 2021	mm 01	dd 27
Railroad/Company Name & Address MONTANA RAIL LINK Missoula MT						R/C R		Division SYSTEM		RR/Co. Representative (Receipt Acknowledged) Name Matt Olson Title Mechanical Foreman Email Signature _____				
						RR/Co. Code MRL		Subdivision SYSTEM						
From: City MISSOULA				Codes 0830		Destination City & County				Codes		From Latitude		
State MT				30		City						From Longitude		
County MISSOULA				C063		County						To Latitude		
Mile Post: From To				Inspection Point MISSOULA YARD								To Longitude		
Activity Code:	215	224	231	232	232X	TCL						CARS		
Units:	96	96	96	96	1	80						96		
Sub Units:	0	0	0	0	3	0						0		
Item	Initials/Milepost	Equipment/Track #	Type/Kind	49 CFR/USC	Defect	Subrule	Speed	Class	Train #/Site	SNFR*	RCL**	# of Occ.***	Activity Code	
1	GATX	101027	T	231	0114	B2				N	N	1	231	
Description Improper hand brake wheel clearance.														
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	
2	GATX	101033	T	231	0114	B2				N	N	1	231	
Description Improper hand brake wheel clearance.														
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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(Continuation)

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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	GATX	101000	T	231	0138	A3				N	N	1	231

Description
Safety railing loose (left side).

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"/>	Date(mm/dd/yyyy):	<input type="text"/>	Comments on back?
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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
4	GATX	101023	T	231	0138	A3				N	N	1	231

Description
Safety railing loose (left side).

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"/>	Date(mm/dd/yyyy):	<input type="text"/>	Comments on back?
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