2012 Commodity Flow Survey

(02 10 2011) Blant 1	OMB No. xxxx-xxxx: Approval Expires xx/xx/xxxx
DUE DATE:	
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 U.S.Census Bureau. By the same law, YOUR REPORT IS CONFIDENTIAL. It may be seen only by persons sworn to uphold the confidentiality of Census Bureau information and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.	
	Please make corrections to name, address, and ZIP code if necessary.
More information is available PURPOSE OF THIS SURVEY: The information you provide is safety, and security conseque	· · · · · · · · · · · · · · · · · · ·
	ON OF PHYSICAL LOCATION
	above is the location from which this establishment's shipments originate. are necessary, then make them directly to the address label above.
Item B MAILING AI	DDRESS
a. What address should	the 2012 CFS questionnaire be mailed to?
₁ ☐ Mail the 2012 C	FS questionnaire to this establishment's physical location. (Proceed to Item C.)
₂ Mail the 2012 C	FS questionnaire to the address entered below.
b. Enter your mailing ad	dress.
Company Name 1	
Company Name 2	
Address	
City	State ZIP Code + 4
City	Citato Zii Godo : 7

Item C OPERATING STATUS
Which of the following best describes this establishment's operating status during the week of
?
1 In operation
Temporarily or seasonally inactive
Ceased operation - Enter date ceased operation -
Item D TOTAL NUMBER OF OUTBOUND SHIPMENTS
For this survey, it is important to obtain information about a sample of the outbound shipments made from this establishment.
An outbound shipment in this survey is defined as a movement of commodities from your establishment to another single location. If a truck makes multiple stops on a delivery route, please count each stop as one shipment.
 Remember to include only outbound shipments from your physical location (label address or physical location in Item B).
Also include customer pick-ups, parcels, and all other outbound shipments.
1. What was the total number of all outbound shipments for this establishment the week of
Total number of outbound shipments
?
Estimates are acceptable.
For further information, refer to the Instruction Guide, page 2.
2. Did you enter 40 or fewer shipments above?
Yes - Skip Item E and report all outbound shipments in Item F, pages 4-7.
No - Continue with Item E, on page 3.



Item E SAMPLING INSTRUCTIONS

In order to avoid asking you for information regarding all of your shipments, we will only ask about a sample of them. This section will help you **identify your sample of shipments.**

1. Using the table below, mark the row that includes the total number of outbound shipments reported in Item D, and the corresponding "report every" number.

Number of outbound shipments reported in Line 1	Report every	Mark (X) one
1-40	Report every outbound shipment	
41-80	Report every 2nd outbound shipment	
81-100	Report every 3rd outbound shipment	
101-200	Report every 5th outbound shipment	
201-400	Report every 10th outbound shipment	
401-800	Report every 20th outbound shipment	
801-1600	Report every 40th outbound shipment	
1601-3200	Report every 80th outbound shipment	
3201-6400	Report every 160th outbound shipment	
6401-12800	Report every 320th outbound shipment	
More than 12800	Call Census at 1-800-772-7851 or go to www.census.gov/cfs	

- 2. Using your full set of shipments records for the week named in Item D, follow the steps below.
 - Step 1. Count until you reach the "report every" number marked above.
 - Step 2. Select that record.
 - Step 3. Report that record in Line 1 of Item F, pages 4-5.
 - Step 4. Continuing with the next shipment record, count until you reach the "report every" number again.
 - Step 5. Select that record.
 - Step 6. Report in Line 2 of Item F, pages 4-5.
 - Step 7. Repeat this process until you have gone through your full set of shipment records.
- 3. Report these selected shipments in Item F.

Example:

If an establishment reported 150 shipments in Item D, it would correspond to the range of 101-200 in the table above, and every 5th outbound shipment record would be selected. This means the establishment would count 5 shipment records, select that record, and report it in Item F. Continuing with the next shipment record, the establishment would count 5 shipment records again, select that record, and report it in Item F. The establishment would repeat this until it had gone through the full set of shipment records for the week named in Item D.

For further information, refer to the Instruction Guide, page 3.



Item F SHIPMENT CHARACTERISTICS NOTE: Each line runs across pages 4 and 5. After entering column H data on page 4 for any line, continue with column (I) on page 5 for the same line. 2 Shipment value (excluding If a SCTG Continue with column (I) on page Š hazardous Your Shipment Net commodity Commodity Description shipping costs) Shipment Weight material, Shipment Date code from in whole dollars. enter the ID in pounds accompanying "UN" or Estimates Number (C) booklet "NA" acceptable. Month number Day (A) (B) (D) (E) (F) (G) (H) 123-5 0 4 26 224,235 4840 34520 **Mechanical machinery** 402H 4 20222 Sulfuric acid 1830 00 26 1,375 50,125 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20



U.S. Destination or U.S. Exit Port (Complete for all shipments.)		Mode(s) of transport to U.S. destination. Enter all that apply in order used. Use codes at bottom.	Temperature controlled? (Y/N)	Export? (Y/N)	Foreign Destination (for export shipments only) Note: In column (I) enter the U.S. port, airport, or border crossing of exit. (M)		Export mode	No No	
City	State	ZIP Code	(J)	(K)	(L)	City Country			(
Los Angeles	CA	90040	2, 4	Y	Y	Beijing	China	6	
Newark	NJ	07105	4	N	N				C
									1
									1
									+
									+
									+
									1

Mode of transport codes for columns (J) and (N):

- 1 Parcel delivery, courier, or U.S. Parcel Post
- 2 Private truck3 For-hire truck
- 4 Railroad
- 5 Shallow draft vessel
- 6 Deep draft vessel
- 7 Pipeline
- 8 Air
- 9 Other mode
- 0 Unknown



Item F **SHIPMENT CHARACTERISTICS - Continued** NOTE: Each line runs across pages 6 and 7. After entering column H data on page 6 for any line, continue with column (I) on page 7 for the same line. Continue with column (I) on page 7 If a Shipment value SCTG è. hazardous (excluding Shipment Commodity Your Net material, shipping costs) in whole Commodity Description Line enter the "UN" or Shipment Weight Shipment Date Code from ĪD in pounds accompanying dollars. (C) Number booklet "NA" Estimates Month acceptable. Day (D) (G) (A) (B) (E) (F) (H) 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40



U.S.Destination or U.S. Exit Port (Complete for all shipments.)		Mode(s) of transport to U.S. destination Enter all that apply in order used. Use codes at bottom.	Temperature controlled? (Y/N)	Export? (Y/N)	Foreign D (for export sh Note: In column (I) airport, or border	estination ipments only) enter the U.S. port, crossing of exit.	Export mode	Line No.	
City	State	ZIP Code	(J)	(K)	(L)	City	Country	(N)	(O)
									21
									22
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									24
									25
									26
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									40

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- 6 Deep draft vessel
- 7 Pipeline
- 8 Air
- 9 Other mode
- 0 Unknown

em G MONTHLY VALUE OF OUTBOUND SHIPMENTS								
Which of the following represents your best estimate of the total value of all outbound shipme originating from this establishment for the most recently completed month?	ents							
1 ☐ Less than \$1 Million 4 ☐ \$40 Million or more but less than \$100 Mi	lion							
2 S1 Million or more but less than \$10 Million 5 S100 Million or more but less than \$400 M	lillion							
₃ ☐ \$10 Million or more but less than \$40 Million 6 ☐ \$400 Million or more								
Item H TIME SENSITIVE SHIPMENTS								
Are shipments from this establishment time sensitive? 1								
a. If yes, select each level of service that applies and select the percentage of shipments that use the service:	S							
Level of Service								
□ Same Day/Overnight								
□ 1 to 25% □ 26 to 50% □ 51 to 75% □ 76 to 100%								
2 2-3 Business Days								
□ 1 to 25% □ 26 to 50% □ 51 to 75% □ 76 to 100%								
3 4 Business Days or longer								
□ 1 to 25% □ 26 to 50% □ 51 to 75% □ 76 to 100%								
Contact Please provide the information below for the contact person regarding this report.								
Name - Please print Title - Please print								
Signature Area Code Phone Number Extensio	n							
Remarks Please use this space to clarify your responses, if appropriate.								
Please return this survey in the enclosed envelope or send it to: U.S. CENSUS BUREAU 1201 East 10th Street Jeffersonville IN 47132-0001								

