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United States Department of Transportation
Federal Motor Carrier Safety Administration

Commercial Motor Vehicle Carrier Survey

(Online questionnaire item set)

FORM MCSA-5887

CARRIER NAME

CARRIER DEPARTMENT OF TRANSPORTATION NUMBER

NUMBER OF POWER UNITS

NUMBER OF FULL-TIME DRIVERS

STREET ADDRESS/ROUTE NUMBER

CITY

STATE

ZIP CODE

CARRIER TELEPHONE

CARRIER FAX

CONTACT PERSON FIRST NAME

CONTACT PERSON LAST NAME

SUFFIX

CONTACT PERSON TITLE/POSITION

CONTACT PHONE

CONTACT E-MAIL

QUESTION 1: By now you should have received a notice from the FMCSA explaining the purpose and importance of this survey. If you have not seen the letter from FMCSA would you like to review it now?

Yes No

QUESTION 2: Which of the following method or methods do you use to pay your drivers? (check all that apply)

Pay by the mile

Pay by the hour

Salary

Pay by percentage of load

Pay by revenue

Pay by delivery or stop

Other (please specify): _____

QUESTION 3: You indicated that you have multiple methods by which you pay your drivers. Please provide an estimate of the percentage of drivers working for your company and the operation type the method applies to:

Method of Compensation	Percentage	Average Annual Total Compensation
Pay by the mile		
Pay by the hour		
Salary		
Pay by percentage of load		
Pay by revenue		
Pay by delivery or stop		
Other (as specified above):		

QUESTION 4: *Has your company changed the way it pays its drivers within the past five years?**(If "yes," complete questions 5 and 6; if "no," skip to question 7)*

Yes No

QUESTION 5: *If you answered "yes" to Question 4, please describe the change your company made to the way it pays its drivers:***QUESTION 6:** *If you answered "yes" to Question 4, please explain why your company changed the way it pays its drivers:***QUESTION 7:** *Which of the following best describes your trucking operation? (check all that apply)*

Short-haul

Long-haul

Line-haul

QUESTION 8: *If you indicated earlier that you pay by multiple methods of compensation, then this question deals with how your pay methods break down by type of operation. What percent of your operations does each pay method apply to?**(Note: complete the applicable operations and pay types from questions 2 and 7)*

	Pay by the mile	Pay by the hour	Salary	Pay by percentage of load	Pay by revenue	Pay by delivery or stop	Other	TOTAL
Short-haul								
Long-haul								
Line-haul								
Total (100%)								

QUESTION 9: *If you indicated that you pay some or all of your drivers by the hour, do you pay overtime?*

Yes No

If "yes," do you pay overtime based on:

More than 8 hours worked per day or shift?

More than 40 hours worked per week?

Some other criterion (please specify): _____

QUESTION 10: *If you indicated that you pay some or all of your drivers by the mile, by load, and/or by revenue, do you pay these drivers for time beyond regular pay?*

Yes No

If "yes," do you pay excess time based on:

On-duty hours not driving beyond the 14-hour driving limit?

Sleeper berth time?

On-duty not driving time?

QUESTION 11: Do you pay for on-duty time during which a driver does not drive?

Yes No

If "yes," which of the following do you pay for? (check all that apply)

For excess mileage driven Detention time/staging Loading/unloading

Repair time Training Paperwork

Other (please specify): _____

QUESTION 12: What is the average number of drivers who worked for your company over the last 24 months?

Full-Time: _____ Part-Time: _____ Leased/Contract: _____

QUESTION 13: Are any of your drivers a member of a bargaining unit (Labor Union)?

Yes No

If "yes," what percentage are members?

1-25% 26-50% 51-75% 76-100%

QUESTION 14: You indicated that a total of _____ drivers have worked for your company over the last 24 months. Please indicate the number of safety-related events associated to drivers by compensation type during that period:

Type of Safety Event	Number of Events						
	Drivers paid by the mile	Drivers paid by the hour	Drivers paid by salary	Drivers paid by load	Drivers paid by revenue	Drivers paid by delivery	Drivers paid by other
At-fault recordable crash (driver- and vehicle-related cause)							
At-fault non-recordable crash (including single vehicle and property damage crashes)							
Hours of service violation (including 70-hour for 100-air mile drivers)							
False record of duty violation							
Out-of-service violation (vehicle and driver)							
Moving violations (e.g., speeding, lane change, following too close, etc.)							
Other safety-related violations (please indicate below)							

Please list other safety-related violations indicated above:

QUESTION 15: What is the average annual total compensation of your full-time drivers? (check only one)

Less than \$20,000 \$20,000-\$29,999 \$30,000-\$39,999 \$40,000-\$49,999

\$50,000-\$59,999 \$60,000-\$69,999 \$70,000 or more

QUESTION 16: Which of the following benefits are provided in full or in part to your company's drivers? (check all that apply)

Medical insurance Life insurance Long-term disability Short-term disability

Retirement plan Educational assistance Paid vacation Paid sick leave

QUESTION 17: Do you provide bonuses for any of the following? (check all that apply)

Safe driving

On-time delivery

Revenue

Other (please specify): _____

QUESTION 18: What is the average age of all drivers working for your company? (check only one)

Younger than 25

25-34

35-44

45-54

55-64

65-74

75 or older

QUESTION 19: What is the average years of experience of all drivers working for your company? (check only one)

1-5 years

6-10 years

11-15 years

16-20 years

21-25 years

26+

QUESTION 20: Do you offer a higher starting pay for drivers with experience?

Yes

No

QUESTION 21: What is the average retention rate for drivers working for your company?(check only one; for a one-year period calculate $[(\text{Total Employees} - \text{Employees Quit or Fired}) / \text{Total Employees}] \times 100 = \text{Retention Rate}$)

0-10%

11-25%

26-50%

51-75%

>75%

QUESTION 22: What process or programs do you employ to encourage retention? (check all that apply)

Selective recruitment

Higher pay

Performance bonuses

Tenure incentives

Training or education

Other (please specify): _____

QUESTION 23: Which best describes your commercial operation?

(check one)

For-hire

Private

(check all that apply)

Truckload

Less-than-truckload

Regional

Tanker

Other (please specify): _____

QUESTION 24: Are you an owner/operator?

Yes

No

QUESTION 25: If yes, are you contracted to one company?

Yes

No

QUESTION 26: How many power units are there in your company's fleet? (check only one)

1-5

6-50

51-500

More than 500

QUESTION 27: Do you use safety monitoring systems or processes for your drivers? (check all that apply)

On-board recorders

GPS units

Speed limiters

Other (please specify): _____

QUESTION 28: What is the average annual miles driven for your company?

QUESTION 29: *On average, approximately how many annual miles do your drivers drive a commercial vehicle for your company? (check only one)*

0-25,000	25,001-50,000	50,001-75,000	75,001-100,000
100,001-125,000	125,001-150,000	Over 150,000	Unknown

QUESTION 30: *What is the average length of haul for drivers working for your company? (check only one)*

1-49 miles	50-99 miles	100-199 miles	200-499 miles	500 or more miles
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QUESTION 31: *Which of the following are primary commodities that your company typically hauls? (check all that apply)*

General freight/truckload	General freight/less-than-truckload	Building materials
Hazardous chemicals	Processed foods	Heavy machinery
Raw petroleum products	Refined petroleum products	Automotive parts or vehicles
Forest products	Farm fresh products	Household goods
Retail store—grocery delivery	Bulk—dump truck	Parcels
Mine ores	Other (please describe): _____	

NOTE: If you indicated in Question 2 that the company uses more than one method to pay its drivers, please provide responses to these questions for all drivers employed during the past 24 months:

QUESTION D1: *Complete the following driver identification information:*

_____ DRIVER'S FIRST NAME	_____ DRIVER'S MIDDLE NAME	_____ DRIVER'S LAST NAME
_____ COMMERCIAL LICENSE NUMBER	_____ STATE	

QUESTION D2: *Was _____ working as a driver for your company within the last 12 months?*

Yes No

QUESTION D3: *On average, approximately how many annual miles did this driver drive a commercial vehicle for your company? (check only one)*

0-25,000	25,001-50,000	50,001-75,000	75,001-100,000
100,001-125,000	125,001-150,000	Over 150,000	Unknown

QUESTION D4: *What type of operation does this driver typically drive? (check all that apply)*

Short-haul	Long-haul	Line-haul
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QUESTION D5: *How is this driver paid? (check all that apply)*

Paid by the mile	Paid by the hour	Salary	Paid by percentage of load	Paid by revenue
Paid by delivery or stop	Other (please specify): _____			

QUESTION D6: *In what age group does this driver belong? (check only one)*

Younger than 25	25-34	35-44	45-54	55-64	65-74	75 or older
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QUESTION D7: *What is this driver's approximate gross average annual income? (check only one)*

Less than \$20,000	\$20,000-\$29,999	\$30,000-\$39,999	\$40,000-\$49,999
\$50,000-\$59,999	\$60,000-\$69,999	\$70,000 or more	