

1997 COMMODITY FLOW SURVEY
CENSUS OF TRANSPORTATION**Reporting period:****Please return by:****RETURN TO****BUREAU OF THE CENSUS**
1201 East 10th Street
Jeffersonville IN 47132-0001

(Please correct any error in name, address, and ZIP Code)

BEFORE COMPLETING YOUR REPORT, please read the accompanying instruction guide. If book figures are not available for requested data, please provide estimates. If you have any questions, please call 1-800-772-7851.

Through this survey, we are requesting data on a representative sample of your outbound shipments, to help us produce key statistics used by transportation planners and managers. We greatly appreciate your assistance in this program.

Item A Is the establishment name shown in the mailing address correct?

- 1 ☐ Yes
- 2 ☐ No — Enter correct name. ↗

Item B Mark (X) the **ONE** box which best describes this establishment during the one-week period shown above.

- 1 ☐ In operation
- 2 ☐ Temporarily or seasonally inactive
- 3 ☐ Ceased operation — Give date →

Month	Day	Year

Item C Is this establishment's physical location the same as the address shown in the label? (PO boxes or rural routes are not physical locations.)

- 1 ☐ Yes
- 2 ☐ No — Enter physical location below. ↗

Number and street

City, town, village, etc.

State

ZIP Code

NOTE — The rest of this questionnaire requests information about shipments (or deliveries) from the establishment located at the address in the mailing label.

If you entered a different address in item C — Please complete the form for shipments originating from the location listed in item C.

Item D Please enter the **total number** of outbound shipments (or deliveries), including customer pick-up, for the one-week reporting period shown above. If book figures are not available, please provide your best estimate.

--

This number should reflect all shipments and deliveries leaving this location during the one-week reporting period. Please see *Instruction Guide* for a definition of "shipment."**DO NOT PROCEED UNTIL YOU HAVE COMPLETED ITEM D.****YOUR RESPONSE IS REQUIRED BY LAW.** Title 13, United States Code, requires businesses and other organizations that receive this questionnaire to answer the questions and return the report to the Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by Census Bureau employees and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

Item E SAMPLING INSTRUCTIONS

Our goal in this section is to identify a sample of your shipments that you will provide data on. Through the use of a sample, we can avoid asking you for information on all of your shipments, while still obtaining statistically accurate information.

FINDING YOUR SELECTION RATE

If you reported 40 or fewer shipments in item D, please enter "1" as your selection rate in the box below, then go directly to item F and enter the information for each of your shipments.

If you reported 41 or more shipments in item D, we will now ask you to select and report on a sample of your shipments. Following the steps below will result in a sample of 20 to 40 shipments to report on in item F.

In the table at right, identify the selection rate that corresponds to the number you entered in item D, and enter it in the box below.

Please enter your selection rate. →

Number of shipments entered in item D	Selection rate
1— 40	1
41— 80	2
81— 100	3
101— 200	5
201— 400	10
401— 800	20
801— 1600	40
1601— 3200	80
3201— 6400	160
6401—12800	320
More than 12800	Call Census at 1-800-772-7851

CONTINUE ON NEXT PAGE. →

Item F SHIPMENT CHARACTERISTICS

Line No. (a)	Shipment ID Number (b)	Shipment date (c)		Shipment value (excluding shipping costs) in whole dollars (d)	Shipment weight in pounds (e)	Commodity code from SCTG Manual (f)	Commodity description (g)	If a hazardous material, enter the "UN" or "NA" number (h)
		Month	Day					
0	123-5	4	26	4,235	140	3 5 1 2 0	Electrical transformers	
00	402H	4	26	125,300	626,500	1 7 1 0 0	Gasoline	1 2 0 3
1								
2								
3								
4								
5								
6								
7								
8								
9								

Mode of transport codes for columns (k) and (n)

1 — Parcel delivery, courier, or U.S. Postal Service

2 — Private truck
3 — For-hire truck

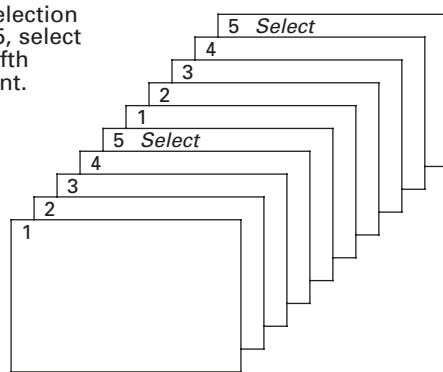
4 — Railroad
Continued →

SELECTING YOUR SAMPLE OF SHIPMENTS

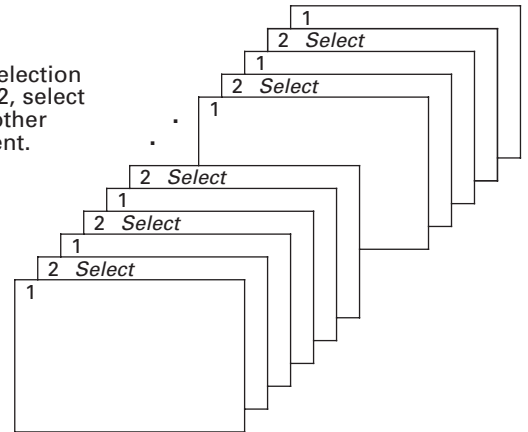
1. Use the file or combination of files that best reflects your full range of outbound shipping activities.
2. Begin with the first shipment. Count the shipments until you reach your selection rate. Select this shipment to report on in item F.
3. Continue counting with the next shipment. Count this shipment as 1 and continue until you reach the selection rate again. Select this shipment to report on in item F.
4. Repeat step 3 until you reach the last shipment for the one-week period. If the last shipment is counted as the selection rate, select this shipment to report on in item F. If the last shipment is not counted as the selection rate, do not report this shipment.

In the following examples, each rectangle represents one shipment.

If the selection rate is 5, select every fifth shipment.



If the selection rate is 2, select every other shipment.



Once you have selected your sample of shipments, please proceed to item F and enter the requested information for each selected shipment. Examples of completed lines for two shipments are provided on lines "0" and "00" below.

If you have difficulties constructing a file of shipments or have questions about how to select the sample of your shipments, please call our toll-free number for assistance: 1-800-772-7851.

Containerized? (Y/N)	U.S. destination (Complete for all shipments.)			Mode(s) of transport to U.S. destination Enter all that apply in order used. Use codes below.	Export? (Y/N)	Foreign destination (for export shipments only) Note: In column (j) enter the U.S. port, airport, or border crossing of exit.		Export mode	Line No.
	(i)	(j)				(k)	(l)		
	City	State	ZIP Code			City	Country		
N	Los Angeles	C A	9 0 0 4 0	2, 4, 3	N				0
N	New York	N Y	1 0 4 5 4	5	Y	London	England	6	00
									1
									2
									3
									4
									5
									6
									7
									8
									9

5 — Shallow draft vessel

6 — Deep draft vessel

7 — Pipeline

8 — Air

9 — Other mode

0 — Unknown

Item F SHIPMENT CHARACTERISTICS — Continued

Line No. (a)	Shipment ID Number (b)	Shipment date (c)		Shipment value (excluding shipping costs) in whole dollars (d)	Shipment weight in pounds (e)	Commodity code from SCTG Manual (f)	Commodity description (g)	If a hazardous material, enter the "UN" or "NA" number (h)
		Month	Day					
10								
11								
12								
13								
14								
15								
16								
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24								
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Mode of transport codes for columns (k) and (n)


1 — Parcel delivery, courier, or U.S. Postal Service

2 — Private truck
3 — For-hire truck

4 — Railroad
Continued


Containerized? (Y/N)	U.S. destination (Complete for all shipments.) (j)			Mode(s) of transport to U.S. destination Enter all that apply in order used. Use codes below. (k)	Export? (Y/N) (l)	Foreign destination (for export shipments only) Note: In column (j) enter the U.S. port, airport, or border crossing of exit. (m)		Export mode (n)	Line No. (o)
	City	State	ZIP Code			City	Country		
									10
									11
									12
									13
									14
									15
									16
									17
									18
									19
									20
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		Month	Day					
35								
36								
37								
38								
39								
40								

Mode of transport codes for columns (k) and (n)


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4 — Railroad
Continued
Item G
1. Do this establishment's outbound shipments leave more than one site within this physical location?

☐ Yes

☐ No

2. Are the records for outbound shipments from this location maintained in a number of separate files (e.g., separate files for each commodity, or for each shipping site) at this location?

☐ Yes

☐ No

If yes to item G1 or item G2:
3. Would it be easier to receive a separate questionnaire for each file or each shipment site?

☐ Yes

☐ No

Item H

Enter the total value of shipments for the one-week reporting period. This figure should represent all products leaving this establishment for the one-week period. An estimate is acceptable.

Total value in whole dollars

Item I

In the last three months did this location have any individual shipments with a value over \$2,000,000?

☐ Yes

☐ No

Item J
CERTIFICATION

Name of person to contact regarding this report — *Please print*

Telephone number — *Include area code*

Date

Signature

Title

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- 1
- ☐
- Yes
-
- 2
- ☐
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- 1
- ☐
- In operation
-
- 2
- ☐
- Temporarily or seasonally inactive
-
- 3
- ☐
- Ceased operation — Give date →

Month	Day	Year

Item C Is this establishment's physical location the same as the address shown in the label? (PO boxes or rural routes are not physical locations.)

- 1
- ☐
- Yes
-
- 2
- ☐
- No — Enter physical location below. ↗

Number and street

City, town, village, etc.

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		Month	Day					
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00	402H	4	26	125,300	626,500	1 7 1 0 0	Gasoline	1 2 0 3
1								
2								
3								
4								
5								
6								
7								
8								
9								

Mode of transport codes for columns (k) and (n)

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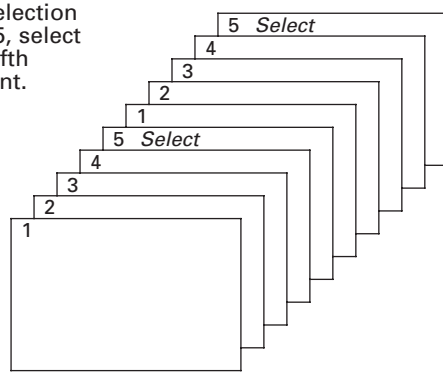
4 — Railroad
Continued →

SELECTING YOUR SAMPLE OF SHIPMENTS

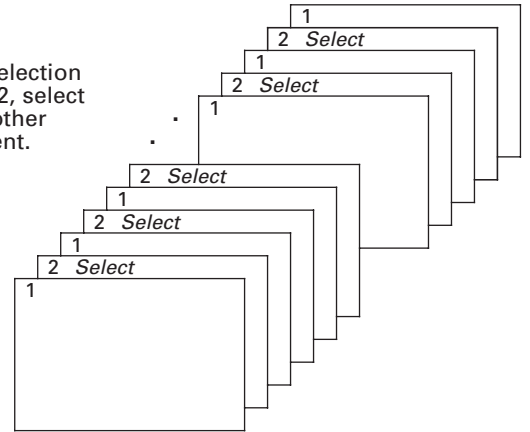
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Containerized? (Y/N)	U.S. destination <i>(Complete for all shipments.)</i>			Mode(s) of transport to U.S. destination <i>Enter all that apply in order used. Use codes below.</i>	Export? (Y/N)	Foreign destination (for export shipments only) Note: In column (j) enter the U.S. port, airport, or border crossing of exit.		Export mode	Line No.
	(j)					(m)			
(i)	City	State	ZIP Code	(k)	(l)	City	Country	(n)	(o)
N	Los Angeles	C A	9 0 0 4 0	2, 4, 3	N				0
N	New York	N Y	1 0 4 5 4	5	Y	London	England	6	00
									1
									2
									3
									4
									5
									6
									7
									8
									9

5 — Shallow draft vessel
6 — Deep draft vessel

7 — Pipeline
8 — Air

9 — Other mode
0 — Unknown

Item F SHIPMENT CHARACTERISTICS — Continued

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		Month	Day					
10								
11								
12								
13								
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15								
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21								
22								
23								
24								
25								
26								
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33								
34								

 Mode of transport codes
for columns (k) and (n)

1 — Parcel delivery, courier, or U.S.
Postal Service

2 — Private truck
3 — For-hire truck

4 — Railroad
Continued


Containerized? (Y/N)	U.S. destination (Complete for all shipments.) (j)			Mode(s) of transport to U.S. destination Enter all that apply in order used. Use codes below. (k)	Export? (Y/N)	Foreign destination (for export shipments only) Note: In column (j) enter the U.S. port, airport, or border crossing of exit. (m)		Export mode (n)	Line No. (o)
	City	State	ZIP Code			City	Country		
									10
									11
									12
									13
									14
									15
									16
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									33
									34

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Item F SHIPMENT CHARACTERISTICS — Continued

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		Month	Day					
35								
36								
37								
38								
39								
40								

Mode of transport codes for columns (k) and (n)


1 — Parcel delivery, courier, or U.S. Postal Service

2 — Private truck
3 — For-hire truck

4 — Railroad
Continued →

Item G Enter the total dollar value of **all** shipments for the one-week reporting period. This figure should represent all products leaving this establishment for the one-week period. An estimate is acceptable.

Total value in whole dollars

Item H In the last three months did this location have any individual shipments with a value over \$2,000,000?

☐ Yes

☐ No

Item I AVAILABILITY AND USE OF ON-SITE SHIPPING FACILITIES

In column (b), check "Yes" or "No" for each type of shipping facility to indicate whether or not this type of facility existed **on-site** during 1997. For each "Yes" in column (b), check "Yes" or "No" in column (c) to indicate whether or not you used the facility on your premises for **outbound shipments** during 1997.

Type of shipping facility (a)	Was a shipping facility of this type on your premises during 1997? (b)	Did you use this facility on your premises for outbound shipments during 1997? (c)
1. Rail siding	1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
2. Dock on the Great Lakes	1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
3. Dock on inland water	1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
4. Dock on deep sea water	1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
5. Airport/landing strip capable of handling your shipments	1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
6. Pipeline terminal	1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

Containerized? (Y/N)	U.S. destination (Complete for all shipments.)			Mode(s) of transport to U.S. destination <i>Enter all that apply in order used. Use codes below.</i>	Export? (Y/N)	Foreign destination (for export shipments only) Note: In column (j) enter the U.S. port, airport, or border crossing of exit.		Export mode	Line No.
	(i)	(j)				(k)	(l)		
	City	State	ZIP Code			City	Country		
									35
									36
									37
									38
									39
									40

5 — Shallow draft vessel
6 — Deep draft vessel

7 — Pipeline
8 — Air

9 — Other mode
0 — Unknown

Item J **USE OF OFF-SITE SHIPPING FACILITIES**

In column (b), check "Yes" or "No" for each type of shipping facility to indicate whether or not you used an **off-site** facility of that type for **outbound shipments** during 1997. For each "Yes", enter the miles to that off-site facility in column (c), and the mode of transport used to reach that facility in column (d). The modes are listed below.

Type of shipping facility (a)	Did you use this type of off-site facility for outbound shipments during 1997? (b)	Distance to the off-site facility of this type that you used most in 1997 (Report in miles – estimates are acceptable) (c)	Mode of transport used to reach that facility (Enter a code from the list below) (d)
1. Rail siding	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No		
2. Dock on the Great Lakes	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No		
3. Dock on inland water	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No		
4. Dock on deep sea water	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No		
5. Airport/landing strip capable of handling your shipments	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No		
6. Pipeline terminal	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No		

1 – Trailer on Flat Car (TOFC)
2 – Private Truck

3 – For-Hire Truck
4 – Rail

5 – Water
6 – Pipeline

7 – Air
8 – Other

PLEASE CONTINUE ON PAGE 8.

Item K USE AND AVAILABILITY OF TRANSPORTATION EQUIPMENT

During 1997, did this location use any of the following types of equipment for outbound shipments? Please check "Yes" or "No." For rail cars reported in number 1 below, enter the approximate percentage of your total outbound rail shipments that used that type of rail car. These percentages should add to 100%. If you had no rail shipments, leave the percentages blank.

Equipment (a)	Was this type of equipment used for outbound shipments during 1993? (b)	Percentage of total rail shipments (c)
1. Rail cars that:	1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No	
a. Your company owned/leased		
b. A common carrier owned/leased	1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No	
c. Another party owned/leased (e.g. receiver)	1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No	
2. Trucks with 6 or more tires or truck-tractors that:	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
a. Your company owned		
b. Your company leased, with driver	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
c. Your company leased, without driver	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
3. Truck trailers that your company owned or leased	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
4. Aircraft that your company owned or leased	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
5. Barges that your company owned or leased	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
6. Other equipment that your company owned or leased – <i>Specify</i> ↴	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	

Item L TRANSPORTATION DECISIONS

During 1997, who generally decided on the mode of transportation for your outbound shipments? *Check the appropriate box.*

1 ☐ Your company2 ☐ Receiver of shipment3 ☐ Other

Remarks

Item M CERTIFICATIONName of person to contact regarding this report – *Please print*Telephone number – *Include area code*

Date

Signature

Title