

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. 102		Date		
												yy 2022	mm 07	dd 13
Railroad/Company Name & Address MONTANA RAIL LINK 2800 Shannon Road Laurel MT 59044						R/C R		Division SYSTEM		RR/Co. Representative (Receipt Acknowledged) Name Mark Turner Title General Mechanical Foreman Email mturner@mtrail.com Signature _____				
						RR/Co. Code MRL		Subdivision SYSTEM						
From: City LAUREL				Codes 0700		Destination City & County				Codes		From Latitude		
State MT				30		City						From Longitude		
County YELLOWSTONE				C111		County						To Latitude		
Mile Post: From To				Inspection Point LAUREL WEST T-1								To Longitude		
Activity Code:	215	224	229D	231	232	232X							CARS	
Units:	110	113	3	113	110	1							110	
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	4627	EMF	229	0045	E9			LAUREL WEST T1	N	N	1	229D	
Description R-3 Vertical shock leaking hydraulic 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 <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	
2	BNSF	672052	H	232	0103	F3			LAUREL WEST T1	N	N	1	232	
Description L-4 Brake shoe worn to the 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 <input type="text"/> <input type="text"/> <input type="text"/>			Date(mm/dd/yyyy): <input type="text"/>		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. 102	Report Date 7/13/2022
-----------------------------	-------------------	--------------------------

Item	Initials/Milepost	Equipment/Track #	Type/Kind	49 CFR/USC	Defect	Subrule	Speed	Class	Train #/Site	SNFR*	RCL**	# of Occ.***	Activity Code
3	WFRX	672052	H	215	0301	A1			LAUREL WEST T1	N	N	1	215

Description

Left side build date painted over.

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	WFRX	672052	H	215	0301	A1			LAUREL WEST T1	N	N	1	215

Description

Left side build date painted over.

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	WFRX	971975	H	215	0301	A1			LAUREL WEST T1	N	N	1	215

Description

Left side build date painted over.

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	WFRX	971975	H	215	0103	FII			LAUREL WEST T1	N	N	1	215

Description

L-4 Wheel has 2 1/2 Inch shell-out.

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. 102	Report Date 7/13/2022
-----------------------------	-------------------	--------------------------

Item	Initials/Milepost	Equipment/Track #	Type/Kind	49 CFR/USC	Defect	Subrule	Speed	Class	Train #/Site	SNFR*	RCL**	# of Occ.***	Activity Code
7	BNSF	670150	H	215	0301	A1			LAUREL WEST T1	N	N	1	215

Description

Left side build date painted over.

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
8	BNSF	672099	H	215	0103	A1			LAUREL WEST T1	N	N	1	215

Description

L-1 Wheel flange @ FRA limits 7/8 Inch.

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
9	BNSF	670970	H	215	0103	A1			LAUREL WEST T1	N	N	1	215

Description

R-4 Wheel flange @ FRA limits 7/8 Inch.

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
10	BNSF	672052	H						LAUREL WEST T1	N	N	0	

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

L-1 Wheel Flange @ AAR limits 15/16 Inch.

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. 102	Report Date 7/13/2022
-----------------------------	-------------------	--------------------------

Item	Initials/Milepost	Equipment/Track #	Type/Kind	49 CFR/ USC	Defect	Subrule	Speed	Class	Train #/Site	SNFR*	RCL**	# of Occ.***	Activity Code
11	BNBX	1211	H						LAUREL WEST T1	N	N	0	

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

L-1 Wheel Flange @ AAR limits 15/16 Inch.

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
12	BNSF	668491	H						LAUREL WEST T1	N	N	0	

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

L-1 Wheel Flange @ AAR limits 15/16 Inch.

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
13	BNSF	672629	H						LAUREL WEST T1	N	N	0	

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

L-1 Wheel Flange @ AAR limits 15/16 Inch.

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
14	BNSF	671409	H						LAUREL WEST T1	N	N	0	

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

R-1 Wheel Flange @ AAR limits 15/16 Inch.

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. 102	Report Date 7/13/2022
-----------------------------	-------------------	--------------------------

Item	Initials/Milepost	Equipment/Track #	Type/Kind	49 CFR/ USC	Defect	Subrule	Speed	Class	Train #/Site	SNFR*	RCL**	# of Occ.***	Activity Code
15	BNSF	668317	H						LAUREL WEST T1	N	N	0	

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

R-1 Wheel Flange @ AAR limits 15/16 Inch.

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?
---	-----------------------------------	--	----------------------	----------------------	-------------------	----------------------	-------------------