

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. 16		Date yy mm dd 2024 01 30		
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 SIDING						To Longitude				
Activity Code:	215	224	229D	231	232	232X							CARS	
Units:	27	28	1	28	27	1							27	
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	5003	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	BNSF	5003	EMF	229	0119	C1			ACTON MT	N	N	1	229D

Description
Oil on left rear walkway (next to hand brake).

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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Inspector's ID No.	Report No.	Report Date
M3003	16	1/30/2024

Item	Initials/Milepost	Equipment/Track #	Type/Kind	49 CFR/ USC	Defect	Subrule	Speed	Class	Train #/Site	SNFR*	RCL**	# of Occ.***	Activity Code
3	TTRX	360132	O	232	0103	F3			ACTON MT	N	N	1	232

Description
R-2 Brake shoe partly broken.

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
4				232					ACTON MT	N	N	0	232X

Description - [** Comment to Railroad/Company **]
Inspected train set for securement of unattended equipment, 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	<input type="text"/> <input type="text"/> <input type="text"/>	Date(mm/dd/yyyy):	<input type="text"/>	Comments on back?