United States Postal Service

Inspection of Collection Route

Office	Work Unit	Day and Date

Name of Carrier	I.D. No.	Age	Length of Service	Length of Service on Route

Route No.	Route Classification	Office Break Option	Truck No.	Capacity
	☐ Full Time ☐ Aux.	☐ Yes ☐ No		

Type of Route
☐ Foot ☐ Motorized ☐ Business ☐ Residential ☐ Mixed

Approved Mileage

* Type of Box: P= Post; C=Comb; CMP= Cooperative Mailing Point; D=Dual; M=Motorist; CH=Receiving *(Mail Chute)*

Stops	Location	*Type box	Mileage	Time Arrive	Scheduled Time	Pieces	Stops	Location	*Type box	Mileage	Time Arrive	Scheduled Time	Pieces
				Trip No.							Trip No.		
1							1						
2							2						
3							3						
4							4						
5							5						
6							6						
7							7						
8							8						
9							9						
10							10						
11							11						
12							12						
13							13						
14							14						
15							15						
16							16						
17							17						
18							18						
19							19						
20							20						
21							21						
22							22						
23							23						
24							24						
25							25						
26							26						
27							27						
28							28						
29							29						
30							30						

Total Pieces		Total Pieces	
Total Stops		Total Stops	

Total Time	Street Time	Break Option	Office Time	Garage to Office / Office to Garage	Time Totals	Garage to Office	1				2				3				4				Office to Garage	Begin / Ending Mileage	Trip
							Street	Office	Street	Office	Street	Office	Street	Office		Mileage	Elapsed Time
					Minutes	B E	B L R E	B L R E	B L R E	B L R E	E	B E	E	Clock Rings

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Check One		Description	Check One		Description
Yes	No		Yes	No	
		1A. Is the carrier in uniform?			5A. Is a rough cull made on the street?
		1. Does the carrier make a satisfactory appearance?			6. Should changes be made to the schedule, route layout, or box type?
		2. Does the carrier apply themselves to their work in a businesslike manner?			6A. Are boxes anchored properly?
		3. Does the carrier make the required vehicle inspection and operates the truck in a safe and satisfactory manner?			7A. Is a current collection route schedule available in the post office?
		4. Does the carrier possess a valid state driver's license?			8. State below the condition of receiving *(Mail Chute)* boxes and collection boxes.
		5. Is mail protected from theft and weather?	Paint	Locks	CMS Used	Schedule Labels

Stops	Location	*Type box	Trip No.				Stops	Location	*Type box	Trip No.			
			Mileage	Time Arrive	Sche-duled Time	Pieces				Mileage	Time Arrive	Sche-duled Time	Pieces
1							1						
2							2						
3							3						
4							4						
5							5						
6							6						
7							7						
8							8						
9							9						
10							10						
11							11						
12							12						
13							13						
14							14						
15							15						
16							16						
17							17						
18							18						
19							19						
20							20						
21							21						
22							22						
23							23						
24							24						
25							25						
26							26						
27							27						
28							28						
29							29						
30							30						
Total Pieces							Total Pieces						
Total Stops							Total Stops						

For Route Supervisor Only				Adjustments Made			
Recommended Adjustment:	Relief	Addition	Total	Relief		Addition	Total

Deficiencies, Recommendations, Comments

Comments

Route Inspected By and Date

Route Adjusted By and Date

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