

DEPARTMENT OF TRANSPORTATION
FEDERAL RAILROAD ADMINISTRATION (FRA)

INSPECTION REPORT

OMB Approval No.: 2130-0509

Inspector's Name Voigt, Jordan				Inspector's Signature				Inspector's ID No. M3004		Report No. 60		Date		
												yy 2021	mm 04	dd 21
Railroad/Company Name & Address BNSF RAILWAY COMPANY						R/C R		Division SYSTEM		RR/Co. Representative (Receipt Acknowledged) Name Jack Murray Title General Foreman Email Signature _____				
						RR/Co. Code BNSF		Subdivision SYSTEM						
From: City HAVRE				Codes 0580		Destination City & County				Codes		From Latitude		
State MT				30		City						From Longitude		
County HILL				C041		County						To Latitude		
Mile Post: From				To		Inspection Point HAVRE REPAIR TRACK						To Longitude		
Activity Code:	232S	218Y	MREC											
Units:	1	1	1											
Sub Units:	0	0	5											
Item	Initials/Milepost	Equipment/Track #	Type/Kind	49 CFR/USC	Defect	Subrule	Speed	Class	Train #/Site	SNFR*	RCL**	# of Occ.***	Activity Code	
1										N	N	0		
Description - [** Comment to Railroad/Company **] Observed SCAT, no exceptions taken.														
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										N	N	0		
Description - [** Comment to Railroad/Company **] Observed Blue Signal Protection at repair track, no exceptions taken.														
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?			

INSPECTION REPORT

(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										N	N	0	

Description - [** Comment to Railroad/Company **]

Inspected single car air testers for calibration, no exceptions taken.

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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