



PAPERWORK REDUCTION ACT PUBLIC BURDEN STATEMENT

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Branching Information

 1. Name of inspection agency/organization you are representing:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

 2. Main location of inspection agency/organization:

Town or City: \_\_\_\_\_  
County: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_

 3. Affiliation of your inspection agency/organization:

- U.S. Federal Government
- A state--name of state: \_\_\_\_\_
- A county--name of county: \_\_\_\_\_
- A city or town--name of city or town: \_\_\_\_\_
- A private company--name of private company: \_\_\_\_\_
- Other, please identify: \_\_\_\_\_

 4. Point of Contact (POC) information for the inspector conducting the inspection simulation:

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

 5. POC information for your inspection agency's/organization's paperless hazardous materials (e-HM) communication system (e-system) (enter "UNKNOWN" or "UNWILLING" in each field if you do not know this information or do not want to provide it):

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

 6. Describe the size and geographic parameters of your agency's/organization's jurisdiction:

- All U.S. (including navigable waters)
- Continental U.S.
- State-wide
- County-wide
- Within city/town limits
- Other, please describe: \_\_\_\_\_

7. Which transportation mode(s) does your agency/organization inspect? Select all that apply:

- Roadway
- Rail

- Air
- Maritime

 8. How often are inspections conducted?

- Daily
- Weekly
- Monthly
- Quarterly (four times/year)
- Semi-annually (two times/year)
- Annually
- Other--identify frequency: \_\_\_\_\_
- Unknown

 9. In general, what percentage of inspections is pre-planned (i.e., conducted as part of a routine inspection program at a checkpoint, waystation, etc.), and what percentage is impromptu (i.e., conducted on the spot based on an observed potential safety risk on a transportation conveyance)?

Pre-planned: \_\_\_\_\_

Impromptu: \_\_\_\_\_

 10. Approximately how many conveyance inspections does your agency/organization perform annually?

- Less than 50
- 51 to 250
- 251 to 500
- 501 to 750
- 751 to 1000
- 1001 to 10,000
- More than 10,000
- Unknown

Branching Information

- If not 12. Was a driver/pilot/captain/conductor involved... = Yes then Hide 12a. Provide POC information for the driver/pilot...
- If 12. Was a driver/pilot/captain/conductor involved... = No then Hide 12a. Provide POC information for the driver/pilot...
- If not 13. Do you have POC information for the shipper's... = Yes then Hide 13a. Provide POC information for the shipper's an...
- If 13. Do you have POC information for the shipper's... = No then Hide 13a. Provide POC information for the shipper's an...

 11. Name and USDOT Number of shipper and/or carrier inspected:

Name: \_\_\_\_\_

USDOT Number: \_\_\_\_\_

 12. Was a driver/pilot/captain/conductor involved in the inspection simulation?

Yes

No

 12a. Provide POC information for the driver/pilot/captain/conductor involved in the inspection simulation:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

 13. Do you have POC information for the shipper's and/or carrier's e-system?

Yes

No

 13a. Provide POC information for the shipper's and/or carrier's e-system:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Branching Information

- If not 19c. Was an attempt made to communicate any of thi... = Yes then Hide 19d. Was the information successfully communicate...
- If not 19d. Was the information successfully&lt;/st... = Yes then Hide 19e. In what format?
- If not 20c. Did the inspection include interviews? = Yes then Hide 20d. Were personnel other than the driver/pilot/c...
- If not 20d. Were personnel other than the driver/pilot/c... = Yes then Hide 20d1. Identify:
- If 19. Did the inspector have any interaction with o... = No then Disable 19a. Please identify the other regulatory inspect...
- If 19. Did the inspector have any interaction with o... = No then Disable 19b. What types of HM information was shared with...
- If 19. Did the inspector have any interaction with o... = No then Disable 19c. Was an attempt made to communicate any of thi...
- If 19. Did the inspector have any interaction with o... = No then Disable 19d. Was the information successfully communicate...
- If 19. Did the inspector have any interaction with o... = No then Disable 19e. In what format?
- If not 19. Did the inspector have any interaction with o... = Yes then Hide 19a. Please identify the other regulatory inspect...
- If not 19. Did the inspector have any interaction with o... = Yes then Hide 19b. What types of HM information was shared with...
- If not 19. Did the inspector have any interaction with o... = Yes then Hide 19c. Was an attempt made to communicate any of thi...
- If not 19. Did the inspector have any interaction with o... = Yes then Hide 19d. Was the information successfully communicate...
- If 19d. Was the information successfully&lt;/st... = No then Disable 19e. In what format?
- If not 19d. Was the information successfully&lt;/st... = Yes then Hide 19e. In what format?

 14. Location of inspection simulation:

Street address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip code: \_\_\_\_\_

Name of site/area, if available (port, airport, station, etc.): \_\_\_\_\_

 15. Date of inspection simulation (enter information in YYYY-MM-DD format):

\_\_\_\_\_

 16. Total time duration of inspection simulation (enter information in HH:MM format):

\_\_\_\_\_

 17. Was the inspection pre-scheduled or unannounced (with respect to notifying the HM shipper/carrier prior to the conduct of the inspection)?

- Pre-scheduled
- Unannounced

18. What type(s) of transportation conveyances were either inspected, or used to hold the HM containers that were inspected, during the simulation? Select all that apply:

- Trucks
- Planes
- Ships
- Railcars
- Other, please identify: \_\_\_\_\_

 19. Did the inspector have any interaction with other regulatory inspection entities (e.g., U.S. Coast Guard, Customs and Border Protection, etc.) during HM inspection simulation activities?

- Yes
- No

 19a. Please identify the other regulatory inspection agency/ies:

\_\_\_\_\_

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19b. What types of HM information was shared with these regulatory entities? Please select all that apply:

- Air Waybill Number
- Basic description the HM
- Technical name of the HM
- Proper shipping name
- Immediate hazards to health
- Risks of fire or explosion
- Immediate precautions to be taken in an accident or incident
- Immediate methods for handling fires, spills, or leaks
- Preliminary first aid measures
- Emergency response assistance plan (ERAP) reference number
- 24-hour emergency response telephone number
- Whether the operator contacted the carrier in an incident involving HM
- UN identification number
- Hazard class or division number
- Packing group
- Tunnel restriction code
- Total quantity of material
- Number and type of packages
- Name and address of the consignor (i.e., shipper)
- Name and address of the consignee (i.e., receiver)
- Date shipping document was prepared or first given to a shipper
- Shipper's statement or supplementary requirements for loading, stowage, carriage, handling, and unloading, including any special stowage provisions
- Shipper's restrictions on the mode of transport and any necessary routing instructions
- Shipper's signed certification statement
- Hazardous Waste Manifest (when necessary)
- None
- Unknown
- Other, please describe: \_\_\_\_\_

19c. Was an attempt made to communicate any of this information electronically?

- Yes
- No

19d. Was the information successfully communicated electronically?

- Yes
- No

19e. In what format?

- pdf
- jpeg
- tiff
- Other, please identify format: \_\_\_\_\_
- Unknown

## Branching Information

- If 20c. Did the inspection include interviews? = No then Disable 20d. Were personnel other than the driver/pilot/c...
- If 20c. Did the inspection include interviews? = No then Disable 20d1. Identify:
- If 20c. Did the inspection include interviews? = No then Disable 20d1. Identify: | Name(s) and title(s) of personnel interviewed:
- If 20c. Did the inspection include interviews? = No then Disable 20d1. Identify: | HM information obtained:
- If not 20c. Did the inspection include interviews? = Yes then Hide 20d. Were personnel other than the driver/pilot/c...
- If 20d. Were personnel other than the driver/pilot/c... = No then Disable 20d1. Identify: | Name(s) and title(s) of personnel interviewed:
- If 20d. Were personnel other than the driver/pilot/c... = No then Disable 20d1. Identify: | HM information obtained:
- If not 20d. Were personnel other than the driver/pilot/c... = Yes then Hide 20d1. Identify:
- If not 20d. Were personnel other than the driver/pilot/c... = Yes then Hide 20d1. Identify: | Name(s) and title(s) of personnel interviewed:
- If not 20d. Were personnel other than the driver/pilot/c... = Yes then Hide 20d1. Identify: | HM information obtained:

 20. Describe the simulated pilot test HM conveyance inspection: 20a. What was the reason for the simulated inspection?

- Inspection at a temporary site (e.g., switching yard at rail station, roadside weigh station, etc.)
- Inspection at a border crossing location
- Inspection at a fixed site (e.g., shipper facility, marine terminal, transfer station, air terminal, sort facility, warehouse, etc.)
- Other, please identify: \_\_\_\_\_

20b. What HM information did the inspector look for or request? Select all applicable from the following list:

- Air Waybill Number
- Basic description of the HM
- Technical name of the HM
- Proper shipping name
- Immediate hazards to health
- Risks of fire or explosion
- Immediate precautions to be taken an accident or incident
- Immediate methods for handling fires, spills, or leaks
- Preliminary first aid measures
- Emergency response assistance plan (ERAP) reference number
- 24-hour emergency response telephone number
- Ability of the operator to contact the carrier in an incident involving HM
- UN identification number
- Hazard class or division number
- Packing group
- Tunnel restriction code
- Total quantity of material
- Number and type of packages
- Name and address of the consignor
- Name and address of the consignee
- Date shipping document was prepared or first given to a shipper
- Shipper's statement or supplementary requirements for loading, stowage, carriage, handling, and unloading, including any special stowage provisions
- Shipper's restrictions on the mode of transport and any necessary routing instructions
- Shipper's signed certification statement
- Hazardous Waste Manifest (when necessary)
- None
- Unknown
- Other, please describe: \_\_\_\_\_

 20c. Did the inspection include interviews?

- Yes
- No

20d. Were personnel other than the driver/pilot/captain/conductor (e.g., shipper/carrier POCs) questioned?

Yes

No

20d1. Identify:

Name(s) and title(s) of personnel interviewed: \_\_\_\_\_

HM information obtained: \_\_\_\_\_

20e. What conveyance documentation did the inspector review? Please select all that apply:

HM shipping papers

Bill of lading

Emergency response information

Other, please describe: \_\_\_\_\_

None

## Branching Information

- If not 23. Had the shipment undergone any intramodal tra... = Yes then Hide 23a. How many?
- If not 23. Had the shipment undergone any intramodal tra... = Yes then Hide 23b. What information was shared? Please select a...
- If not 23. Had the shipment undergone any intramodal tra... = Yes then Hide 23c. By what mechanism was such information commu...
- If 23. Had the shipment undergone any intramodal tra... is one of [u'1', u'2'] then Disable 23a. How many?
- If 23. Had the shipment undergone any intramodal tra... is one of [u'1', u'2'] then Disable 23b. What information was shared? Please select a...
- If 23. Had the shipment undergone any intramodal tra... is one of [u'1', u'2'] then Disable 23c. By what mechanism was such information commu...
- If not 24. Had the shipment undergone any intermodal tr... = Yes then Hide 24a. What mode(s) were involved? Please select al...
- If not 24. Had the shipment undergone any intermodal tr... = Yes then Hide 24b. How many intermodal transfers?
- If not 24. Had the shipment undergone any intermodal tr... = Yes then Hide 24c. What information was shared? Please select a...
- If not 24. Had the shipment undergone any intermodal tr... = Yes then Hide 24d. By what mechanism was such information commu...
- If 24. Had the shipment undergone any intermodal tr... is one of [u'1', u'2'] then Disable 24a. What mode(s) were involved? Please select al...
- If 24. Had the shipment undergone any intermodal tr... is one of [u'1', u'2'] then Disable 24b. How many intermodal transfers?
- If 24. Had the shipment undergone any intermodal tr... is one of [u'1', u'2'] then Disable 24c. What information was shared? Please select a...
- If 24. Had the shipment undergone any intermodal tr... is one of [u'1', u'2'] then Disable 24d. By what mechanism was such information commu...
- If not 21. What type(s) of HM containers were included i... contains Non-bulk packaging then Hide 21a. Non-bulk packaging--select all that apply:
- If not 21. What type(s) of HM containers were included i... contains Bulk packaging then Hide 21b. Bulk packaging--select all that apply:
- If not 21. What type(s) of HM containers were included i... contains Radioactive material packaging then Hide 21c. Radioactive material packaging--select all t...

21. What type(s) of HM containers were included in the shipment? Please select all that apply:

- Non-bulk packaging
- Bulk packaging
- Radioactive material packaging

21a. Non-bulk packaging--select all that apply:

- Drums/pails
- Jerricans
- Barrels
- Boxes
- Bags
- Cylinders
- Other, please identify: \_\_\_\_\_

21b. Bulk packaging--select all that apply:

- Cargo tanks
- Tank cars
- Intermediate bulk containers (IBCs)/portable tanks
- Freight containers
- Other, please identify: \_\_\_\_\_

21c. Radioactive material packaging--select all that apply:

- Type A
- Type B

- Industrial
- Excepted, please identify: \_\_\_\_\_

22. What class(es) of HM did the shipment being inspected include? Please select all that apply:

- Class 1 Explosives
- Class 2 Gases
- Class 3 Flammable Liquids (100°F or less, closed cup)
- Class 4 Other Flammable Substances
- Class 5 Oxidizing Substances and Organic Peroxides
- Class 6 Toxic (Poisonous) and Infectious Substances
- Class 7 Radioactive Materials
- Class 8 Corrosives
- Class 9 Miscellaneous Dangerous Materials

23. Had the shipment undergone any intramodal transfers (i.e., transfers between conveyances within a single transportation mode) prior to the simulation?

- Yes
- No
- Unknown

23a. How many?

- One
- Two
- Three or more
- Unknown

23b. What information was shared? Please select all that apply:

- Air Waybill Number
- Basic description the HM
- Technical name of the HM
- Proper shipping name
- Immediate hazards to health
- Risks of fire or explosion
- Immediate precautions to be taken in an accident or incident
- Immediate methods for handling fires, spills, or leaks
- Preliminary first aid measures
- Emergency response assistance plan (ERAP) reference number
- 24-hour emergency response telephone number
- Ability of the operator to contact the carrier in an incident involving HM
- UN identification number
- Hazard class or division number
- Packing group
- Tunnel restriction code
- Total quantity of material
- Number and type of packages
- Name and address of the consignor (i.e., shipper)
- Name and address of the consignee (i.e., receiver)
- Date shipping document was prepared or first given to a shipper
- Shipper's statement or supplementary requirements for loading, stowage, carriage, handling, and unloading, including any special stowage provisions
- Shipper's restrictions on the mode of transport and any necessary routing instructions
- Shipper's signed certification statement
- Hazardous Waste Manifest (when necessary)
- None
- Unknown
- Other, please describe: \_\_\_\_\_

23c. By what mechanism was such information communicated?

- Hardcopy
- Internet
- Facsimile (FAX) machine
- Unknown
- Other, please identify: \_\_\_\_\_

24. Had the shipment undergone any intermodal transfers (i.e., transfers between transportation modes) prior to the simulation?

- Yes
- No
- Unknown

24a. What mode(s) were involved? Please select all that apply:

- Roadway (truck)
- Rail
- Air
- Maritime (vessel)

24b. How many intermodal transfers?

- One
- Two
- Three or more
- Unknown

24c. What information was shared? Please select all that apply:

- Air Waybill Number
- Basic description the HM
- Technical name of the HM
- Proper shipping name
- Immediate hazards to health
- Risks of fire or explosion
- Immediate precautions to be taken in an accident or incident
- Immediate methods for handling fires, spills, or leaks
- Preliminary first aid measures
- Emergency response assistance plan (ERAP) reference number
- 24-hour emergency response telephone number
- Ability of the operator to contact the carrier in an incident involving HM
- UN identification number
- Hazard class or division number
- Packing group
- Tunnel restriction code
- Total quantity of material
- Number and type of packages
- Name and address of the consignor (i.e., shipper)
- Name and address of the consignee (i.e., receiver)
- Date shipping document was prepared or first given to a shipper
- Shipper's statement or supplementary requirements for loading, stowage, carriage, handling, and unloading, including any special stowage provisions
- Shipper's restrictions on the mode of transport and any necessary routing instructions
- Shipper's signed certification statement
- Hazardous Waste Manifest (when necessary)
- None
- Unknown
- Other, please describe: \_\_\_\_\_

24d. By what mechanism was such information communicated?

- Hardcopy
- Internet
- Facsimile (FAX) machine
- Unknown
- Other, please identify: \_\_\_\_\_

 25. Was the shipment involved in the simulation a less than truckload (LTL) type HM shipment?

- Yes
- No
- Unknown

26. What device(s), electronic data exchange language, communication mechanism(s), and data format did inspectors use when conducting the simulated inspection? Please select all that apply: 26a. Device(s)--please select all that apply:

- Personal digital assistants (PDAs)
- Vehicle laptops
- Workplace computers
- Computer aid dispatch (CAD) terminals
- Home computers
- Landline telephones
- Cellular telephones
- Smartphones
- Videos
- Facsimile (FAX) machines
- Live web cameras
- Pagers
- Two-way radios
- Walkie-talkies
- Tablets
- None, no technology available
- Unknown
- Other, please identify: \_\_\_\_\_

26b. Data exchange language--please select all that apply:

- Extensible Markup Language (XML)
- Universal Business Language (UBL)
- Electronic Data Interchange (EDI)
- United Nations/Electronic Data Interchange For Administration, Commerce and Transport (UN/EDIFACT)
- None, no electronic data was exchanged
- Unknown
- Other, please specify: \_\_\_\_\_

26c. Mechanism(s) used for communication--please select all that apply:

- Email
- Direct device-to-device transmission
- Internet reference/link
- Facsimile (FAX) document
- Audio transmission (e.g., via phone, radio, etc.)
- Unknown
- Other, please identify: \_\_\_\_\_

26d. Data format--please select all that apply:

- Portable Document Format (pdf)
- Tagged Image File Format (tiff)
- Joint Photographic Experts Group (jpeg)
- None, no electronic data was exchanged
- Unknown
- Other, please specify: \_\_\_\_\_

27. What device(s) and electronic data exchange language did the shipper/carrier use to transmit the shipping papers during the simulated inspection? Please select all that apply: 27a. Device(s)--please select all that apply:

- Personal digital assistants (PDAs)
- Vehicle laptops
- Workplace computers
- Computer aid dispatch (CAD) terminals

- Home computers
- Landline telephones
- Cellular telephones
- Smartphones
- Videos
- Facsimile (FAX) machines
- Live web cameras
- Pagers
- Two-way radios
- Walkie-talkies
- Tablets
- None, no technology available
- Unknown
- Other, please identify: \_\_\_\_\_

27b. Data exchange language--please select all that apply:

- Extensible Markup Language (XML)
- Universal Business Language (UBL)
- Electronic Data Interchange (EDI)
- United Nations/Electronic Data Interchange For Administration, Commerce and Transport (UN/EDIFACT)
- None, no electronic data was exchanged
- Unknown
- Other, please specify: \_\_\_\_\_

Simple Skipping Information

- If 28. Was the inspection simulation information col... = Yes then Skip to Page 9
- If 28. Was the inspection simulation information col... = No then Skip to Page 10

 28. Was the inspection simulation information collected electronically?

- Yes
- No

Simple Skipping Information

- If 33. Did your agency/organization identify any ben... = No then Skip to Page 10

Branching Information

- If 30. Did the inspector review the HM data received... = No then Disable 30a. Describe the process used for data validatio...
- If not 30. Did the inspector review the HM data received... = Yes then Hide 30a. Describe the process used for data validatio...
- If 32. Did the HM information accurately reflect the... = Yes then Disable 32a. Describe the discrepancies:
- If not 32. Did the HM information accurately reflect the... = No then Hide 32a. Describe the discrepancies:
- If 31. Did the electronic information match that rec... = Yes then Disable 31a. Describe the discrepancies:
- If not 31. Did the electronic information match that rec... = No then Hide 31a. Describe the discrepancies:
- If 33. Did your agency/organization identify any ben... = No then Skip to Page 10
- If not 33. Did your agency/organization identify any ben... = Yes then Hide 33a. Which of the following benefits related to e...
- If not 33. Did your agency/organization identify any ben... = Yes then Hide 33b. Describe the benefit(s):
- If not 29. How long did it take for the inspector to rec... = More than one hour, identify time: then Hide 29a. If possible, identify the reason for the del...

 29. How long did it take for the inspector to receive the electronic information from when it was requested?

- Instantaneous
- 5 minutes or less
- 6 to 15 minutes
- 16 to 30 minutes
- 31 to 60 minutes
- More than one hour, identify time: \_\_\_\_\_

 29a. If possible, identify the reason for the delay in receipt of the information:

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 30. Did the inspector review the HM data received during the simulation for accuracy and completeness?

- Yes
- No

 30a. Describe the process used for data validation:

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 31. Did the electronic information match that recorded on the hardcopy shipping paper?

- Yes
- No

 31a. Describe the discrepancies:

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 32. Did the HM information accurately reflect the details of the HM being transported?

- Yes
- No

 32a. Describe the discrepancies:

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 33. Did your agency/organization identify any benefits related to e-system components during the simulation?

Yes

No

33a. Which of the following benefits related to e-system components were identified during the simulation? Please select all that apply:

Benefits regarding electronic/wireless devices used

Benefits associated with the data language (e.g., XML, EDI, etc.) used

Benefits in the communication mechanism (e.g., email, Internet reference/link, etc.) utilized

Benefits associated with the data format (e.g., jpeg, tiff, etc.) used

Benefits associated with the time required to receive the shipping paper information

Other, please identify: \_\_\_\_\_

 33b. Describe the benefit(s):

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Branching Information

- If 34. Did your agency/organization identify any e-s... = No then Disable 34a. Which of the following e-system impediments/...
- If 34. Did your agency/organization identify any e-s... = No then Disable 34b. Describe the impediment(s)/limitation(s):
- If 34. Did your agency/organization identify any e-s... = No then Disable 34c. Explain how your agency/organization address...
- If not 34. Did your agency/organization identify any e-s... = Yes then Hide 34a. Which of the following e-system impediments/...
- If not 34. Did your agency/organization identify any e-s... = Yes then Hide 34b. Describe the impediment(s)/limitation(s):
- If not 34. Did your agency/organization identify any e-s... = Yes then Hide 34c. Explain how your agency/organization address...

 34. Did your agency/organization identify any e-system impediments/limitations during the simulation?

- Yes
- No

 34a. Which of the following e-system impediments/limitations were identified during the simulation? Please select all that apply:

- Lack of electronic access in rural areas
- Incompatibility issues with other internal or external e-systems
- Problems with electronic/wireless devices
- Problems with the data language (e.g., XML, EDI, etc.)
- Problems with the communication mechanism (e.g., email, Internet reference/link, etc.)
- Problems with the data format (e.g., jpeg, tiff, etc.)
- Other, please describe: \_\_\_\_\_

 34b. Describe the impediment(s)/limitation(s):

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 34c. Explain how your agency/organization addressed the impediment(s)/limitation(s):

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Branching Information

- If 35. Was the information included within the elect... = Yes then Disable 35a. What other information was needed to determi...
- If not 35. Was the information included within the elect... = No then Hide 35a. What other information was needed to determi...
- If 39. Do you have any lessons learned that should b... = No then Disable 39a. Please describe the lessons learned:
- If not 39. Do you have any lessons learned that should b... = Yes then Hide 39a. Please describe the lessons learned:
- If 37. Is training needed to conduct electronic tran... = No then Disable 37a. Please describe needed training:
- If not 37. Is training needed to conduct electronic tran... = Yes then Hide 37a. Please describe needed training:
- If 38. Is additional equipment needed to conduct ele... = No then Disable 38a. Please describe additional equipment needed:
- If not 38. Is additional equipment needed to conduct ele... = Yes then Hide 38a. Please describe additional equipment needed:

 35. Was the information included within the electronic transmittal sufficient to determine a failed or passed inspection?

- Yes
- No

 35a. What other information was needed to determine whether the inspection was a PASS or FAIL?

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 36. How do you feel the e-information satisfied the required HM paper documentation (e.g., shipping paper, transportation of dangerous goods manifest, bill of lading, notification to pilot in command, etc.)?

- Fully
- Mostly
- Partially
- Not at all

 37. Is training needed to conduct electronic transfers of information for inspections?

- Yes
- No

 37a. Please describe needed training:

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 38. Is additional equipment needed to conduct electronic transfers of information for inspections?

- Yes
- No

 38a. Please describe additional equipment needed:

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 39. Do you have any lessons learned that should be considered for improvement of the use of e-shipping papers in HM commerce?

- Yes
- No

 39a. Please describe the lessons learned:

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40. What benefits do you think an e-system would offer over a paper-based system for your agency/organization? Please select all that apply:

- Reduced staff time and/or cost to prepare shipping papers

- Reduced costs for transfer between modes or carriers
- Reduced error rate in data entry
- Ease of data entry
- Reduced costs for hardcopy storage and retrieval
- Faster transport times for shipments
- Improved customer satisfaction
- Reduced insurance or risk management costs
- No benefits
- Other, please describe: \_\_\_\_\_

 41. How do you believe e-systems will affect the time to conduct an inspection?

- Positively
- Negatively
- No impact
- Other, please explain: \_\_\_\_\_