**U.S. DEPARTMENT OF COMMERCE**
Economics and Statistics Administration
**U.S. CENSUS BUREAU**

FORM
**CFS-2000 (2012)**
(05-23-2011) Draft 4

# 2012 Commodity Flow Survey

OMB No. xxxx-xxxx: Approval Expires xx/xx/xxxx

**DUE DATE:**

**Return via Mail:**

U.S. Census Bureau
1201 East 10th Street
Jeffersonville, IN 47132-0001

**OR**

**Return via Internet:**

www.census.gov/econhelp/cfs

**Username:**

**Password:**

**Need help or have questions?**

**Call:** 1-800-772-7851, option "3"
M-F, 8:30 a.m. - 5:00 p.m. ET

Please make corrections to name, address, and ZIP code if necessary.

**YOUR RESPONSE IS REQUIRED BY LAW.** Title 13, United States Code, requires businesses and other organizations that receive this form to answer the questions and return the report to the U.S. Census Bureau. By the same law, **YOUR U.S. CENSUS BUREAU REPORT IS CONFIDENTIAL**. It may be seen only by persons sworn to uphold the confidentiality of U.S. Census Bureau information and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

**INSTRUCTIONS:**
• **Please refer to the accompanying Instruction Guide for help in answering specific questions.**
• **More information is available at www.census.gov/cfs or at 1-800-772-7851.**

**PURPOSE OF THIS SURVEY:** To develop information on the characteristics of freight flows in the United States. The information you provide is critical to understanding transportation markets, investment needs and the economic, energy, safety, and security consequences of transportation.

| Item A | VERIFICATION OF PHYSICAL LOCATION |
|---|---|

**Verify the address listed above is the location from which this establishment's shipments originate.**

**If corrections/additions are necessary, then make them directly to the address label above.**

| Item B | MAILING ADDRESS |
|---|---|

**a. What address should the 2012 CFS questionnaire be mailed to?**

1 ☐ Mail the 2012 CFS questionnaire to this establishment's physical location. (Proceed to Item C.)

2 ☐ Mail the 2012 CFS questionnaire to the address entered below.

**b. Enter your mailing address.**

Company Name 1

Company Name 2

Address

| City | State | ZIP Code + 4 |
|---|---|---|
| | | – |

**United States Census** Bureau

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## Item C  OPERATING STATUS

**Which of the following best describes this establishment's operating status during the week of**

_____ **?**

1 ☐  In operation

2 ☐  Temporarily or seasonally inactive

3 ☐  Ceased operation - *Enter date ceased operation* ⟶

Date (MM-DD-YYYY)

☐ - ☐ - ☐

## 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?**

1 ☐  Yes - Skip Item E and report all outbound shipments in Item F, pages 4-7.

2 ☐  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.

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## 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.

| Line No. (A) | Your Shipment ID Number (B) | Shipment Date (C) Month | Day | Shipment value (excluding shipping costs) in whole dollars. Estimates acceptable. (D) | Net Shipment Weight in pounds (E) | SCTG commodity code from accompanying booklet (F) | Commodity Description (G) | If a hazardous material, enter the "UN" or "NA" number (H) | Continue with column (I) on page 5 |
|---|---|---|---|---|---|---|---|---|---|
| 0 | 123-5 | 4 | 26 | 224,235 | 4840 | 34520 | Mechanical machinery | | → |
| 00 | 402H | 4 | 26 | 1,375 | 50,125 | 20222 | Sulfuric acid | 1830 | → |
| 1 | | | | | | | | | → |
| 2 | | | | | | | | | → |
| 3 | | | | | | | | | → |
| 4 | | | | | | | | | → |
| 5 | | | | | | | | | → |
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| 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.) (I) | | | Mode(s) of transport to U.S. destination. **Enter all that apply in order used. Use codes at bottom.** (J) | Temperature controlled? (Y/N) (K) | Export? (Y/N) (L) | Foreign Destination (for export shipments only) **Note:** In column (I) enter the U.S. port, airport, or border crossing of exit. (M) | | Export mode (N) |
|---|---|---|---|---|---|---|---|---|
| City | State | ZIP Code | | | | City | Country | |
| **Los Angeles** | **CA** | **90040** | **2, 4** | **Y** | **Y** | **Beijing** | **China** | **6** |
| **Newark** | **NJ** | **07105** | **4** | **N** | **N** | | | |
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**Mode of transport codes for columns (J) and (N):**

1 - Parcel delivery, courier, or U.S. Parcel Post
2 - Private truck
3 - For-hire truck

4 - Railroad
5 - Shallow draft vessel
6 - Deep draft vessel

7 - Pipeline
8 - Air
9 - Other mode
0 - Unknown

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| 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.

| Line No. (A) | Your Shipment ID Number (B) | Shipment Date (C) Month | Day | Shipment value (excluding shipping costs) in whole dollars. Estimates acceptable. (D) | Net Shipment Weight **in pounds** (E) | SCTG Commodity Code from accompanying booklet (F) | Commodity Description (G) | If a hazardous material, enter the "UN" or "NA" (H) | Continue with column (I) on page 7 |
|---|---|---|---|---|---|---|---|---|---|
| 21 | | | | | | | | | → |
| 22 | | | | | | | | | → |
| 23 | | | | | | | | | → |
| 24 | | | | | | | | | → |
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| 37 | | | | | | | | | → |
| 38 | | | | | | | | | → |
| 39 | | | | | | | | | → |
| 40 | | | | | | | | | → |

| U.S.Destination or U.S. Exit Port (Complete for all shipments.) (I) | | | Mode(s) of transport to U.S. destination. **Enter all that apply in order used. Use codes at bottom.** (J) | Temperature controlled? (Y/N) (K) | Export? (Y/N) (L) | Foreign Destination (for export shipments only) **Note:** In column (I) enter the U.S. port, airport, or border crossing of exit. (M) | | Export mode (N) |
|---|---|---|---|---|---|---|---|---|
| City | State | ZIP Code | | | | City | Country | |
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**Mode of transport codes for columns (J) and (N):**

1 - Parcel delivery, courier, or U.S. Parcel Post
2 - Private truck
3 - For-hire truck

4 - Railroad
5 - Shallow draft vessel
6 - Deep draft vessel

7 - Pipeline
8 - Air
9 - Other mode
0 - Unknown

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## Item G — MONTHLY VALUE OF OUTBOUND SHIPMENTS

**Which of the following represents your best estimate of the total value of all outbound shipments originating from this establishment for the most recently completed month?**

1 ☐ Less than $1 Million

4 ☐ $40 Million or more but less than $100 Million

2 ☐ $1 Million or more but less than $10 Million

5 ☐ $100 Million or more but less than $400 Million

3 ☐ $10 Million or more but less than $40 Million

6 ☐ $400 Million or more

## Item H — EXPEDITED DELIVERIES

**a. During the last 12 months, which of the following shipment services have you used? Mark (X) all that apply.**

1 ☐ Same Day/Overnight    2 ☐ 2-3 Business Days    3 ☐ None - Skip to Contact

**b. What percentage of shipments were delivered same day/overnight?**

[ ] %

**c. What percentage of shipments were delivered in 2-3 business days?**

[ ] %

## Contact — Please provide the information below for the contact person regarding this report.

Name - *Please print*

Title - *Please print*

Signature

Area Code — Phone Number — Extension

## 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**

**THANK YOU FOR COMPLETING THIS REPORT.**

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