

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.

		<b>SAMPLE CAR INSPECTION</b>		<b>ADDRESS:</b>		<b>FRA CONTROL NUMBER</b>			
<b>REQUEST INFORMATION:</b>				<b>Date:</b>					
<b>Contact Name:</b>				<b>Job or Order No.:</b>					
<b>Title:</b>				<b>Proposed Car Type:</b>					
<b>Business Phone:</b>				<b>Type of Car:</b>					
<b>E-Mail Address:</b>				<b>Qty. of Cars:</b>					
<b>Build Location Name:</b>				<b>Reporting Marks:</b>					
<b>Build Location Address:</b>				<b>Series Numbers:</b>					
<b>Sample Car Inspection Request:</b>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Yes:</td> <td style="width: 50%; text-align: center;">No:</td> </tr> </table>		Yes:	No:	<b>Stamped Serial Numbers:</b>			
Yes:	No:								
<b>Review DWG Request:</b>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Yes:</td> <td style="width: 50%; text-align: center;">No:</td> </tr> </table>		Yes:	No:	<b>Customer:</b>			
Yes:	No:								
<b>FRA Contacts</b>		<b>Request Sent To:</b>		<b>Inspection Request:</b>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Yes:</td> <td style="width: 50%; text-align: center;">No:</td> </tr> </table>		Yes:	No:
Yes:	No:								
<b>Director Office of Safety:</b>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Yes:</td> <td style="width: 50%; text-align: center;">No:</td> </tr> </table>		Yes:	No:	<b>Site Rep. Name:</b>			
Yes:	No:								
<b>FRA SA/HQTRS Specialist:</b>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Yes:</td> <td style="width: 50%; text-align: center;">No:</td> </tr> </table>		Yes:	No:	<b>Site Rep. Title:</b>			
Yes:	No:								
<b>FRA Region Specialist:</b>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Yes:</td> <td style="width: 50%; text-align: center;">No:</td> </tr> </table>		Yes:	No:	<b>Site Rep. Phone No.:</b>			
Yes:	No:								
<b>FRA MP&amp;E Staff Dir:</b>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Yes:</td> <td style="width: 50%; text-align: center;">No:</td> </tr> </table>		Yes:	No:				
Yes:	No:								
<b>CAR CONSTRUCTION INFORMATION - (Note: applies only to safety appliances)</b>									
<b>Production Start Date:</b>				<b>Production End Date:</b>					
<b>FRA SCI Request Date:</b>				<b>Temp. Reporting Marks:</b>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Yes:</td> <td style="width: 50%; text-align: center;">No:</td> </tr> </table>		Yes:	No:
Yes:	No:								
<b>Base Car:</b>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Yes:</td> <td style="width: 50%; text-align: center;">No:</td> </tr> </table>		Yes:	No:	<b>AAR S-2044 Standard:</b>			
Yes:	No:								
<b>If "YES", Base Control No.:</b>				<b>APTA Standard:</b>					
<b>CFR Part or 231.18 Nearest Car:</b>									
<b>Actual CFR:</b>									
<b>Deviations, if any:</b>		<b>Additional Information:</b>				<b>Supplimental information provided.</b>			
						<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Yes:</td> <td style="width: 50%; text-align: center;">No:</td> </tr> </table>		Yes:	No:
Yes:	No:								
<b>Justification for Relief:</b>									
<b>CAR CONSTRUCTION DETAILS</b>									
<b>Documents Submitted</b>				<b>Dwgs.</b>	<b>Number</b>	<b>Rev.</b>	<b>Comments (If Document Not Complete)</b>		
<b>Safety Appliance Dwg.:</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Yes:</td> <td style="width: 50%; text-align: center;">No:</td> </tr> </table>		Yes:	No:					
Yes:	No:								
<b>Brake Assy Dwg.:</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Yes:</td> <td style="width: 50%; text-align: center;">No:</td> </tr> </table>		Yes:	No:					
Yes:	No:								
<b>Reflectorization Dwg.:</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Yes:</td> <td style="width: 50%; text-align: center;">No:</td> </tr> </table>		Yes:	No:					
Yes:	No:								
<b>Specialty List:</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Yes:</td> <td style="width: 50%; text-align: center;">No:</td> </tr> </table>		Yes:	No:					
Yes:	No:								
<b>Brake Force Test:</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Yes:</td> <td style="width: 50%; text-align: center;">No:</td> </tr> </table>		Yes:	No:					
Yes:	No:								
<b>Curve Test:</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Yes:</td> <td style="width: 50%; text-align: center;">No:</td> </tr> </table>		Yes:	No:					
Yes:	No:								
<b>Brake Dimension Dwg.:</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Yes:</td> <td style="width: 50%; text-align: center;">No:</td> </tr> </table>		Yes:	No:					
Yes:	No:								
<b>DO NOT WRITE BELOW THIS LINE</b>									
<b>FRA REGIONAL OFFICE OF SAFETY ASSURANCE &amp; COMPLIANCE REVIEW, FIELD INSPECTION REVIEW AND SIGN OFF</b>									
<b>Inspection Date:</b>				<b>Regional Office</b>		<b>Grid Sign Off</b>			
<b>DWG Review Date:</b>				<b>MP&amp;E Inspector:</b>		<b>Signature:</b>			
<b>Insp. Report to Builder:</b>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Yes:</td> <td style="width: 50%; text-align: center;">No:</td> </tr> </table>		Yes:	No:				
Yes:	No:								
<b>Exception to Design:</b>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Yes:</td> <td style="width: 50%; text-align: center;">No:</td> </tr> </table>		Yes:	No:	<b>Regional Specialist:</b>		<b>Signature</b>	
Yes:	No:								
<b>Exception w/comments</b>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Yes:</td> <td style="width: 50%; text-align: center;">No:</td> </tr> </table>		Yes:	No:				
Yes:	No:								
<b>F6180.96 Inspection Report:</b>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Yes:</td> <td style="width: 50%; text-align: center;">No:</td> </tr> </table>		Yes:	No:	<b>Regional Administrator:</b>		<b>Signature</b>	
Yes:	No:								
<b>F6180.4 SCI Report:</b>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Yes:</td> <td style="width: 50%; text-align: center;">No:</td> </tr> </table>		Yes:	No:				
Yes:	No:								
<b>Photographs (Six) Minimum:</b>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Yes:</td> <td style="width: 50%; text-align: center;">No:</td> </tr> </table>		Yes:	No:	<b>Photo Qty:</b>			
Yes:	No:								
<b>Deviation Photographs:</b>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Yes:</td> <td style="width: 50%; text-align: center;">No:</td> </tr> </table>		Yes:	No:	<b>Photo Qty:</b>			
Yes:	No:								
<b>Regional Comments:</b>									
<b>HEADQUARTERS REVIEW AND SIGN OFF</b>									
<b>Headquarters, Accepted:</b>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Yes:</td> <td style="width: 50%; text-align: center;">No:</td> </tr> </table>		Yes:	No:	<b>FRA Takes No Exception To This Equipment At This Time</b>			
Yes:	No:								
<b>Headquarters Comments:</b>				<b>Safety Appliance Spec.:</b>		<b>Signature:</b>			
				<b>MP&amp;E Staff Director:</b>		<b>Signature</b>			
<b>FRA response should in no way be construed as a certification or approval that the equipment complies with all Federal requirements.</b>				<b>Office of Safety Director:</b>		<b>Signature</b>			
<b>OMB No.F 6180.4 EZ (3-11) (Office of Railroad Safety)</b>				<b>Response Sent by:</b>		<b>Date:</b>			