

# Inspection of Collection Route

Office		Work Unit			Day and Date	
Name of Carrier		I.D. No.	Age	Length of Service	Length of Service on Route	
Route No.	Route Classification <input type="checkbox"/> Full Time <input type="checkbox"/> Aux.	Office Break Option <input type="checkbox"/> Yes <input type="checkbox"/> No		Truck No.	Capacity	
Type of Route <input type="checkbox"/> Foot <input type="checkbox"/> Motorized <input type="checkbox"/> Business <input type="checkbox"/> Residential <input type="checkbox"/> Mixed					Approved Mileage	

\* Type of Box: P= Post; C=Comb; CMP= Cooperative Mailing Point; D=Dual; M=Motorist; CH=Receiving (Mail Chute)

Stops	Location	*Type box	Trip No.				Stops	Location	*Type box	Trip No.			
			Mileage	Time Arrive	Scheduled Time	Pieces				Mileage	Time Arrive	Scheduled Time	Pieces
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
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27													
28													
29													
30													

Total Pieces						Total Pieces					
Total Stops						Total Stops					

Total Time	Street Time	Break Option	Office Time	Garage to Office Office to Garage	Time Totals	Garage to Office to Office		1		2		3		4		Office to Garage	Begin Ending Mileage	Trip
						Street	Office	Street	Office	Street	Office	Street	Office	Street	Office			
					Minutes	B	E	B	L	R	E	B	L	R	E	B	E	

Check One		Description	Check One		Description
Yes	No		Yes	No	
		1A. Is the carrier in uniform?			5A. Is a rough cull made on the street?
		1. Does the carrier make a satisfactory appearance?			6. Should changes be made to the schedule, route layout, or box type?
		2. Does the carrier apply themselves to their work in a businesslike manner?			6A. Are boxes anchored properly?
		3. Does the carrier make the required vehicle inspection and operates the truck in a safe and satisfactory manner?			7A. Is a current collection route schedule available in the post office?
		4. Does the carrier possess a valid state driver's license?	8. State below the condition of receiving ( <i>Mail Chute</i> ) boxes and collection boxes.		
		5. Is mail protected from theft and weather?	Paint	Locks	CMS Used
					Schedule Labels

Stops	Location	*Type box	Trip No.				Stops	Location	*Type box	Trip No.			
			Mileage	Time Arrive	Scheduled Time	Pieces				Mileage	Time Arrive	Scheduled Time	Pieces
1													
2													
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Total Pieces				Total Pieces			
Total Stops				Total Stops			

For Route Supervisor Only				Adjustments Made		
Recommended Adjustment:	Relief	Addition	Total	Relief	Addition	Total

Deficiencies, Recommendations, Comments	Comments
Route Inspected By and Date	Route Adjusted By and Date