

# INSPECTION REPORT

Inspector's Name Setford, Dale R.		Inspector's Signature <b>DALE R SETFORD</b>		Digitally signed by DALE R SETFORD DN: c=US, o=U.S. Government, ou=DOT Volpe, ou=FRA Volpe, cn=DALE R SETFORD Date: 2014.10.30 11:54:14 -04'00'		Inspector's ID No. [REDACTED]	Report No. 186	Date yy mm dd 2014 10 30		
Railroad/Company Name & Address AMTRAK 675 BROADWAY  RENSSELAER NY 12144				R/C R	Division SYSTEM	RR/Co. Representative (Receipt Acknowledged) Name LARRY LOHMAN Title MECHANICAL SUPERINTENDENT Email [REDACTED] Signature _____				

From: City RENSSELAER	Codes 5130	Destination City & County		Codes	From Latitude					
State NY	36	City			From Longitude					
County RENSSELAER	C083	County			To Latitude					
Mile Post: From	To	Inspection Point RENSSELAER MAINTENANCE FACILITY			To Longitude					
Activity Code:	218S	223	229D	238	238X	238T	MREC			
Units:	2	1	1	6	1	1	1			
Sub Units:	0	0	0	0	0	1	6			

Item	Initials/Milepost	Equipment/Track #	Type/Kind	49 CFR/ USC	Defect	Subrule	Speed	Class	Train #/Site	SNFR*	RCL**	# of Occ.***	Activity Code
1	ATK	700	GEP	229	0023	A5				N	N	1	

Description  
NO EXCEPTIONS TAKEN TO RECORDS INSPECTION OF PERIODIC INSPECTION REPORTS

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				238	0313	A2			280	N	N	1	

Description  
NO EXCEPTION TAKEN TO CLASS I BRAKE TEST PERFORMED ON A PASSENGER TRAIN.

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 C	File Number	ID's of Accompanying Inspector(s) M3616
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