

Public reporting burden for this information collection is estimated to average 70 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. According to the Paperwork Reduction Act of 1995, a federal agency may not conduct or sponsor and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with, a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for this information collection is 2130-0565. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden to: Information Collection Officer, Federal Railroad Administration, 1200 New Jersey Ave., S.E., Washington D.C. 20590.

	SAMPLE CAR INSPECTION			ADDRESS:			FRA CONTROL NUMBER		
REQUEST INFORMATION:									
Contact Name:				Date:					
Title:				Job or Order No.:					
Business Phone:				Proposed Car Type:					
E-Mail Address:				Type of Car:					
Build Location Name:				Qty. of Cars:					
Build Location Address:				Reporting Marks:					
Sample Car Inspection Request: Yes: <input type="checkbox"/> No: <input type="checkbox"/>				Series Numbers:					
Review DWG Request: Yes: <input type="checkbox"/> No: <input type="checkbox"/>				Stamped Serial Numbers:					
FRA Contacts				Request Sent To:					
Director Office of Safety: Yes: <input type="checkbox"/> No: <input type="checkbox"/>				Customer:					
FRA SA/HQTRS Specialist: Yes: <input type="checkbox"/> No: <input type="checkbox"/>				Inspection Request: Yes: <input type="checkbox"/> No: <input type="checkbox"/>					
FRA Region Specialist: Yes: <input type="checkbox"/> No: <input type="checkbox"/>				Site Rep. Name:					
FRA MP&E Staff Dir: Yes: <input type="checkbox"/> No: <input type="checkbox"/>				Site Rep. Title:					
				Site Rep. Phone No.					
CAR CONSTRUCTION INFORMATION - (Note: applies only to safety appliances)									
Production Start Date:				Production End Date:					
FRA SCI Request Date:				Temp. Reporting Marks: Yes: <input type="checkbox"/> No: <input type="checkbox"/>					
Base Car: Yes: <input type="checkbox"/> No: <input type="checkbox"/>				AAR S-2044 Standard:					
If "YES", Base Control No:				APTA Standard:					
CFR Part or 231.18 Nearest Car:									
Actual CFR:									
Deviations, if any:				Additional Information:					
				Supplimental information provided.					
				Yes: <input type="checkbox"/> No: <input type="checkbox"/>					
Justification for Relief:									
CAR CONSTRUCTION DETAILS									
Documents Submitted				Dwgs.	Number	Rev.	Comments (If Document Not Complete)		
Safety Appliance Dwg.: Yes: <input type="checkbox"/> No: <input type="checkbox"/>									
Brake Assy Dwg.: Yes: <input type="checkbox"/> No: <input type="checkbox"/>									
Reflectorization Dwg.: Yes: <input type="checkbox"/> No: <input type="checkbox"/>									
Specialty List: Yes: <input type="checkbox"/> No: <input type="checkbox"/>									
Brake Force Test: Yes: <input type="checkbox"/> No: <input type="checkbox"/>									
Curve Test: Yes: <input type="checkbox"/> No: <input type="checkbox"/>									
Brake Dimension Dwg.: Yes: <input type="checkbox"/> No: <input type="checkbox"/>									
DO NOT WRITE BELOW THIS LINE									
FRA REGIONAL OFFICE OF SAFETY ASSURANCE & COMPLIANCE REVIEW, FIELD INSPECTION REVIEW AND SIGN OFF									
Inspection Date:				Regional Office			Grid Sign Off		
DWG Review Date:				MP&E Inspector:			Signature:		
Insp. Report to Builder: Yes: <input type="checkbox"/> No: <input type="checkbox"/>				Date:					
Exception to Design: Yes: <input type="checkbox"/> No: <input type="checkbox"/>				Regional Specialist:			Signature		
Exception w/comments: Yes: <input type="checkbox"/> No: <input type="checkbox"/>				Date:					
F6180.96 Inspection Report: Yes: <input type="checkbox"/> No: <input type="checkbox"/>				Regional Administrator:			Signature		
F6180.4 SCI Report: Yes: <input type="checkbox"/> No: <input type="checkbox"/>				Date:					
Photographs (Six) Minimum: Yes: <input type="checkbox"/> No: <input type="checkbox"/>				Photo Qty:					
Deviation Photographs: Yes: <input type="checkbox"/> No: <input type="checkbox"/>				Photo Qty:					
Regional Comments:									
HEADQUARTERS REVIEW AND SIGN OFF									
Headquarters, Accepted: Yes: <input type="checkbox"/> No: <input type="checkbox"/>				FRA Takes No Exception To This Equipment At This Time					
Headquarters Comments:				Safety Appliance Spec.:			Signature:		
				Date:					
FRA response should in no way be construed as a certification or approval that the equipment complies with all Federal requirements.				MP&E Staff Director:			Signature		
				Date:					
OMB No.F 6180.4 EZ (3-11) (Office of Railroad Safety)				Office of Safety Director:			Signature		
				Date:					
				Response Sent by:			Date:		