



U.S. Department of Transportation

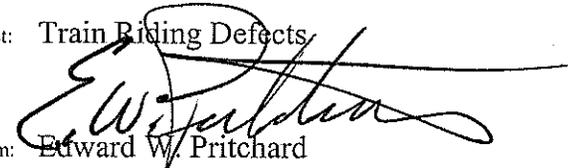
Federal Railroad Administration

# Memorandum

Date: **FEB 12 2009**

Reply to Attn of: **OP-09-01**

Subject: Train Riding Defects

From:   
Edward W. Pritchard  
Director, Office of Safety Assurance and Compliance

To: Regional Administrators

Purpose:

The following procedures are intended to allow the FRA Office of Safety to analyze and quantify non-compliance with Federal regulations, Railroad Operating Rules (ROR), and Railroad Safety Rules (RSR) observed and recorded during 217(R)-freight train onboard inspections, 217(L)-remote control locomotive operations, and 217(X)-passenger train onboard inspections.

Procedures:

Inspectors conducting onboard inspections must include the following additional information in the Train#/Site box of the F6180.96 inspection report line item.

After entering the applicable onboard inspection activity code (217R, 217L or 217X) in the inspection report header, record, in the usual manner, line item defects observed during the onboard inspection covered by activity codes such as 217E, 218O, 220, 222O, 240, RWP, etc. In addition, line item defects observed during the onboard inspection must be identified by placing the appropriate onboard inspection activity code, 217R, 217L or 217X, in the Train#/Site block for that line item.

Onboard inspection reports that cover an inspector's designated "day of train riding per pay period," must include the letters OBI (onboard inspection) in the file number box at the bottom of the F6180.96 inspection report. The file number box is only on the FRA copy of the inspection report.

OBI

Source Code	File Number	ID's of Accompanying Inspector(s)	Page 1 of 1
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# INSPECTION REPORT

Inspector's Name		Inspector's Signature			Inspector's ID No.	Report No.	Date		
					19315	1	yy	mm	dd
							2009	02	04
Railroad/Company Name & Address UNION PACIFIC RR CO. 222 Railroad Ave.  North Platte NE 36789				R/C R RR/Co. Code UP	Division SYSTEM Subdivision NORTH PLATTE T	RR/Co. Representative (Receipt Acknowledged) Name Charles Shepard Title Terminal Superintendent Signature _____			
From: City	NORTH PLATTE	Codes	3520	Destination City & County		Coder	From Latitude		
State	NE		31	City			From Longitude		
County	LINCOLN		C111	County			To Latitude		
Mile Post: From		To		Inspection Point			ONBOARD		
Activity Code:	217R	220	217E	RWP	240	218T			
Units:	1	1	1	1	1	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	217R

Description - **[\*\* Comment to Railroad/Company \*\*]**  
This onboard inspection covered observations of the crew for compliance with carrier operating/safety rules and federal regulations.

Violation Recommended  Yes  No Latitude: Longitude:

Written Notification to FRA of Remedial Action is:  Required  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				220	0033	A			217R	N	N	1	220

Description  
EXCEPTION TAKEN: AN EMPLOYEE RECEIVING A RADIO CALL FAILED TO PROMPTLY ACKNOWLEDGE THE CALL BY IDENTIFYING THE EMPLOYEE'S STATION IN ACCORDANCE WITH 49 CFR PART 220.27 AND STAND BY TO RECEIVE

Violation Recommended  Yes  No Latitude: Longitude:

Written Notification to FRA of Remedial Action is:  Required  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
3				EO	0026	C2A			217R	N	N	1	217E

Description  
EXCEPTION TAKEN: EMPLOYEE FAILED TO TURN OFF EACH PERSONAL ELECTRONIC OR ELECTRICAL DEVICE OR FAILED TO REMOVE EAR PIECE FROM EAR, WHEN EMPLOYEE WAS ON THE GROUND DURING THE PERFORMACE OF HIS/HER DUTIES.

Violation Recommended  Yes  No Latitude: Longitude:

Written Notification to FRA of Remedial Action is:  Required  Optional Railroad Action Code Date(mm/dd/yyyy): Comments on back?

Source Code	File Number	ID's of Accompanying Inspector(s)	Page 1 of 2
A	OBI		

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION (FRA)

**INSPECTION REPORT**  
(Continuation)

OMB Approval No.: 2130-0509

Inspector's ID No. 19315	Report No. 1	Report Date 02/04/2009
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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				214	0339	03			217R	N	N	1	RWP

Description  
EXCEPTION TAKEN: FAILURE OF TRAIN TO GIVE AUDIBLE WARNING WHERE REQUIRED

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
5				240	0303	B				N	N	0	240

Description - [\*\* Comment to Railroad/Company \*\*]  
NO EXCEPTION TAKEN: ENGINEER WAS MONITORED FOR PERFORMANCE SKILLS ONCE EACH CALENDAR YEAR

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
6				218	0055					N	N	0	218T

Description - [\*\* Comment to Railroad/Company \*\*]  
NO EXCEPTION TAKEN: TAMPERING WITH SAFETY DEVICES

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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Source Code A	File Number OBI	ID's of Accompanying Inspector(s)	Page 2 of 2
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