

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION (FRA)

# INSPECTION REPORT

OMB Approval No.: 2130-0509

Inspector's Name Sherwood, Daniel				Inspector's Signature				Inspector's ID No. M3005		Report No. 24		Date yy mm dd 2024 03 14		
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 GARRISON			Codes 0477		Destination City & County				Codes		From Latitude			
State MT			30		City						From Longitude			
County POWELL			C077		County						To Latitude			
Mile Post: From To				Inspection Point GARRISON YARD						To Longitude				
Activity Code:	215	224	229D	231	232	232X							CARS	
Units:	107	108	1	108	107	1							107	
Sub Units:	0	0	0	0	0	3							0	

Item	Initials/Milepost	Equipment/Track #	Type/Kind	49 CFR/USC	Defect	Subrule	Speed	Class	Train #/Site	SNFR*	RCL**	# of Occ.***	Activity Code
1	TILX	304873	T	232	0103	F3				N	N	1	232
Description (R4) brake shoe worn to backing plate.													
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	MRXX	44100	G	232	0103	F3				N	N	2	232
Description (L3 & L4) brake shoes worn/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		Date(mm/dd/yyyy):				Comments on back?	

# INSPECTION REPORT

(Continuation)

OMB Approval No.: 2130-0509

Inspector's ID No. M3005	Report No. 24	Report Date 3/14/2024
-----------------------------	------------------	--------------------------

Item	Initials/Milepost	Equipment/Track #	Type/Kind	49 CFR/USC	Defect	Subrule	Speed	Class	Train #/Site	SNFR*	RCL**	# of Occ.***	Activity Code
3	MRXX	44108	G	231	0130	B1				N	N	1	231

Description  
(AL) sill step bent/damaged.

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
4	PPBX	663864	T	232	0103	F3				N	N	1	232

Description  
Vent protector missing.

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
5	TCBX	136026	T	231	0031	A1				N	N	1	231

Description  
(B-end) drawbar height less than 31 1/2" from top of rail.

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
6	NDYX	155771	T	215						N	N	0	215

Description - [\*\* Comment to Railroad/Company \*\*]  
(L3) flange thickness at AAR limits 15/16".

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)

OMB Approval No.: 2130-0509

Inspector's ID No. M3005	Report No. 24	Report Date 3/14/2024
-----------------------------	------------------	--------------------------

Item	Initials/Milepost	Equipment/Track #	Type/Kind	49 CFR/USC	Defect	Subrule	Speed	Class	Train #/Site	SNFR*	RCL**	# of Occ.***	Activity Code
7	GATX	60197	T	215						N	N	0	215

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

(Right-side) AEI/RFID tag loose/hanging.

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"/>	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
8										N	N	0	232X

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

Inspected two cuts of cars and one locomotive 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"/>	Date(mm/dd/yyyy):	<input type="text"/>	Comments on back?
--	--	----------------------	----------------------	-------------------	----------------------	-------------------