

**Participant ID:** \_\_\_\_\_

**Public Burden Statement**

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is XXXX-XXXX. Public reporting for this collection of information is estimated to be approximately 20 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are voluntary. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRR, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

**Flexible Sleeper Berth – Driver Information**

**Driver Type** (circle): Large Carrier / Medium Carrier / Small Carrier / Owner Operator / Team Driver

**Company:** \_\_\_\_\_

**Study session begin date:** \_\_\_\_/\_\_\_\_/\_\_\_\_      **Latest possible end date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Study Smartphone Number:** \_\_\_\_\_

**Actigraph Number:** \_\_\_\_\_

**OBMS Serial Number:** \_\_\_\_\_ **Install Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Pro400 ELD Serial Number:** \_\_\_\_\_ **Install Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**ELD Tablet Number:** \_\_\_\_\_

**Truck Make:** \_\_\_\_\_ **Model:** \_\_\_\_\_ **License Plate:** \_\_\_\_\_

**Briefing Session Date/Time** (Study session begin date) \_\_\_\_/\_\_\_\_/\_\_\_\_      \_\_\_\_:\_\_\_\_

**Informed Consent Signed?** \_\_\_\_\_

Consented By \_\_\_\_\_ Subject given copy of Informed Consent document? \_\_\_\_

Trained on Smartphone assessments? \_\_\_\_\_

Trained on Actigraph usage? \_\_\_\_\_

Trained on Orbcomm ELD? \_\_\_\_\_

**OMB NO: XXXX-XXXX**  
**Expiration Date: mm/dd/yyyy**

**Participant ID: \_\_\_\_\_**

Notes: \_\_\_\_\_  
\_\_\_\_\_  
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