

## 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. 10		Date yy mm dd 2004 1 19			
Railroad/Company Name & Address NORFOLK SOUTHERN CORPORATION 522 West Railroad Avenue Batesburg, SC 29006					R/C R	Division PIEDMO		RR/Co. Representative (Receipt Acknowledged) Name DW Sneed Title Assistant Track Supervisor Signature					
From: City CAYCE		Codes 0370		Destination City & County			Codes		From Latitude				
State SC		45		City BATESBURG			0130		From Longitude				
County LEXINGTON		C063		County LEXINGTON			C063		To Latitude				
Mile Post: From R0110.10 To 0140.60				Inspection Point:					To Longitude				
Activity Code:		MTH	MTW	TOM	YTH	YTW	TOY						
Units:		28	1	16	1	1	5						
Item 1	Initials/Milepost 0110.90	Equipment/Track # CAY	Type/Kind T	49 CFR/USC 213	Defect Code 0133	Subrule 01	Speed 20	Class 2	Train #/Site	SNFR* N	RCL** N	# of Occ.*** 1	Activity Code TOY
Description LOOSE, WORN, OR MISSING SWITCH CLIPS. Left hand # 2 rod. Southend Cayce Pass Track.													
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 0114.00	Equipment/Track # SMI	Type/Kind T	49 CFR/USC 213	Defect Code 0133	Subrule 12	Speed 49	Class 4	Train #/Site	SNFR* N	RCL** N	# of Occ.*** 1	Activity Code TOM
Description LOOSE, WORN, OR MISSING FROG BOLTS. Horn bolts. RH Smith.													
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 3	Initials/Milepost 0118.90	Equipment/Track # GUI	Type/Kind T	49 CFR/USC 213	Defect Code 0133	Subrule 12	Speed 49	Class 4	Train #/Site	SNFR* N	RCL** N	# of Occ.*** 1	Activity Code TOM
Description LOOSE, WORN, OR MISSING FROG BOLTS. Guinyard Brick.													
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 A	File Number	ID's of Accompanying Inspector(s)
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OMB Approval No.: 2130-0509

(Continuation)

Inspector's ID No.	Report No.	Report Date
00452	10	1/19/2004

Item	Initials/Milepost	Equipment/Track #	Type/Kind	49 CFR/USC	Defect Code	Subrule	Speed	Class	Train #/Site	SNFR*	RCL**	# of Occ.***	Activity Code
4	0124.60	MIC	T	213	0133	12	49	4		N	N	1	TOM

Description

LOOSE, WORN, OR MISSING FROG BOLTS. Horn bolts. Michelein.

Violation Recommended	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Latitude:	Longitude:
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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?
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Item	Initials/Milepost	Equipment/Track #	Type/Kind	49 CFR/USC	Defect Code	Subrule	Speed	Class	Train #/Site	SNFR*	RCL**	# of Occ.***	Activity Code
5	0131.10	GIL	T	213	0133	02	49	4		N	N	1	TOM

Description

LOOSE, WORN, OR MISSING CLIP BOLTS (TRANSIT, SIDE JAW, ECCENTRIC, VERTICAL). Right hand. #1 rod. Gilbert House.

Violation Recommended	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Latitude:	Longitude:
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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?
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Item	Initials/Milepost	Equipment/Track #	Type/Kind	49 CFR/USC	Defect Code	Subrule	Speed	Class	Train #/Site	SNFR*	RCL**	# of Occ.***	Activity Code
6	0140.00	BAT	T	213	0121	03	49	4		N	N	1	TOM

Description

CENTER CRACKED OR BROKEN JOINT BAR. Heel of frog. Outside bar. Northend Batesburg House.

Violation Recommended	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Latitude:	Longitude:
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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?
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FEDERAL RAILROAD ADMINISTRATION (FRA)

OMB Approval No.: 2130-0509

Inspector's Name <b>FIANCHINO, JOSEPH</b>		Inspector's Signature		Inspector's ID <b>00452</b>		Report No. <b>11</b>		Date yy mm dd <b>2004 1 20</b>					
Railroad/Company Name & Address <b>NORFOLK SOUTHERN CORPORATION 522 West Railroad Avenue Batesburg, SC 29006</b>				R/C <b>R</b>	Division <b>PIEDMO</b>		RR/Co. Representative (Receipt Acknowledged) Name <b>DW Sneed</b> Title <b>Assistant Track Supervisor</b> Signature						
				RR/Co. Code <b>NS</b>	Subdivision <b>COLUMBIA</b>								
From: City <b>BATESBURG</b>		Codes <b>0130</b>		Destination City & County			Codes		From Latitude				
State <b>SC</b>		45		City <b>SC/GA STATE LINE</b>			9913		From Longitude				
County <b>LEXINGTON</b>		C063		County <b>AIKEN</b>			C003		To Latitude				
Mile Post: From <b>R0140.60</b> To <b>0190.50</b>				Inspection Point:				To Longitude					
Activity Code:		<b>RWP</b>	<b>MTH</b>	<b>MTW</b>	<b>TOM</b>								
Units:		<b>1</b>	<b>48</b>	<b>2</b>	<b>29</b>								
Item <b>1</b>	Initials/Milepost <b>0159.10</b>	Equipment/Track # <b>SS</b>	Type/Kind <b>T</b>	49 CFR/USC <b>213</b>	Defect Code <b>0139</b>	Subrule <b>07</b>	Speed <b>49</b>	Class <b>4</b>	Train #/Site	SNFR* <b>N</b>	RCL** <b>N</b>	# of Occ.*** <b>1</b>	Activity Code <b>TOM</b>
Description <b>EXCESSIVE CLEARANCE BETWEEN HOLD-DOWN HOUSING AND HORN. 3/8", 5/16". Southern States.</b>													
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 <b>2</b>	Initials/Milepost <b>0175.00</b>	Equipment/Track # <b>VAL</b>	Type/Kind <b>T</b>	49 CFR/USC <b>213</b>	Defect Code <b>0133</b>	Subrule <b>12</b>	Speed <b>49</b>	Class <b>4</b>	Train #/Site	SNFR* <b>N</b>	RCL** <b>N</b>	# of Occ.*** <b>1</b>	Activity Code <b>TOM</b>
Description <b>LOOSE, WORN, OR MISSING FROG BOLTS. Northend Vaucluse.</b>													
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 <b>3</b>	Initials/Milepost <b>0182.40</b>	Equipment/Track # <b>LAN</b>	Type/Kind <b>T</b>	49 CFR/USC <b>213</b>	Defect Code <b>0133</b>	Subrule <b>12</b>	Speed <b>49</b>	Class <b>4</b>	Train #/Site	SNFR* <b>N</b>	RCL** <b>N</b>	# of Occ.*** <b>1</b>	Activity Code <b>TOM</b>
Description <b>LOOSE, WORN, OR MISSING FROG BOLTS. Northend Langley.</b>													
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 <b>A</b>	File Number	ID's of Accompanying Inspector(s)
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(Continuation)

Inspector's ID No.	Report No.	Report Date
00452	11	1/20/2004

Item	Initials/Milepost	Equipment/Track #	Type/Kind	49 CFR/USC	Defect Code	Subrule	Speed	Class	Train #/Site	SNFR*	RCL**	# of Occ.***	Activity Code
4	0183.40	SGL	M	213	0033	02	49	4		N	N	1	MTW
Description DRAINAGE OR WATER-CARRYING FACILITY OBSTRUCTED BY DEBRIS. Beaver dam under trestle.													
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"/>	