

INSPECTION REPORT

OMB Approval No.: 2130-0509

Inspector's Name BECK, THOMAS G			Inspector's Signature			Inspector's ID No. [REDACTED]		Report No. 2		Date yy mm dd 2017 01 05			
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 HILLSIDE						
From: City NEW YORK -QUEENS		Codes 4170		Destination City & County				Codes		From Latitude			
State NY		36		City						From Longitude			
County QUEENS		C081		County						To Latitude			
Mile Post: From To				Inspection Point HILLSIDE OFFICE FACILITY						To Longitude			
Activity Code:	RWP	TREC											
Units:	1	1											
Sub Units:	4	30											
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 INSPECTION RECORDS , G2 WALKS AT ATLANTIC TERMINAL , TRACKS 1& 2, INCLUDING BROOK 1 & 2 INTERLOCKING. GATHER ALL OTHER DATA GEO CAR RECORDS, TRACK CHARTS, TRACK LENGHTS, PLATFORM LENGHTS, BUMPER INVENTORY, WITH THE NTSB. NO EXCEPTIONS TAKEN													
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?			

INSPECTION REPORT

OMB Approval No.: 2130-0509

Inspector's Name BECK, THOMAS G			Inspector's Signature			Inspector's ID No. [REDACTED]		Report No. 3		Date yy mm dd 2017 01 06			
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 Cue Ellis Title Track Engineer Sub 1 Email [REDACTED] Signature _____				
						RR/Co. Code LI	Subdivision PORT WASHINGTON						
From: City NEW YORK -QUEENS		Codes 4170		Destination City & County				Codes		From Latitude			
State NY		36		City NEW YORK NEW YORK				4170		From Longitude			
County QUEENS		C081		County NEW YORK				C061		To Latitude			
Mile Post: From 0009.60 To 0000.00				Inspection Point PORT WASHINGTON BRANCH						To Longitude			
Activity Code:	TRM	2170											
Units:	2	2											
Sub Units:	25	2											
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 **] RODE TRAIN HEADEND # 303 FROM AUBURNDALE TO NEW YORK PENN STATION RODE TRAIN HEADEND # 370 FROM NEW YORK PENN STATION TO AUBURNDALE NO EXCEPTIONS TAKEN													
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?	

INSPECTION REPORT

OMB Approval No.: 2130-0509

Inspector's Name BECK, THOMAS G				Inspector's Signature				Inspector's ID No. [REDACTED]		Report No. 4		Date yy mm dd 2017 01 06		
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)				
						RR/Co. Code LI		Subdivision ATLANTIC		Name Cue Ellis				
						Title Track Engineer Sub 1								
Email [REDACTED]					Signature _____									
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 To				Inspection Point ATLANTIC TERMINAL								To Longitude		
Activity Code:		RWP	LTT	MTW	TOM	2170								
Units:		1	1	1	6	1								
Sub Units:		8	4	0	0	7								
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 **] ACCIDENT SITE INVESTIGATION OF LI TRAIN # 2817 , HEADEND MU # 7553 , GOING THRU BUMPING POST ON STATION TRACK # 6 WITH 108 INJURIES. WALKED MAIN TRACK WITH NTSB AND LI MANAGEMENT , NO EXCEPTIONS TAKEN														
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?		

INSPECTION REPORT

OMB Approval No.: 2130-0509

Inspector's Name BECK, THOMAS G			Inspector's Signature			Inspector's ID No. [REDACTED]		Report No. 5		Date yy mm dd 2017 01 09			
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)					
					RR/Co. Code LI	Subdivision ATLANTIC		Name Cue Ellis			Title Track Engineer Sub 1		Email [REDACTED]
From: City NEW YORK -QUEENS		Codes 4170		Destination City & County				Codes		From Latitude			
State NY		36		City NEW YORK-KINGS				4170		From Longitude			
County QUEENS		C081		County KINGS				C047		To Latitude			
Mile Post: From 0009.60 To 0000.00				Inspection Point ATLANTIC TERMINAL					To Longitude				
Activity Code:	RWP	LTT	2170										
Units:	1	1	2										
Sub Units:	20	10	15										
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 **] FOLLOW UP INSPECTION OF LI TRAIN # 2817 AT ATLANTIC TERMINAL , PLATFORM # 6 . MECHANICAL DEPT WORKING ON REPLACING FRONT COUPLER TO UNIT # 7553, FRONT TRUCK RERAILED AND IN PLACE ON NEW RAIL AT WEST END OF TRACK # 6. ALL OTHER CARS #S 7074, 7073, 7068, 7067 HAVE BEEN REMOVED FROM PLATFORM AREA. NO EXCEPTIONS TAKEN													
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?		

INSPECTION REPORT

OMB Approval No.: 2130-0509

Inspector's Name BECK, THOMAS G			Inspector's Signature			Inspector's ID No. [REDACTED]		Report No. 6		Date yy mm dd 2017 01 09			
Railroad/Company Name & Address LONG ISLAND RAIL ROAD					R/C R	Division SYSTEM		RR/Co. Representative (Receipt Acknowledged) Name UNACCOMPANIED Title OBSERVATIONS Email Signature _____					
					RR/Co. Code LI	Subdivision PORT WASHINGTON							
From: City NEW YORK -QUEENS		Codes 4170		Destination City & County				Codes		From Latitude			
State NY		36		City NEW YORK NEW YORK				4170		From Longitude			
County QUEENS		C081		County NEW YORK				C061		To Latitude			
Mile Post: From 0009.60 To 0000.00				Inspection Point PORT WASHINGTON BRANCH					To Longitude				
Activity Code:	TRM	2170											
Units:	2	2											
Sub Units:	25	2											
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 **] Rode train headend # 423 from auburndale station to new york penn station Rode train headend # 436 from NY Penn Station to Auburndale Station No exceptions taken													
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 <input type="text"/>		Date(mm/dd/yyyy): <input type="text"/>		Comments on back?				

INSPECTION REPORT

OMB Approval No.: 2130-0509

Inspector's Name BECK, THOMAS G			Inspector's Signature			Inspector's ID No. [REDACTED]		Report No. 8		Date yy mm dd 2017 01 11			
Railroad/Company Name & Address LONG ISLAND RAIL ROAD						R/C R	Division SYSTEM		RR/Co. Representative (Receipt Acknowledged) Name UNACCOMPANIED Title Email Signature _____				
						RR/Co. Code LI	Subdivision MAIN LINE						
From: City NEW YORK -QUEENS		Codes 4170		Destination City & County				Codes		From Latitude			
State NY		36		City						From Longitude			
County QUEENS		C081		County						To Latitude			
Mile Post: From 0001.00 To 0001.70				Inspection Point HAROLD INTERLOCKING						To Longitude			
Activity Code:	RWP	LTT											
Units:	2	2											
Sub Units:	7	7											
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 **] investigation of LIRR waiver # 2016-0121, spoke with various groups of conductor flags at Harold Interlocking													
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 <input type="text"/>			Date(mm/dd/yyyy): <input type="text"/>			Comments on back?		

DEPARTMENT OF TRANSPORTATION
FEDERAL RAILROAD ADMINISTRATION (FRA)

INSPECTION REPORT

OMB Approval No.: 2130-0509

Inspector's Name BECK, THOMAS G				Inspector's Signature				Inspector's ID No. [REDACTED]		Report No. 10		Date yy mm dd 2017 01 13		
Railroad/Company Name & Address LONG ISLAND RAIL ROAD JAMAICA NY						R/C R		Division SYSTEM		RR/Co. Representative (Receipt Acknowledged)				
						RR/Co. Code LI		Subdivision MONTAUK		Name GLENN GREENBERG				
						Title DIVISION ENGINEER								
Email					Signature									
From: City NEW YORK -QUEENS			Codes 4170		Destination City & County				Codes		From Latitude			
State NY			36		City BABYLON				0360		From Longitude			
County QUEENS			C081		County SUFFOLK				C103		To Latitude			
Mile Post: From To				Inspection Point PORT WASH, MONTAUK BRANCH						To Longitude				
Activity Code:		TRM	2170	2180										
Units:		4	1	2										
Sub Units:		70	1	2										
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 **] Rode headend # 9799 from Auburndale to NY Penn Rode headend #7760 NY Penn to Babylon Rode headend # 7775 from Babylon to NY Penn Rode headend #7644 from NY Penn to Auburndale No exceptions taken														
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?			

INSPECTION REPORT

OMB Approval No.: 2130-0509

Inspector's Name BECK, THOMAS G			Inspector's Signature			Inspector's ID No. [REDACTED]		Report No. 11		Date yy mm dd 2017 01 17			
Railroad/Company Name & Address LONG ISLAND RAIL ROAD						R/C R	Division SYSTEM		RR/Co. Representative (Receipt Acknowledged) Name UNACCOMPANIED Title Email Signature _____				
						RR/Co. Code LI	Subdivision HILLSIDE						
From: City NEW YORK -QUEENS		Codes 4170		Destination City & County				Codes		From Latitude			
State NY		36		City						From Longitude			
County QUEENS		C081		County						To Latitude			
Mile Post: From To				Inspection Point HILLSIDE FACILITIES						To Longitude			
Activity Code:	RWP	LTT											
Units:	1	1											
Sub Units:	16	16											
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 **] Investigation of waiver from LIRR , conductor training , RWIC class with 16 employees covering rules of protection , Job briefing, responseability of RWIC, safety rules discussed protecting outside contractors, blue cards, how to fill out job briefing cards, safety rules of the day , challenge form, who needs protection, flagman, rule 214.351, adjacent track rule, 214.321, exclusive track occupancy, track out of service, foul time, rule 214.327, rule 214.329, train approach warning, 214.329, watchmans bag, 214.339, audible warning, 214.337, lone worker, blue flag protection, et linemen, emergency procedures, followed by a 25 question test,													
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?			

INSPECTION REPORT

OMB Approval No.: 2130-0509

Inspector's Name BECK, THOMAS G			Inspector's Signature			Inspector's ID No. [REDACTED]		Report No. 12		Date yy mm dd 2017 01 19			
Railroad/Company Name & Address LONG ISLAND RAIL ROAD JAMAICA						R/C R	Division SYSTEM		RR/Co. Representative (Receipt Acknowledged) Name KARL MEYER Title Email Signature _____				
						RR/Co. Code LI	Subdivision SYSTEM						
From: City NEW YORK -QUEENS		Codes 4170		Destination City & County				Codes		From Latitude			
State NY		36		City						From Longitude			
County QUEENS		C081		County						To Latitude			
Mile Post: From To				Inspection Point JCC JAMAICA STATION						To Longitude			
Activity Code:	RWP												
Units:	1												
Sub Units:	25												
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 **] Attended C3RS meeting at Jamaica,													
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 <input type="text"/>			Date(mm/dd/yyyy): <input type="text"/>		Comments on back?			

INSPECTION REPORT

OMB Approval No.: 2130-0509

Inspector's Name BECK, THOMAS G		Inspector's Signature		Inspector's ID No. [REDACTED]		Report No. 13		Date yy mm dd 2017 01 20					
Railroad/Company Name & Address LONG ISLAND RAIL ROAD				R/C R	Division SYSTEM		RR/Co. Representative (Receipt Acknowledged) Name UNACCOMPANIED Title OBSERVATIONS Email Signature _____						
				RR/Co. Code LI	Subdivision MAIN LINE								
From: City FARMINGDALE		Codes 1960	Destination City & County				Codes	From Latitude					
State NY		36	City CENTRAL ISLIP				1050	From Longitude					
County NASSAU		C059	County SUFFOLK				C103	To Latitude					
Mile Post: From 0030.10 To 0043.70			Inspection Point MAIN LINE					To Longitude					
Activity Code:	RWP	LTT	MTW	2170									
Units:	3	1	1	1									
Sub Units:	20	20	0	12									
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 **] RECEIVED 3 GOOD JOB BRIEFINGS FROM CONDUCTOR FLAGS , ALL EMPLOYEES BEHIND INTER TRACK BARRIERS, NO CONTRACTORS FOULING ANY TRACKS NO EXCEPTIONS TAKEN													
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?		

INSPECTION REPORT

OMB Approval No.: 2130-0509

Inspector's Name BECK, THOMAS G		Inspector's Signature		Inspector's ID No. [REDACTED]		Report No. 13		Date yy mm dd 2017 01 20					
Railroad/Company Name & Address LONG ISLAND RAIL ROAD				R/C R	Division SYSTEM		RR/Co. Representative (Receipt Acknowledged) Name UNACCOMPANIED Title OBSERVATIONS Email Signature _____						
				RR/Co. Code LI	Subdivision MAIN LINE								
From: City FARMINGDALE		Codes 1960	Destination City & County			Codes	From Latitude						
State NY		36	City CENTRAL ISLIP			1050	From Longitude						
County NASSAU		C059	County SUFFOLK			C103	To Latitude						
Mile Post: From 0030.10 To 0043.70			Inspection Point MAIN LINE				To Longitude						
Activity Code:	RWP	LTT	MTW	2170									
Units:	3	1	1	1									
Sub Units:	20	20	0	12									
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 **] RECEIVED 3 GOOD JOB BRIEFINGS FROM CONDUCTOR FLAGS , ALL EMPLOYEES BEHIND INTER TRACK BARRIERS, NO CONTRACTORS FOULING ANY TRACKS NO EXCEPTIONS TAKEN													
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?		

DEPARTMENT OF TRANSPORTATION
FEDERAL RAILROAD ADMINISTRATION (FRA)

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Inspector's Name BECK, THOMAS G				Inspector's Signature				Inspector's ID No. <div style="background-color: black; width: 40px; height: 15px;"></div>		Report No. 17		Date yy mm dd 2017 01 30		
Railroad/Company Name & Address LONG ISLAND RAIL ROAD 610 HICKSVILLE ROAD BETHPAGE NY						R/C R		Division SYSTEM		RR/Co. Representative (Receipt Acknowledged) Name CHRIS SCHALIK Title TRACK ENGINEER Email Signature _____				
						RR/Co. Code LI		Subdivision MONTAUK						
From: City SPEONK		Codes 5925		Destination City & County				Codes		From Latitude				
State NY		36		City						From Longitude				
County SUFFOLK		C103		County						To Latitude				
Mile Post: From 0070.00 To 0070.80				Inspection Point SPEONK YARD						To Longitude				
Activity Code:	TOY	RMM												
Units:	4	2												
Sub Units:	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 4 yard switches with no exceptions													
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 **] track machines TC 622 & TC 619 parked at north end of yard with boom on ground, switch # 7W lined against movement no exceptions taken													
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?			

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OMB Approval No.: 2130-0509

Inspector's Name BECK, THOMAS G			Inspector's Signature			Inspector's ID No. [REDACTED]		Report No. 19		Date yy mm dd 2017 01 31			
Railroad/Company Name & Address LONG ISLAND RAIL ROAD						R/C R	Division SYSTEM		RR/Co. Representative (Receipt Acknowledged) Name UNACCOMPANIED Title OBSERVATIONS Email Signature _____				
						RR/Co. Code LI	Subdivision PORT WASHINGTON						
From: City NEW YORK -QUEENS		Codes 4170		Destination City & County				Codes		From Latitude			
State NY		36		City NEW YORK NEW YORK				4170		From Longitude			
County QUEENS		C081		County NEW YORK				C061		To Latitude			
Mile Post: From 0009.60 To 0000.00				Inspection Point PORT WASHINGTON BRANCH						To Longitude			
Activity Code:	TRM	2180											
Units:	2	2											
Sub Units:	25	2											
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 **] RODE TRAIN HEADEND # 7013 FROM AUBURNDALE TO NY PENN STATION RODE TRAIN HEADEND # 7552 FROM NY PENN STATION TO AUBURNDALE NO EXCEPTIONS TAKEN													
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?		

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Inspector's Name BECK, THOMAS G				Inspector's Signature				Inspector's ID No. <div style="background-color: black; width: 40px; height: 15px;"></div>		Report No. 20		Date yy mm dd 2017 02 02			
Railroad/Company Name & Address LONG ISLAND RAIL ROAD 610 HICKSVILLE ROAD BETHPAGE NY						R/C R		Division SYSTEM		RR/Co. Representative (Receipt Acknowledged) Name CHRIS SCHALIK Title TRACK ENGINEER Email Signature _____					
						RR/Co. Code LI		Subdivision SYSTEM							
From: City BETHPAGE			Codes 0533		Destination City & County				Codes		From Latitude				
State NY			36		City						From Longitude				
County NASSAU			C059		County						To Latitude				
Mile Post: From			To		Inspection Point BETHPAGE OFFICE						To Longitude				
Activity Code:		TREC	LTT												
Units:		1	1												
Sub Units:		252	3												
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 RECORDS FROM JAN 2016 THRU JAN 2017, REVIEWED S1, S2,S3,S4,S5, R1, R2,R3,R4,R5, T1,T2,T3,T4,T5, WALKS NO EXCEPTIONS TAKEN															
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 **] INSPECTORS NEED TO INCLUDE IN THEIR REPORTS, NUMBER OF SWITCHES INSPECTED ON THE INSPECTION FORM, NOT JUST "ALL " OR LEAVE THE SPACE BLANK. IN THE COLUMN " TYPE OF REMEDIAL ACTION TAKEN ", INSPECTORS SHOULD WRITE " REPLACED BOLT, TAMPED, ETC , NOT JUST WRITE " CORRECTED "															
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?					

INSPECTION REPORT

OMB Approval No.: 2130-0509

Inspector's Name BECK, THOMAS G		Inspector's Signature		Inspector's ID No. [REDACTED]		Report No. 23		Date yy mm dd 2017 02 08					
Railroad/Company Name & Address LONG ISLAND RAIL ROAD HOLLIS NY				R/C R RR/Co. Code LI	Division SYSTEM Subdivision MAIN LINE	RR/Co. Representative (Receipt Acknowledged) Name ERIC PTARCINSKI Title TRACK SUPERVISOR Email Signature _____							
From: City NEW YORK -QUEENS		Codes 4170	Destination City & County			Codes	From Latitude						
State NY		36	City				From Longitude						
County QUEENS		C081	County				To Latitude						
Mile Post: From 0009.50		To 0009.60	Inspection Point JAMAICA STATION WEST END				To Longitude						
Activity Code:	RWP	LTT	MTW	TOM									
Units:	2	1	1	4									
Sub Units:	18	10	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 **] investigation of train derailment # 4602 at Jamaica ststaion , automatic switch throw in middle of car while in motion at west end in jay interlocking , 9 MU cars entered station platform # 8 , wile 10th car was redirected to track # 7 . Last car was #b 7623 was derailed but struck platform # 8 on the south side and moved platform to the north 18 inches .													
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?		

INSPECTION REPORT

OMB Approval No.: 2130-0509

Inspector's Name BECK, THOMAS G		Inspector's Signature			Inspector's ID No. [REDACTED]		Report No. 23		Date yy mm dd 2017 02 08				
Railroad/Company Name & Address LONG ISLAND RAIL ROAD HOLLIS NY				R/C R	Division SYSTEM		RR/Co. Representative (Receipt Acknowledged)						
				RR/Co. Code LI	Subdivision MAIN LINE		Name ERIC PTARCINSKI Title TRACK SUPERVISOR Email Signature _____						
From: City NEW YORK -QUEENS		Codes 4170		Destination City & County				Codes		From Latitude			
State NY		36		City						From Longitude			
County QUEENS		C081		County						To Latitude			
Mile Post: From 0009.50 To 0009.60				Inspection Point JAMAICA STATION WEST END				To Longitude					
Activity Code:	RWP	LTT	MTW	TOM									
Units:	2	1	1	4									
Sub Units:	18	10	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 **] investigation of train derailment # 4602 at Jamaica ststaion , automatic switch throw in middle of car while in motion at west end in jay interlocking , 9 MU cars entered station platform # 8 , wile 10th car was redirected to track # 7 . Last car was #b 7623 was derailed but struck platform # 8 on the south side and moved platform to the north 18 inches .													
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?			

INSPECTION REPORT

OMB Approval No.: 2130-0509

Inspector's Name BECK, THOMAS G			Inspector's Signature			Inspector's ID No. [REDACTED]		Report No. 24		Date yy mm dd 2017 02 13			
Railroad/Company Name & Address LONG ISLAND RAIL ROAD 93-59 183RD STREET HOLLIS NY 11423						R/C R		Division SYSTEM		RR/Co. Representative (Receipt Acknowledged) Name LORI EBBIGHAUSEN Title SAFETY DIRECTOR Email Signature _____			
						RR/Co. Code LI		Subdivision SYSTEM					
From: City NEW YORK -QUEENS		Codes 4170		Destination City & County				Codes		From Latitude			
State NY		36		City						From Longitude			
County QUEENS		C081		County						To Latitude			
Mile Post: From To				Inspection Point ACCIDENT INVESTIGATION INTERVIEWS AT LIRR						To Longitude			
Activity Code:		RWP											
Units:		1											
Sub Units:		8											
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 **] INTERVIEWS OF EMPLOYEES FROM DERAILMENT AT JAY INTERLOCKING , INTERVIEWS WERE CONDUCTED AT TRIAL OFFICE ACROSS FROM JAMAICA STATION , NO EXCEPTIONS TAKEN													
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?	

INSPECTION REPORT

OMB Approval No.: 2130-0509

Inspector's Name BECK, THOMAS G			Inspector's Signature			Inspector's ID No. [REDACTED]		Report No. 26		Date yy mm dd 2017 02 15			
Railroad/Company Name & Address LONG ISLAND RAIL ROAD NY						R/C R	Division SYSTEM		RR/Co. Representative (Receipt Acknowledged) Name JEFF GREABELL Title TRACK SUPERVISOR Email Signature _____				
						RR/Co. Code LI	Subdivision MONTAUK						
From: City BABYLON		Codes 0360		Destination City & County				Codes		From Latitude			
State NY		36		City						From Longitude			
County SUFFOLK		C103		County						To Latitude			
Mile Post: From To				Inspection Point BABYLON YARD AND STATION						To Longitude			
Activity Code:	YTW												
Units:	1												
Sub Units:	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 **] UNANNOUNCED INSPECTION OF BABYLON YARD AND STATION AREA NO EXCEPTIONS TAKEN													
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 <input type="text"/>			Date(mm/dd/yyyy): <input type="text"/>		Comments on back?			

INSPECTION REPORT

OMB Approval No.: 2130-0509

Inspector's Name BECK, THOMAS G			Inspector's Signature			Inspector's ID No. [REDACTED]		Report No. 27		Date yy mm dd 2017 02 17			
Railroad/Company Name & Address LONG ISLAND RAIL ROAD Hollis NY						R/C R	Division SYSTEM		RR/Co. Representative (Receipt Acknowledged) Name John Hasley Title supervisor of equipment Email Signature _____				
						RR/Co. Code LI	Subdivision HILLSIDE						
From: City NEW YORK -QUEENS		Codes 4170		Destination City & County				Codes		From Latitude			
State NY		36		City						From Longitude			
County QUEENS		C081		County						To Latitude			
Mile Post: From To				Inspection Point M.O.EQUIPMENT GARAGE						To Longitude			
Activity Code:	RWP												
Units:	1												
Sub Units:	1												
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 **] Accident investigation , inspection and tear down of Raycor 22 E switch stand from Babylon Yard derailment , inspection of switch stand in Maintenance garage . No exceptions taken to switch stand													
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?	

INSPECTION REPORT

OMB Approval No.: 2130-0509

Inspector's Name BECK, THOMAS G		Inspector's Signature		Inspector's ID No. [REDACTED]		Report No. 29		Date yy mm dd 2017 02 23					
Railroad/Company Name & Address LONG ISLAND RAIL ROAD 610 HICKSVILLE ROAD BETHPAGE NY				R/C R RR/Co. Code LI	Division SYSTEM Subdivision MONTAUK	RR/Co. Representative (Receipt Acknowledged) Name CHRIS SCHALIK Title TRACK ENGINEER Email Signature _____							
From: City BABYLON		Codes 0360	Destination City & County			Codes	From Latitude						
State NY		36	City				From Longitude						
County SUFFOLK		C103	County				To Latitude						
Mile Post: From 0036.00		To 0037.00	Inspection Point WEST END BABYLON YARD				To Longitude						
Activity Code:	RWP	LTT	YTW	TOY									
Units:	2	2	2	12									
Sub Units:	6	6	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 yard switches in Babylon Yard, west end , No exceptions taken													
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?	

INSPECTION REPORT

OMB Approval No.: 2130-0509

Inspector's Name BECK, THOMAS G			Inspector's Signature			Inspector's ID No. [REDACTED]		Report No. 30		Date yy mm dd 2017 02 24			
Railroad/Company Name & Address LONG ISLAND RAIL ROAD						R/C R	Division SYSTEM		RR/Co. Representative (Receipt Acknowledged) Name Title Email Signature _____				
						RR/Co. Code LI	Subdivision MONTAUK						
From: City HAMPTON BAYS		Codes 2520		Destination City & County				Codes		From Latitude			
State NY		36		City						From Longitude			
County SUFFOLK		C103		County						To Latitude			
Mile Post: From 0081.10 To				Inspection Point HAMPTON BAYS STATION						To Longitude			
Activity Code:	RWP	LTT											
Units:	1	1											
Sub Units:	4	4											
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 **] Unannounced observation of signal gang at Hampton Bays Station working on relay box at crossing, talked with gang and handed out Life Tips Brouchers No exceptions taken													
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 <input type="text"/>		Date(mm/dd/yyyy): <input type="text"/>		Comments on back?					

INSPECTION REPORT

OMB Approval No.: 2130-0509

Inspector's Name BECK, THOMAS G			Inspector's Signature			Inspector's ID No. [REDACTED]		Report No. 33		Date yy mm dd 2017 03 01			
Railroad/Company Name & Address LONG ISLAND RAIL ROAD 93-59 183RD STREET HOLLIS NY 11423						R/C R	Division SYSTEM		RR/Co. Representative (Receipt Acknowledged) Name LORI EBBIGHAUSEN Title SAFETY DIRECTOR Email Signature _____				
						RR/Co. Code LI	Subdivision MAIN LINE						
From: City NEW YORK -QUEENS		Codes 4170		Destination City & County				Codes		From Latitude			
State NY		36		City						From Longitude			
County QUEENS		C081		County						To Latitude			
Mile Post: From To				Inspection Point LIRR JCC BUILDING						To Longitude			
Activity Code:	RWP												
Units:	1												
Sub Units:	60												
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 **] Meeting at lirr/ jcc building to discuss derailment findings, inconclusive evidence , derailment to defined as not yet determined by derailment committee													
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?			

INSPECTION REPORT

OMB Approval No.: 2130-0509

Inspector's Name BECK, THOMAS G			Inspector's Signature			Inspector's ID No. [REDACTED]		Report No. 34		Date yy mm dd 2017 03 06			
Railroad/Company Name & Address LONG ISLAND RAIL ROAD 93-59 183RD STREET HOLLIS NY 11423						R/C R		Division SYSTEM		RR/Co. Representative (Receipt Acknowledged) Name LORI EBBIGHAUSEN Title SAFETY DIRECTOR Email Signature _____			
						RR/Co. Code LI		Subdivision SYSTEM					
From: City NEW YORK -QUEENS		Codes 4170		Destination City & County				Codes		From Latitude			
State NY		36		City						From Longitude			
County QUEENS		C081		County						To Latitude			
Mile Post: From To				Inspection Point JCC BUILDING						To Longitude			
Activity Code:		217T											
Units:		1											
Sub Units:		8											
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 **] MEETING WITH LIRR REPRESENTATIVES TO DISCUSS FRA 217T AUDIT SAFE HARBOR PROGRAM NO EXCEPTIONS TAKEN													
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 <input type="text"/>			Date(mm/dd/yyyy): <input type="text"/>		Comments on back?			

DEPARTMENT OF TRANSPORTATION
FEDERAL RAILROAD ADMINISTRATION (FRA)

INSPECTION REPORT

OMB Approval No.: 2130-0509

Inspector's Name BECK, THOMAS G			Inspector's Signature			Inspector's ID No. [REDACTED]		Report No. 35		Date yy mm dd 2017 03 07			
Railroad/Company Name & Address LONG ISLAND RAIL ROAD 144-41 94th Ave 4th floor Mail Code 1944 Jamaica NY 11435						R/C R	Division SYSTEM		RR/Co. Representative (Receipt Acknowledged) Name Michael Rowan Title Compliance Officer Email [REDACTED] Signature _____				
						RR/Co. Code LI	Subdivision MONTAUK						
From: City MORICHES		Codes 3883		Destination City & County				Codes		From Latitude			
State NY		36		City NEW YORK -QUEENS				4170		From Longitude			
County SUFFOLK		C103		County QUEENS				C081		To Latitude			
Mile Post: From 0065.60 To				Inspection Point CHICHESTER AVE CROSSING						To Longitude			
Activity Code:	217T												
Units:	1												
Sub Units:	12												
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 **] Today at LIRR Chichester Ave crossing, Montauk Branch , this inspection team met with LIRR track supervisor Jeff Grabel , and discussd FRA's Safe Harbor Policy while doing a 217T safety audit. Location of inspection was Mile Post 65.6 Montauk Branch with Gang # 285, at crossing D.O.T. # 3338-075L. This inspection team received a good job briefing , including all safety rules, foul time limits, machines being used , and job description. Gang members were observed while using hydraulic power tools, and hand tools, proper PPE was being worn by all employees involved. Good work ethics was also observed while removing spikes and OTM. Good communication between truck operator and gang members. Watchman's flag bag was also checked for proper contents. A truck check was conducted for proper paper work, first aid kit, fire extinguisher and operators manual, all in order. All tools were properly stored face down with no tripping hazards. No Exceptions taken													
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?		

DEPARTMENT OF TRANSPORTATION
FEDERAL RAILROAD ADMINISTRATION (FRA)

INSPECTION REPORT

OMB Approval No.: 2130-0509

Inspector's Name BECK, THOMAS G		Inspector's Signature		Inspector's ID No. [REDACTED]		Report No. 36		Date yy mm dd 2017 03 08					
Railroad/Company Name & Address LONG ISLAND RAIL ROAD 144-41 94th Ave 4th floor Mail Code 1944 Jamaica NY 11435				R/C R RR/Co. Code LI	Division SYSTEM Subdivision MONTAUK	RR/Co. Representative (Receipt Acknowledged) Name Michael Rowan Title Compliance Officer Email [REDACTED] Signature _____							
From: City WANTAGH	Codes 6375	Destination City & County NEW YORK -QUEENS				Codes 4170	From Latitude						
State NY	36	NEW YORK -QUEENS				4170	From Longitude						
County NASSAU	C059	QUEENS				C081	To Latitude						
Mile Post: From 0025.00 To 0026.00		Inspection Point WANTAUGH STATION				To Longitude							
Activity Code:	217T												
Units:	3												
Sub Units:	56												
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 **] Today at Wantaugh Station, Montauk Branch, this inspection team did meet with Track foreman J.Starks, and discussed FRA's Safe Harbor Policy, along with the Safety Job Briefing. before reaching track level, another on track safety briefing was discussed at track level. Observation of Gang # 448, included all PPE being used, tools being used, rubber blankets for 3rd Rail protection. Dates were checked on blankets, watchman's bag was checked for proper contents with proper sight distance being used. All emergency information was conveyed to gang, along with proper footing while working on embankment, A truck check was conducted on vehicle # 166T, proper paper work was in order, first aid kit, fire extinguisher checked with no exceptions. radio's were checked before reaching track .													
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?			

INSPECTION REPORT

(Continuation)

OMB Approval No.: 2130-0509

Inspector's ID No. [REDACTED]	Report No. 36	Report Date 3/8/2017
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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 **]

A second observation was conducted at the east end of Wantaugh Station with Conductor Flag, 4 LIRR employees and 11 outside contractors. All personnel had signed Job Briefing Form, all boxes checked for emergency contacts, safety rules in use. Form L was in use for track out of service, radio's were checked with ground personnel and crane operator. Proper PPE was in use by all employees, tag lines were seen in use while lifting concrete slabs. No exceptions were taken for this gang

Seal Applied	Seal Removed	Hazard Class	UN/NA ID
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Violation Recommended	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Latitude:	Longitude:
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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?
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Item	Initials/Milepost	Equipment/Track #	Type/Kind	49 CFR/USC	Defect	Subrule	Speed	Class	Train #/Site	SNFR*	RCL**	# of Occ.***	Activity Code
3										N	N	0	

Description - [** Comment to Railroad/Company **]

A third observation was conducted at the Hicksville Station, Main Line, MP 24.8, working on platform # 3. RWIC W.S.Beale, with job briefing form filled out , 2 conductor flags watching for outside contractors, all personel wearing proper PPE, tools being used were stored in an orderly matter with no tripping hazards. All compressor lines were tied off and properly marked . Conductor Flag was seen at track level using radio, foul time was conveyed to employees when requested. Proper use of step ladders from track to station platform was also observed. Outside contractors all wearing proper PPE . No exceptions were noted during this observation .

Seal Applied	Seal Removed	Hazard Class	UN/NA ID
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Violation Recommended	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Latitude:	Longitude:
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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?
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INSPECTION REPORT

OMB Approval No.: 2130-0509

Inspector's Name BECK, THOMAS G		Inspector's Signature		Inspector's ID No. [REDACTED]	Report No. 37	Date yy mm dd 2017 03 09							
Railroad/Company Name & Address LONG ISLAND RAIL ROAD 144-41 94th Ave 4th floor Mail Code 1944 Jamaica NY 11435				R/C R RR/Co. Code LI	Division SYSTEM Subdivision MAIN LINE	RR/Co. Representative (Receipt Acknowledged) Name Michael Rowan Title Compliance Officer Email [REDACTED] Signature _____							
From: City NEW YORK -QUEENS	Codes 4170	Destination City & County			Codes	From Latitude							
State NY	36	City				From Longitude							
County QUEENS	C081	County				To Latitude							
Mile Post: From To		Inspection Point HAROLD INTERLOCKING				To Longitude							
Activity Code:	217T												
Units:	1												
Sub Units:	21												
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 **] Today at Harold Interlocking, this inspection team with LIRR representative Glenn Greenberg did discuss FRA's Safe Harbor Policy while conducting 217T safety audit. First gang audited was Gang # 3, High Tension, with foreman Frank Lacella, this inspection team received a good job briefing with briefing form filled out properly, 11 gang members, all who signed form. Inspection of truck # 01H, up to date truck inspection sheet filled out, all paper work was in order. First aid kit, fire extinguisher, mounted inside truck, in good working order. All tools properly stowed on bed of truck, rubber blankets all checked with up to date markings. Truck # 19H was also checked, inspection sheet checked, fire extinguisher, first aid kit all in order. Proper PPE was being used for gang members. No exceptions were taken for this gang.													
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?			

INSPECTION REPORT

(Continuation)

OMB Approval No.: 2130-0509

Inspector's ID No. [REDACTED]	Report No. 37	Report Date 3/9/2017
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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 **]

Safety Audit of gang # 205 with 4 members, Foreman Omar Valla, working at the East end, all employees wearing proper PPE, rubber blankets were in use, checked, all with up to date inspections marked on blankets. Truck # 205, truck inspection sheet checked, and up to date. Fire extinguisher, first aid kit, operators manual, checked and stored in compartment. All tools checked, with new rubber protection at handles. Watchmans bag checked, all items in working order with the exception of a up to date 2017 RWP manual, a 2016 was inside of bag.

Seal Applied	Seal Removed	Hazard Class	UN/NA ID
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Violation Recommended	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Latitude:	Longitude:
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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?
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Item	Initials/Milepost	Equipment/Track #	Type/Kind	49 CFR/USC	Defect	Subrule	Speed	Class	Train #/Site	SNFR*	RCL**	# of Occ.***	Activity Code
3										N	N	0	

Description - [** Comment to Railroad/Company **]

Gang # 212, Track Inspectors, walking east on main line # 3, Foreman Smolinsmy, job briefing properly filled out, both employees wearing proper PPE. Watchman attentive to trains on adjacent track, looking in all directions. Watchman did not have hand held whistle, to warn inspector, but was within arms length distance of inspector.

Seal Applied	Seal Removed	Hazard Class	UN/NA ID
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Violation Recommended	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Latitude:	Longitude:
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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?
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Item	Initials/Milepost	Equipment/Track #	Type/Kind	49 CFR/USC	Defect	Subrule	Speed	Class	Train #/Site	SNFR*	RCL**	# of Occ.***	Activity Code
4										N	N	0	

Description - [** Comment to Railroad/Company **]

Next gang checked was Gang # 59, signal, with Foreman Sal Avalon, job briefing form filled out properly all gang members had signed form. Truck # 143S checked, all paper work was up to date inspection check list, first aid kit, fire extinguisher all stowed, with up to date tags. All gang members wearing proper PPE, rubber blankets checked and stowed properly, checked with proper up to date inspection dates.

Seal Applied	Seal Removed	Hazard Class	UN/NA ID
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Violation Recommended	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Latitude:	Longitude:
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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?
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INSPECTION REPORT

(Continuation)

OMB Approval No.: 2130-0509

Inspector's ID No. [REDACTED]	Report No. 37	Report Date 3/9/2017
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Item	Initials/Milepost	Equipment/Track #	Type/Kind	49 CFR/USC	Defect	Subrule	Speed	Class	Train #/Site	SNFR*	RCL**	# of Occ.***	Activity Code
5										N	N	0	

Description - [** Comment to Railroad/Company **]

Gang # 01, signal , with foreman Lamarsona, both employees wearin proper PPE, received good job briefing with all items checked on form, both had signed. Watchman had good sight distance in both directions, and attentive to duties , checked watchmans bag , all items checked with the exception of an up to date 2017 RWP manual, watchmans bag had a 2016 manual

Seal Applied	Seal Removed	Hazard Class	UN/NA ID
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Violation Recommended	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Latitude:	Longitude:
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Written Notification to FRA of Remedial Action is:	<input type="checkbox"/> Required <input checked="" type="checkbox"/> Optional	Railroad Action Code	<input type="text"/>	Date(mm/dd/yyyy):	<input type="text"/>	Comments on back?
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INSPECTION REPORT

OMB Approval No.: 2130-0509

Inspector's Name BECK, THOMAS G		Inspector's Signature		Inspector's ID No. [REDACTED]		Report No. 49		Date yy mm dd 2017 04 26					
Railroad/Company Name & Address LONG ISLAND RAIL ROAD				R/C R	Division SYSTEM		RR/Co. Representative (Receipt Acknowledged) Name UNACCOMPANIED Title Email Signature _____						
				RR/Co. Code LI	Subdivision PORT WASHINGTON								
From: City NEW YORK -QUEENS		Codes 4170		Destination City & County			Codes		From Latitude				
State NY		36		City NEW YORK NEW YORK			4170		From Longitude				
County QUEENS		C081		County NEW YORK			C061		To Latitude				
Mile Post: From 0009.60 To 0000.00				Inspection Point PORT WASHINGTON LINE				To Longitude					
Activity Code:	TRM	218O	217O										
Units:	2	1	1										
Sub Units:	26	3	1										
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 **] Rode train headend # 9866 from Auburndale to New York Penn Rode train headend # 7660 New York Penn to Auburndale No exceptions taken													
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?		

INSPECTION REPORT

OMB Approval No.: 2130-0509

Inspector's Name BECK, THOMAS G			Inspector's Signature			Inspector's ID No. [REDACTED]		Report No. 50		Date yy mm dd 2017 04 27			
Railroad/Company Name & Address LONG ISLAND RAIL ROAD					R/C R	Division SYSTEM		RR/Co. Representative (Receipt Acknowledged) Name UNACCOMPANIED					
					RR/Co. Code LI	Subdivision PORT WASHINGTON		Title					
					Email								
Signature													
From: City NEW YORK -QUEENS		Codes 4170		Destination City & County				Codes		From Latitude			
State NY		36		City NEW YORK NEW YORK				4170		From Longitude			
County QUEENS		C081		County NEW YORK				C061		To Latitude			
Mile Post: From 0009.60 To 0000.00				Inspection Point PORT WASHINGTON LINE					To Longitude				
Activity Code:	TRM	2170	2180										
Units:	2	1	1										
Sub Units:	26	1	3										
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 **] Rode trainb headend # 7089 From Auburndale to NY Penn Rode Train headend # 7662 from New York Penn to Auburndale No Exceptions taken													
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?		

INSPECTION REPORT

OMB Approval No.: 2130-0509

Inspector's Name BECK, THOMAS G				Inspector's Signature				Inspector's ID No. [REDACTED]		Report No. 52		Date yy mm dd 2017 05 03		
Railroad/Company Name & Address LONG ISLAND RAIL ROAD NY						R/C R		Division SYSTEM		RR/Co. Representative (Receipt Acknowledged) Name JEFF GREABELL Title TRACK SUPERVISOR Email Signature _____				
						RR/Co. Code LI		Subdivision MONTAUK						
From: City SPEONK			Codes 5925		Destination City & County				Codes		From Latitude			
State NY			36		City MONTAUK				3835		From Longitude			
County SUFFOLK			C103		County SUFFOLK				C103		To Latitude			
Mile Post: From To				Inspection Point MONTAUK BRANCH						To Longitude				
Activity Code:		RWP	LTT	2170										
Units:		2	1	1										
Sub Units:		12	12	12										
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 **] Observation of track gang at PD interlocking , gang tightening bolts at frog area, received job briefing from foreman ,watchman on duty had all proper gear using disk and air horn , no exceptions taken Observation of track gang at SK interlocking , cleaning otm from switch area, received job briefing , paper work all filled out properly, watchman had all proper gear no eceptions taken														
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?		

INSPECTION REPORT

OMB Approval No.: 2130-0509

Inspector's Name BECK, THOMAS G			Inspector's Signature			Inspector's ID No. [REDACTED]		Report No. 65		Date yy mm dd 2017 06 02			
Railroad/Company Name & Address LONG ISLAND RAIL ROAD 610 HICKSVILLE ROAD BETHPAGE NY						R/C R		Division SYSTEM		RR/Co. Representative (Receipt Acknowledged) Name CHRIS SCHALIK Title TRACK ENGINEER Email Signature _____			
						RR/Co. Code LI		Subdivision MONTAUK					
From: City BABYLON			Codes 0360		Destination City & County				Codes		From Latitude		
State NY			36		City MONTAUK				3835		From Longitude		
County SUFFOLK			C103		County SUFFOLK				C103		To Latitude		
Mile Post: From To			Inspection Point MONTAUK LINE				To Longitude						
Activity Code:		2170											
Units:		1											
Sub Units:		1											
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 **] no exceptions taken													
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?			