

# STREET SUPERVISION - "POINT-TO-POINT" - WORKSHEET

Office:	Zone:	Day:	Date:
Route:	Carrier:	Vehicle #:	Location of Vehicle:

Observation - Points			Time	Actual	Number of	Indicate portions of Case Shelves Delivered:						
obsv	Actual Address	Street Name	Enter Block	Time Used (hrs/Min)	Deliveries Made	Deliveries per Minute	Mark an "x" for whole shelf and a "/" for partial shelf					
						1	2	3	4	5	6	
Actual Leave Time >>												
1												
2												
3												
4												
Actual Return Time >>												

Delivery Observations	Comment below on Negatives	Yes	No	Safety Observations	(Circles Unsafe Practices)	Yes	No
Did the carrier take all available short cuts?				Drive at a safe speed / Proper following distance?			
Did the carrier avoid backtracking?				Drive with door close / Use seat belt and lap belts?			
Did the carrier carry flats in his arm?				Use signals on all turns / Observe traffic controls?			
Did the carrier finger mail when safe to do so?				Avoid unnecessary U-turns / Backing situations?			
Was the carrier ready to make delivery at the box?				Parking - Curb or turn wheels / Set hand brake?			
Were apartment / NDCBU boxes clearly labeled?				Parking - Lock vehicle / Secure mail out of view?			
Are apartment directories up to date and maintained?				Dog bite prevention - Carry Satchel / Halt?			
Did the carrier place all mail into the apartment boxes?				Finger mail safely / Looking ahead for obstacles?			
Did the carrier use Parcel Lockers or Phone systems?				Did the carrier demonstrate safe lifting practices?			
Did the carrier talk unnecessarily with customers?				Did the carrier avoid unsafe short cuts?			

Delivery Observations - Comments	Safety Observations - Comments
----------------------------------	--------------------------------