| United States Postal Service  Carrier Delivery Route -  Summary of Count and Inspection |  |                                   |                   |          |                 |      |            |            |                   |                          |                       | Post Office  |                   |              |                        |            | ery Unit      |                |  |                                      | Carrier Name                    |                      |             |             |                        |
|---|--|-----------------------------------|-------------------|----------|-----------------|------|------------|------------|-------------------|--------------------------|-----------------------|--|-------------------|--------------|------------------------|------------|---------------|----------------|--|--------------------------------------|---------------------------------|----------------------|-------------|-------------|------------------------|
|   |  |                                   |                   |          |                 |      |            |            |                   |                          |                       | Type of Route    Foot   Bus.   Res.   Mixed   Bicycle   Motorized   Curb Delivery   Dismount |                   |              |                        |            |               |                |  |                                      |                                 |                      |             |             |                        |
| Route No.   | -  | ☐ EPM Rte. ☐ Non EPM No. of Trips |                   |          |                 |      |            |            |                   |                          | Age Length of Service |  |                   |              |                        |            |               |                | Ulivery Dismount  Length of Service on Route |                                      |                                 |                      |             |             |                        |
|   |  | ☐ Reg. ☐ Aux.                     |                   |          |                 |      |            |            |                   | Type of Vehicle  LHD RHD |                       |  |                   |              |                        |            |               |                |  |                                      |                                 |                      |             |             |                        |
| Inclusive<br>Dates<br>From:<br>To:  |  |                                   | A                 |          | B C OFFICE TIME |      |            |            | E<br>Net          |                          | F<br>Net<br>Total     |  | G<br>Actual       |              | I                      | 1          | 2             | 3 5            |  | F PIECES DELIVERED                   |                                 | 7a                   | 7           |             |                        |
|   |  |                                   |                   |          |                 | FICE | = I IIVIE  |            |                   |                          |                       |  |                   |              |                        |            | Miles         |                |  |                                      |                                 |                      |             |             |                        |
|   |  | Т                                 | Vet<br>ime<br>sed | Standard |                 | d    | Ov<br>Stan | er<br>dard | Under<br>Standard |                          |                       | eet Time<br>Jsed   | 1                 | Time<br>Used | Auxiliary<br>Time Used |            | Driven        | Letter<br>Size | Mail of<br>All<br>Other                      | Account-<br>able<br>and<br>Signature | All<br>Parcel<br>Post<br>Over 2 | Seque<br>Ma          | nced<br>iil | DPS<br>Mail | Total<br>Pieces<br>De- |
| Day   |  | Hrs Mins                          |                   | Hrs      | Hrs Mins        |      | Irs        | Mins       | Hrs Mins          |                          | Hrs Mins              |  | Hrs Mins          |              | Hrs Mins               |            |               |                | Sizes  | Signature<br>Mail                    | Pounds                          | Letter               | Other       | er          | livered                |
|   |  | İ                                 |                   |          |                 |      | -          |            |                   |                          |                       |  |                   |              |                        |            |               |                |  |                                      |                                 |                      |             |             |                        |
|   |  | ļ                                 |                   |          |                 |      |            |            |                   |                          |                       |  |                   |              |                        |            |               |                |  |                                      |                                 |                      |             |             |                        |
|   |  | İ                                 |                   |          |                 |      | -          |            |                   | i<br>!<br>!              |                       |  |                   |              |                        | <br>       |               |                |  |                                      |                                 |                      |             |             |                        |
|   |  |                                   |                   |          |                 |      |            |            |                   |                          |                       |  |                   |              |                        |            |               |                |  |                                      |                                 |                      |             |             |                        |
|   |  |                                   |                   |          |                 |      |            |            |                   | <br> <br> <br>           |                       |  |                   |              |                        |            |               |                |  |                                      |                                 |                      |             |             |                        |
|   |  | ļ                                 |                   |          |                 |      |            |            |                   | <br> <br> <br> <br>      |                       |  |                   |              |                        |            |               |                |  |                                      |                                 |                      |             |             |                        |
| Tota  | ls   |                                   |                   |          |                 |      |            |            |                   |                          |                       |  |                   |              |                        | <br>       |               |                |  |                                      |                                 |                      |             |             |                        |
| Averag  | es   | ļ                                 |                   |          |                 |      |            |            |                   | <br>                     |                       |  |                   |              |                        |            |               |                |  |                                      |                                 |                      |             |             |                        |
|   | 18   | 40-B                              | Avera             | ge St    | reet Ti         | me   | ·          |            |                   |                          |                       |  |                   |              |                        |            |               |                |  |                                      |                                 |                      |             |             |                        |
| Analysis  |  |                                   |                   | _        | _               |      |            |            | _                 |                          | Exam                  | iner's <i>(O</i>   | ffice and Street) |              |                        |            |               |                |  |                                      |                                 | H. Day of Inspection |             |             |                        |
| Day 1   | 14   15   16   17   18   19   21   22   23 |                                   |                   |          |                 |      |            |            |                   |                          |                       |  |                   |              |                        |            |               | Coverage       |  | ssible<br>veries                     | Deliveries<br>Made              |                      |             |             |                        |
|   |  |                                   |                   |          |                 |      |            |            |                   | 1                        |                       |  |                   |              |                        |            |               |                |  |                                      |                                 | Trip 1               |             |             |                        |
|   |  |                                   |                   |          |                 |      |            |            |                   |                          |                       |  |                   |              |                        |            |               |                |  |                                      |                                 | Trip 2               |             |             |                        |
|   |  |                                   |                   |          |                 |      |            |            |                   |                          |                       |  |                   |              |                        |            |               |                |  |                                      |                                 |                      |             |             |                        |
| _   |  |                                   |                   |          |                 |      |            |            |                   | -                        |                       |  |                   |              |                        |            |               |                |  |                                      |                                 | Percent<br>Made      |             |             |                        |
| Rep. Times  |  |                                   |                   |          |                 |      |            |            |                   |                          |                       |  |                   |              |                        |            |               |                | New Const.                                   |                                      |                                 |                      |             |             |                        |
| Route E   | xam  | iner a                            | and Da            | ate      | 1               | l    | 1          | 1          |                   | 1                        |                       |  |                   |              | De                     | elivery Se | rvice Manager | (Signatur      | e and Title                                  | e)                                   | D                               | ate Adjustme         | ents Made   | <u> </u>    |                        |

| Adjustments   | Approve                 | d By                       |                        | Record of Office and Street Adjustments Made |       |      |                               |  |  |        |                |                |                        |                      |  |  |
|---|-------------------------|----------------------------|------------------------|--|-------|------|-------------------------------|--|--|--------|----------------|----------------|------------------------|----------------------|--|--|
| Postmaster  | or Designe              | е                          | Relief                 |  | Num   | bers | ZIP + 4<br>Sector/<br>Segment |  | Trans-                                 | Delays | Office<br>Time | Street<br>Time | Adjusted Route         |                      |  |  |
| Item  | Hours<br>and<br>Minutes | New<br>Const.<br>(Minutes) | (R)<br>Addition<br>(A) |  | Begin | End  |                               |  | ferred To<br>or From<br>Rte.<br>Number |        |                |                | Item                   | Hours and<br>Minutes |  |  |
| Office Time   |                         |                            |                        |  |       |      |                               |  |  |        |                |                | Office Time            |                      |  |  |
| Street Time   |                         |                            |                        |  |       |      |                               |  |  |        |                |                | Street Time            |                      |  |  |
| Total Time  |                         |                            |                        |  |       |      |                               |  |  |        |                |                | Total Time             |                      |  |  |
| Router  |                         |                            |                        |  |       |      |                               |  |  |        |                |                | Router                 |                      |  |  |
| Addition  |                         |                            |                        |  |       |      |                               |  |  |        |                |                | Possible<br>Deliveries |                      |  |  |
| Relief  |                         |                            |                        |  |       |      |                               |  |  |        |                |                |                        |                      |  |  |
|   |                         |                            |                        |  |       |      |                               |  |  |        |                |                |                        |                      |  |  |
|   |                         |                            |                        |  |       |      |                               |  |  |        |                |                |                        |                      |  |  |
|   |                         |                            |                        |  |       |      |                               |  |  |        | TOTAL          | TOTAL          |                        |                      |  |  |
| COMMENTS  1. Office break option chosen  yes  no  2. Base time selected for route evaluation purposes from Form  is (hours and minutes).  3. Street time selected for adjustment : (hours and minutes).  4. Reasons for selection of street time: |                         |                            |                        |  |       |      |                               |  |  |        |                |                |                        |                      |  |  |
| 5. Office method  | for transfe             | r:                         |                        |  |       |      |                               |  |  |        |                |                |                        |                      |  |  |