

# INSPECTION REPORT

Inspector's Name BECK, THOMAS G		Inspector's ID No. [REDACTED]		Report No. 182	Date yy mm dd 2015 11 19		
Railroad/Company Name & Address LONG ISLAND RAIL ROAD 93-29 183rd street  Hollis NY 11423				R/C R	Division SYSTEM	RR/Co. Representative (Receipt Acknowledged) Name FRANK PRIOLO Title TRACK SUPERVISOR Email [REDACTED] Signature _____	
RR/Co. Code LI		Subdivision ATLANTIC					

From: City NEW YORK-KINGS	Codes 4170	Destination City & County	Codes	From Latitude						
State NY	36	City		From Longitude						
County KINGS	C047	County		To Latitude						
Mile Post: From 0000.00	To 0002.00	Inspection Point ATLANTIC TERMINAL, BROOK 1&2		To Longitude						
Activity Code:	RWP	LTT	TOM	TOY	DER	MTW	YTW			
Units:	1	1	12	2	1	1	1			
Sub Units:	6	6	0	0	0	0	0			

Item	Initials/Milepost	Equipment/Track #	Type/Kind	49 CFR/USC	Defect	Subrule	Speed	Class	Train #/Site	SNFR*	RCL**	# of Occ.***	Activity Code
1										N	N	0	

Description - [\*\* Comment to Railroad/Company \*\*]  
INSPECTION OF TRACK AND SWITCHES AT ATLANTIC TERMINAL , BROOK 1 & BROOK 2, TRACK GOING INTO VD YARD

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
2										N	N	0	

Description - [\*\* Comment to Railroad/Company \*\*]  
SWITCH 12 E, ATLANTIC # 2, BROOK #1, WEST OF HEEL OF SWITCH POINT , CURVED CLOSURE RAIL , STATIC MEASUREMENT TAKEN 57 1/4 INCH, 3/8 INCH MOVEMENT OF PLATE , FIELD SIDE FOR 5 TIES

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?

Source Code A	File Number	ID's of Accompanying Inspector(s)
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