



Highway Contract Route

☐ SURVEY ☐ SERVICE CHANGE

1. Survey Date

A. General Information

2. Route No.	3. Trip(s)	4. Origin	5. Destination	6. Schedule Mileage a. Outbound b. Inbound
7. Supplier Name			8. Supplier Telephone Number (Include area code)	9. Road Condition (Miles) <input type="checkbox"/> Improved <input type="checkbox"/> Unimproved <input type="checkbox"/> All Weather
10. Supplier Address (No., street, ste./apt./P.O. box no., city, state, ZIP + 4®)			11. Driver's Name	

B. Vehicle Information

1. Year	2. Make	3. Type		4. No. Axles		
5. Appearance (Check one) <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	6. Cargo Size and Space L <input type="checkbox"/> H <input type="checkbox"/> W <input type="checkbox"/> <input type="checkbox"/> Adequate <input type="checkbox"/> Too Small <input type="checkbox"/> Too Big			7. Load Restraints (Check one) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Add	8. Emergency Equipment a. Fire Extinguisher <input type="checkbox"/> Yes <input type="checkbox"/> No b. Warning Device <input type="checkbox"/> Yes <input type="checkbox"/> No c. Spare Fuses <input type="checkbox"/> Yes <input type="checkbox"/> No d. Tire Chains <input type="checkbox"/> Yes <input type="checkbox"/> No	
	9. Terminal Time (Minutes) (Survey Day)		a. Loading at Origin	b. Unloading at Destination	c. Loading at Destination	d. Unloading at Origin
	10. Unscheduled Stops (No. and Minutes)		a. Fuel (1) No. (2) Minutes	b. Toll (1) No. (2) Minutes	c. Weight Check (1) No. (2) Minutes	d. Meal (1) No. (2) Minutes
11. Maximum Pieces Normally Carried		a. PCHS/Sacks	b. NMO	c. Containers (1) No. (2) Type <input type="checkbox"/> Large Tray Cart <input type="checkbox"/> All Purpose <input type="checkbox"/> Small Tray Cart <input type="checkbox"/> Bulk Mail <input type="checkbox"/> Large Hamper <input type="checkbox"/> Palletainer <input type="checkbox"/> Small Hamper <input type="checkbox"/> Nestline Tray Cart		
12. Maximum Cargo Space Used on Heaviest Day		13. In addition to mail, trip regularly carries				

C. Route Information

Summary	a. Official	b. Actual	c. Difference + or -	d. Recommendation		
				(1) Satisfactory	(2) Unsatisfactory	(3) Specify Change
1. Terminal Time						
2. Vehicle						
3. Box Delivery						
4. Collection						
5. Mileage						

D. Proposed Action

1. Action Proposed (Cost):
☐ New Route ☐ Extension ☐ Curtailment ☐ Restatement
☐ Frequency Change ☐ Fewer Trip ☐ More Trips ☐ Discontinuance
☐ Larger Vehicles ☐ Smaller Vehicles ☐ Schedule Change ☐ Other (Describe):

2. Reason
☐ Personal Initiative ☐ Congressional ☐ Customer Petition ☐ Other (Describe):

3. Other Media or Postal Units Affected (Give name of unit and how affected)
☐ Postal Facility ☐ Highway Contract Route ☐ Other (Describe):
☐ Contract Delivery Route ☐ Rural Delivery Route

E. Reaction to Proposed Changes

1. Supplier <input type="checkbox"/> Agreeable <input type="checkbox"/> Opposed	2. Number of Postmasters a. Favor b. Oppose	3. Number of Customers a. Favor b. Oppose
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F. Service on Day of Survey

1. Points Served	2. Time		3. Odometer Reading	4. Pieces		5. Containers		6. Exchange Point
	a. AR	b. LV		a. On	b. Off	a. Off	b. On	

G. Map or Diagram

(Submit a preprinted highway map showing line of travel, intermediate distances, and local names and function points necessary to identify line of travel. Use BLACK or BLUE pencil for present line of travel. Use RED pencil for new route or extension. Use YELLOW pencil for curtailed portion of route. Use GREEN pencil for duplication with rural or other contract route and identify. Where box service is involved, show location of customers affected, including their names.)

H. Statement of Proposed Service (Remarks)**I. Official Making Survey**

1. Name	2. Title	3. Facility
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J. Administrative Official

1. Date Signed	2. Title	3. Signature
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