

FORM **CFS-2000** U.S. DEPARTMENT OF COMMERCE
 (7-7-93) BUREAU OF THE CENSUS

1993 COMMODITY FLOW SURVEY
CENSUS OF TRANSPORTATION

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

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.

RETURN TO

BUREAU OF THE CENSUS
 1201 East 10th Street
 Jeffersonville IN 47132-0001

INSTRUCTIONS

NOTE NEW ITEMS: G, H, I, and J on pages 6 - 8.

Please complete these items even if you have no shipments to report during the two-week reporting period.

Item A ESTABLISHMENT NAME

Is the establishment name shown in the mailing address correct?

- 1 Yes 2 No — Enter correct name. ↗

Item B OPERATIONAL STATUS OF ESTABLISHMENT — Mark (X) the ONE box which best describes this establishment during the 2-week period shown above.

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

Item C PHYSICAL LOCATION (PO boxes or rural routes are not physical locations.)

Is this establishment's physical location the same as the address shown in the label?

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

Number and street

City, town, village, etc.

State

ZIP Code

Item D ORIGIN OF SHIPMENTS

During the two-week period, did any of your shipments (or deliveries) originate from locations other than this physical location?

- 1 No — Skip to Item E on page 2. Enter an "A" as the origin code in column (k) of item F for all shipments.
- 2 Yes — Enter the City, State, and ZIP Code of these other locations in rows B, C, and D.

Origin code	City	State	ZIP Code
A	Location in mailing address or in Item C.	—	—
B			
C			
D			

Does your **Census File Number (CFN)** shown in the address box above, begin with a "0" (zero)?

- 1 Yes — Include shipments from those other locations in your sampling, and use the appropriate origin code (A, B, C, or D) in column (k) of item F for all shipments selected. Now skip to Item E.
- 2 No — Do any of these other locations keep their own records for these shipments?
- 1 Yes — Omit shipments from these other locations that maintain their own records from your sampling.
- 2 No — Include shipments from these other locations in your sample, and place the appropriate origin code (A, B, C, or D) in column (k) of item F for all shipments selected.

Item E SOURCE DOCUMENT

Please mark (X) the **main** document that you will use to obtain the requested information.

- 1 Sales invoices 3 Other — *Specify* ↗
 2 Bills of lading

SAMPLE SELECTION INSTRUCTIONS

1. Enter your total number of shipments for the 2-week period. _____

NOTE — Remove any voided invoices, credit memoranda, etc. from the files, if possible, before estimating the total number of shipments.

2. Find the range in column (1) at right that includes the number entered in 1 above. Put an (X) in column (2) beside it.
3. If your total number of shipments is 40 or less, provide data for **every** shipment during the 2-week period in Item F. If the number of shipments is 41 or more, continue with steps 4 and 5 to select the shipments to report.

Number of shipments (1)	Mark (X) one (2)	"Take every" number (3)	Expected sample size (4)
0-40		Select every shipment	1-40
41-100		2	20-50
101-200		5	20-40
201-400		10	20-40
401-800		20	20-40
801-1600		40	20-40
1601 or more		Call Census 1-800-528-3049	

CONTINUE ON NEXT PAGE. ↗

Item F SHIPMENT CHARACTERISTICS

Line No. (a)	Shipment		Total				Commodity		
	Number (b)	Date (c)		Value (Dollars) (d)			Weight (Pounds) (e)	Code (f)	Description (g)
		M	D	Mil.	Thou.	Dol.			
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									

Mode of transport codes for columns (i) and (n) ▶

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

2 — Private truck
3 — For-hire truck

4 — Railroad
Continued →

SAMPLE SELECTION INSTRUCTIONS — Continued

4. Note the "Take every" number in column (3) next to the "X" you marked in column (2). Beginning with the first shipment in the file for the period, count the shipments until you reach the "Take every" number. Select that shipment as the first one to report on in item F.

6th shipment, count off 5 more, and select the 10th shipment. Resume counting with the 11th and select the 15th, 20th shipment, etc. until you reach the end of the file. You will have selected 35 shipments to report on in Item F.

Continuing with the next shipment, begin counting from 1 until you reach the "Take every" number again. Select that shipment. Continue this process until you reach the end of the file.

NOTE – If your sample of shipments includes any voided invoices, credit memoranda, etc., write "VOID" in column (b) for that shipment. Leave the rest of the line blank.

EXAMPLE:

If 176 is entered in 1, mark (X) the third row of the table. The "Take every" number is 5. Begin counting with the first shipment in the file and select the 5th shipment to report in Item F. Now beginning with the

5. Sample validation — After sample selection is done, compare the number of selected shipments to the expected sample size in column (4). If the number of selected shipments is above or below the range, recheck the sample selection.

Hazardous material? (Y/N) (h)	Domestic mode(s) of transport <i>Enter all that apply using codes shown below.</i> (i)	Containerized? (Y/N) (j)	Origin code (k)	Domestic destination (or port/airport/border crossing of exit for exports) (l)			Export? (Y/N) (m)	Export mode (n)	Foreign destination (for export shipments only) (o)		Line No. (p)
				City	State	ZIP Code			City	Country	
											1
											2
											3
											4
											5
											6
											7
											8
											9
											10
											11
											12
											13
											14
											15

5 — Inland water and/or Great Lakes
6 — Deep sea water

7 — Pipeline
8 — Air

9 — Other mode
0 — Unknown

Item F SHIPMENT CHARACTERISTICS — Continued

Line No. (a)	Shipment		Total				Commodity		
	Number (b)	Date (c)		Value (Dollars) (d)			Weight (Pounds) (e)	Code (f)	Description (g)
		M	D	Mil.	Thou.	Dol.			
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
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31									
32									
33									
34									
35									
36									
37									
38									
39									
40									

Mode of transport codes for columns (i) and (n)  **1** — Parcel delivery, courier, or U.S. Postal Service **2** — Private truck **3** — For-hire truck **4** — Railroad
Continued 

Hazardous material? (Y/N) (h)	Domestic mode(s) of transport Enter all that apply using codes shown below. (i)	Containerized? (Y/N) (j)	Origin code (k)	Domestic destination (or port/airport/border crossing of exit for exports) (l)			Export? (Y/N) (m)	Export mode (n)	Foreign destination (for export shipments only) (o)		Line No. (p)
				City	State	ZIP Code			City	Country	
											16
											17
											18
											19
											20
											21
											22
											23
											24
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											27
											28
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											32
											33
											34
											35
											36
											37
											38
											39
											40

5 — Inland water and/or Great Lakes
6 — Deep sea water

7 — Pipeline
8 — Air

9 — Other mode
0 — Unknown

Item F SHIPMENT CHARACTERISTICS — Continued

Line No. (a)	Shipment		Total				Commodity		
	Number (b)	Date (c)		Value (Dollars) (d)			Weight (Pounds) (e)	Code (f)	Description (g)
		M	D	Mil.	Thou.	Dol.			
41									
42									
43									
44									
45									
46									
47									
48									
49									
50									

Mode of transport codes for columns (i) and (n)  **1** — Parcel delivery, courier, or U.S. Postal Service **2** — Private truck **3** — For-hire truck **4** — Railroad *Continued* 

Item G AVAILABILITY AND USE OF ON-SITE SHIPPING FACILITIES

In column (b), mark "Yes" or "No" for each type of shipping facility to indicate whether or not this type of facility existed on-site during 1993. For each "Yes" in column (b), mark "Yes" or "No" in column (c) to indicate whether or not you **used** the facility on your premises for **outbound shipments** during 1993.

Type of shipping facility (a)	Was a shipping facility of this type on your premises during 1993? (b)	Did you use this facility on your premises for outbound shipments during 1993? (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. Waterway dock, Great Lakes	1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
3. Waterway dock, inland water	1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
4. Waterway dock, 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

Hazardous material? (Y/N) (h)	Domestic mode(s) of transport Enter all that apply using codes shown below. (i)	Containerized? (Y/N) (j)	Origin code (k)	Domestic destination (or port/airport/border crossing of exit for exports) (l)			Export? (Y/N) (m)	Export mode (n)	Foreign destination (for export shipments only) (o)		Line No. (p)
				City	State	ZIP Code			City	Country	
											41
											42
											43
											44
											45
											46
											47
											48
											49
											50

5 — Inland water and/or Great Lakes 7 — Pipeline 9 — Other mode
6 — Deep sea water 8 — Air 0 — Unknown

Item H USE OF OFF-SITE SHIPPING FACILITIES

In column (b), mark "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 1993. For those marked "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 1993? (b)	Distance to the off-site facility of this type that you used most in 1993 (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. Waterway dock, deep sea water	1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No		
3. Waterway dock, Great Lakes	1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No		
4. Waterway dock, inland 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) 3 - For-Hire Truck 5 - Water 7 - Air
2 - Private Truck 4 - Rail 6 - Pipeline 8 - Other

Item I USE AND AVAILABILITY OF TRANSPORTATION EQUIPMENT

During 1993, did this location use any of the following types of equipment for outbound shipments? Please check yes or no. For each equipment type in Item 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:		
a. Your company owned/leased	1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No	
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:		
a. Your company owned	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
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 J TRANSPORTATION DECISIONS

During 1993, who generally decided on the mode of transportation for your outbound shipments? *Mark (X) appropriate box.*

1 Your company 2 Receiver of shipment 3 Other

Remarks

Item K CERTIFICATION

Name of person to contact regarding this report – <i>Please print</i>	Telephone number – <i>Include area code</i>	Date
Signature	Title	