

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. 43		Date yy mm dd 2023 06 14		
Railroad/Company Name & Address BNSF RAILWAY COMPANY Havre MT						R/C R		Division SYSTEM		RR/Co. Representative (Receipt Acknowledged)				
						RR/Co. Code BNSF		Subdivision SYSTEM		Name Christopher Romero				
										Title Zone Superintendent				
										Email christopher.romero@BNSF.com				
										Signature _____				
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 YARD						To Longitude				
Activity Code:	229D	224	231	232X										
Units:	6	6	6	1										
Sub Units:	0	0	0	1										
Item	Initials/Milepost	Equipment/Track #	Type/Kind	49 CFR/USC	Defect	Subrule	Speed	Class	Train #/Site	SNFR*	RCL**	# of Occ.***	Activity Code	
1	BNSF	5409	EMF	229	0067	A1				N	N	1	229D	
Description (R3) vertical shock leaking oil.														
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	4430	EMF	229	0093	C1				N	N	1	229D	
Description (Right-side) emergency fuel cut off decal 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?			

DEPARTMENT OF TRANSPORTATION
FEDERAL RAILROAD ADMINISTRATION (FRA)

INSPECTION REPORT
(Continuation)

OMB Approval No.: 2130-0509

Inspector's ID No. M3005	Report No. 43	Report Date 6/14/2023
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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	BNSF	5502	EMF	229	0093	C1				N	N	1	229D

Description
(Left-side) emergency fuel cut off decal faded.

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"/> <input type="text"/> <input type="text"/>	Date(mm/dd/yyyy):	<input type="text"/>	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	BNSF	5409	EMF	229						N	N	0	229D

Description - [** Comment to Railroad/Company **]
Hammer left on rear walkway, tripping hazard.

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"/> <input type="text"/> <input type="text"/>	Date(mm/dd/yyyy):	<input type="text"/>	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										N	N	0	

Description - [** Comment to Railroad/Company **]
Inspected one locomotive consist 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	<input type="text"/> <input type="text"/> <input type="text"/>	Date(mm/dd/yyyy):	<input type="text"/>	Comments on back?
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