

INSPECTION REPORT

Inspector's Name	Inspector's Signature	Inspector's ID No.	Report No.	Date		
				yyyy	mm	dd

Railroad/Company Name & Address	R/C	Division	RR/Co. Representative (Receipt Acknowledged) Name Title Signature
	RR/Co. Code	Subdivision	

From: City	Codes	Destination City & County	Codes	From Latitude:
State		City		From Longitude:
County		County		To Latitude:

Mile Post: From _____ To _____	Inspection Point:	To Longitude:
--------------------------------	-------------------	---------------

Activity Code:																				
Units:																				

Item	Initials/Milepost	Equipment/Track #	Type/Kind	49 CFR/USC	Defect Code	Subrule	Speed	Class	Train #/Site	SNFR *	RCL **	# of Occ. ***	Activity Code
Description													

Violation Recommended	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Latitude:	Longitude:	
Written Notification to FRA of Remedial Action is:	Required <input type="checkbox"/>	Optional <input type="checkbox"/>	Railroad Action Code <input type="text"/>	Date (mm/dd/yyyy) <input type="text"/>	Comments on back? <input type="checkbox"/>

Item	Initials/Milepost	Equipment/Track #	Type/Kind	49 CFR/USC	Defect Code	Subrule	Speed	Class	Train #/Site	SNFR *	RCL **	# of Occ. ***	Activity Code
Description													

Violation Recommended	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Latitude:	Longitude:	
Written Notification to FRA of Remedial Action is:	Required <input type="checkbox"/>	Optional <input type="checkbox"/>	Railroad Action Code <input type="text"/>	Date (mm/dd/yyyy) <input type="text"/>	Comments on back? <input type="checkbox"/>

Item	Initials/Milepost	Equipment/Track #	Type/Kind	49 CFR/USC	Defect Code	Subrule	Speed	Class	Train #/Site	SNFR *	RCL **	# of Occ. ***	Activity Code
Description													

Violation Recommended	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Latitude:	Longitude:	
Written Notification to FRA of Remedial Action is:	Required <input type="checkbox"/>	Optional <input type="checkbox"/>	Railroad Action Code <input type="text"/>	Date (mm/dd/yyyy) <input type="text"/>	Comments on back? <input type="checkbox"/>

Source Code	File Number	I.D.(s) of Accompanying Inspector(s)
Activity Code		
Activity Code Hours		

Public reporting burden for this information collection is estimated to average 15 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 2130-0509. 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 Avenue, SE, Washington, D.C. 20590.

\* SNFR - Special Notice for Repairs      \*\* RCL - Remote Control Locomotive      \*\*\* # of Occ. - Number of Occurrences