

DEPARTMENT OF TRANSPORTATION

INSPECTION REPORT

FEDERAL RAILROAD ADMINISTRATION (FRA)

OMB Approval No.: 2130-0509

Inspector's Name FIANCHINO, JOSEPH				Inspector's Signature				Inspector's ID 00452		Report No. 3		Date yy mm dd 2005 1 8		
Railroad/Company Name & Address NORFOLK SOUTHERN CORPORATION 103 Depot Street Union, SC 29379						R/C R		Division PIEDMO		RR/Co. Representative (Receipt Acknowledged)				
						RR/Co. Code NS		Subdivision		Name TR Mabry		Title Track Supervisor		
						Signature								
From: City AIKEN			Codes 0020		Destination City & County				Codes		From Latitude			
State SC			45		City						From Longitude			
County AIKEN			C003		County						To Latitude			
Mile Post: From _____ To _____					Inspection Point: GRANITEVILLE					To Longitude				
Activity Code:		TREC												
Units:		40												
Item 1	Initials/Milepost	Equipment/Track #	Type/Kind	49 CFR/USC	Defect Code	Subrule	Speed	Class	Train #/Site	SNFR*	RCL**	# of Occ.***	Activity Code	
Description ** Comment to Railroad/Company ** Records inspection for R-line January 5, 2005 to November 9, 2004.														
Violation Recommended Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						Latitude:				Longitude:				
Written Notification to FRA of Remedial Action is: Required <input type="checkbox"/> Optional <input type="checkbox"/>						Railroad Action Code		Date (mm/dd/yyyy)				Comments on back? <input type="checkbox"/>		
Item 2	Initials/Milepost	Equipment/Track #	Type/Kind	49 CFR/USC	Defect Code	Subrule	Speed	Class	Train #/Site	SNFR*	RCL**	# of Occ.***	Activity Code	
Description ** Comment to Railroad/Company ** No defects noted.														
Violation Recommended Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						Latitude:				Longitude:				
Written Notification to FRA of Remedial Action is: Required <input type="checkbox"/> Optional <input type="checkbox"/>						Railroad Action Code		Date (mm/dd/yyyy)				Comments on back? <input type="checkbox"/>		

Source Code C	File Number HQ-02-2005	ID's of Accompanying Inspector(s)
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