

Inspection/Report Type	<input type="checkbox"/> Tank Qualification	<input type="checkbox"/> Stub Sill Inspection	<input type="checkbox"/> Alteration	<input type="checkbox"/> Conversion	<input type="checkbox"/> Welded Repair	<input type="checkbox"/> Other
Equipment Initial			Equipment Number			
Station Stencil			Stencil Class			
Shop Location (Town)			Shop Location (State)			
Built Date (YYYY/MM/DD)			Inspection Date (YYYY/MM/DD)			
Car Jacketed	<input type="checkbox"/> Yes <input type="checkbox"/> No		Reserved1 (design specific)			
Reserved2 (design specific)			Original AAR Cert of Construction No.			
Builder			Stub Sill Design (as inspected)			
Stub Sill Design Variation	<input type="checkbox"/> Continuous <input type="checkbox"/> Non-continuous <input type="checkbox"/> N/A		Miles (actual cumulative miles in thousands)			
Construction Car Spec.			Car Spec. After Modification			
Nature of Damage	<input type="checkbox"/> Accident <input type="checkbox"/> Non-Accident <input type="checkbox"/> N/A		Railroad Responsibility		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Stub Sill Deformation	<input type="checkbox"/> A End <input type="checkbox"/> B End		Year of Last Tank Qualification			
Tank Containment Failure	<input type="checkbox"/> Check if Yes		No. of Compartments			

Alterations and Conversions

Compartment No.	Change Category	Drawing Number	AAR Approval Reference No.
Drawing Comments:			

Weld Inspection Results (See Templates and Code Tables)

Inspection Results	Compartment No.	Weld Code	Location	Inspection Technique	No. of Defects	Max Defect Length (inches)	Defect Orientation Code	How Repaired

Shell/Sill Inspection Results (See Code Tables)

Inspection Results	Failed Component	Compartment No.	Failure Type	Failure Cause	How Repaired	Defect Length (in)	Defect Area	Repair Location	Inspection Method

I certify that the work on the cars above conform to the federal regulations issued by the Department of Transportation, the Association of American Railroads Interchange ("AAR") Rules, the AAR Manual of Standards and Recommended Practices, and to each mentioned AAR approval.

Facility Representative Name:	
Submitted by (name and company):	

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