

# INSPECTION REPORT

OMB Approval No.: 2130-0509

Inspector's Name <b>Blackwell, Michael</b>				Inspector's Signature				Inspector's ID No. <b>11265</b>		Report No. <b>86</b>		Date		
												yy <b>2022</b>	mm <b>08</b>	dd <b>03</b>
Railroad/Company Name & Address <b>BNSF RAILWAY COMPANY</b>						R/C <b>R</b>		Division <b>SYSTEM</b>		RR/Co. Representative (Receipt Acknowledged) Name <b>Steven Walker</b> Title <b>AG Foreman Mechanical</b> Email <b>steven.walker2@bnsf.com</b> Signature _____				
						RR/Co. Code <b>BNSF</b>		Subdivision <b>SYSTEM</b>						
From: City <b>SHERIDAN</b>			Codes <b>0750</b>		Destination City & County				Codes		From Latitude			
State <b>WY</b>			<b>56</b>		City						From Longitude			
County <b>SHERIDAN</b>			<b>C033</b>		County						To Latitude			
Mile Post: From To				Inspection Point <b>BNSF SHERIDAN YARD</b>						To Longitude				
Activity Code:	<b>215</b>	<b>231</b>	<b>232</b>	<b>224</b>	<b>229D</b>	<b>232X</b>	<b>229X</b>	<b>232E</b>	<b>MREC</b>	<b>LTM</b>	<b>CARS</b>			
Units:	<b>40</b>	<b>46</b>	<b>46</b>	<b>46</b>	<b>6</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>7</b>	<b>1</b>	<b>40</b>			
Sub Units:	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>14</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>BNSF</b>	<b>4017</b>	<b>EFG</b>	<b>229</b>	<b>0119</b>	<b>C1</b>			<b>SHERIDAN YARD</b>	<b>N</b>	<b>N</b>	<b>1</b>	<b>229D</b>
Description Floors hazardous, Oil on rear walkway.													
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 <input type="text"/> <input type="text"/> <input type="text"/>			Date(mm/dd/yyyy): <input type="text"/>			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>BNSF</b>	<b>4017</b>	<b>EFG</b>	<b>229</b>	<b>0045</b>	<b>B2</b>			<b>SHERIDAN YARD</b>	<b>N</b>	<b>N</b>	<b>1</b>	<b>229D</b>
Description Hazardous leaks oil, main generator covered in oil due to rear main engine seal leak.													
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 <input type="text"/> <input type="text"/> <input type="text"/>			Date(mm/dd/yyyy): <input type="text"/>			Comments on back?	

# INSPECTION REPORT

(Continuation)

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Inspector's ID No. 11265	Report No. 86	Report Date 8/3/2022
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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	BNSF	4017	EFG	229	0045	B1			SHERIDAN YARD	N	N	1	229D

Description  
Hazardous leaks fuel, (L7) and (L8) fuel injector lines leaking fuel.

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	Date(mm/dd/yyyy):	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	GLSX	33421	H	232	0103	F3			SHERIDAN YARD	N	N	1	232

Description  
Freight car air brakes are not in effective operating condition - (L4) Brake shoe broken.

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	Date(mm/dd/yyyy):	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
5	BNQ	46510	ETD	232	0409	D			SHERIDAN YARD	N	N	1	MREC

Description  
End of train device calibration overdue. Calibration date April 22, 2021.

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	Date(mm/dd/yyyy):	Comments on back?
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