

DEPARTMENT OF TRANSPORTATION
FEDERAL RAILROAD ADMINISTRATION (FRA)

INSPECTION REPORT

OMB Approval No.: 2130-0509

Inspector's Name Jackson, Dave				Inspector's Signature				Inspector's ID No. M3003		Report No. 152		Date		
												yy 2023	mm 09	dd 25
Railroad/Company Name & Address BNSF RAILWAY COMPANY Great Falls MT						R/C R		Division SYSTEM		RR/Co. Representative (Receipt Acknowledged) Name David Johnson Title Mechanical Foreman Email david.johnson122807@bnsf.com Signature _____				
						RR/Co. Code BNSF		Subdivision SYSTEM						
From: City ACTON				Codes 0004		Destination City & County				Codes		From Latitude		
State MT				30		City						From Longitude		
County YELLOWSTONE				C111		County						To Latitude		
Mile Post: From To				Inspection Point ACTON MAIN LINE SIDING								To Longitude		
Activity Code:	215	224	229D	231	232	232X							CARS	
Units:	50	52	2	52	50	1							50	
Sub Units:	0	0	0	0	0	1							0	
Item	Initials/Milepost	Equipment/Track #	Type/Kind	49 CFR/ USC	Defect	Subrule	Speed	Class	Train #/Site	SNFR*	RCL**	# of Occ.***	Activity Code	
1	BNSF	5070	EMF	229	0045	C1			ACTON MT	N	N	1	229D	
Description Rear main seal leaking oil onto main generator.														
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	ATSF	74597	G	232	0103	F3			ACTON MT	N	N	1	232	
Description R-2 Brake key not in fully in place.														
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?			

DEPARTMENT OF TRANSPORTATION
FEDERAL RAILROAD ADMINISTRATION (FRA)

INSPECTION REPORT

(Continuation)

OMB Approval No.: 2130-0509

Inspector's ID No. M3003	Report No. 152	Report Date 9/25/2023
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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	CBTX	737697	T	232	0103	F3			ACTON MT	N	N	1	232

Description
L-4 Brake shoe worn to the backing plate.

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	SMW	822972	CH	215	0301	A1			ACTON MT	N	N	1	215

Description
Left side build date missing.

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	CBTX	728953	T						ACTON MT	N	N	0	

Description - [** Comment to Railroad/Company **]
A-L Spring nest has one coil spring shifted out of place.

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
6				232					ACTON MT	N	N	0	232X

Description - [** Comment to Railroad/Company **]
Inspected (1) train set for securement of unattended equipment, 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	Date(mm/dd/yyyy):	Comments on back?
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