

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):	