

United States Postal Service
**Carrier Delivery Route -
 Summary of Count and Inspection**

Post Office	Delivery Unit	Carrier Name
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Route No.	<input type="checkbox"/> EPM Rte. <input type="checkbox"/> Non EPM <input type="checkbox"/> Reg. <input type="checkbox"/> Aux.	No. of Trips
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Type of Route <input type="checkbox"/> Foot <input type="checkbox"/> Bus. <input type="checkbox"/> Res. <input type="checkbox"/> Mixed <input type="checkbox"/> Bicycle <input type="checkbox"/> Motorized <input type="checkbox"/> Curb Delivery <input type="checkbox"/> Dismount			
Type of Vehicle <input type="checkbox"/> LHD <input type="checkbox"/> RHD	Age	Length of Service	Length of Service on Route

Inclusive Dates From:	A		B		C		D		E		F		G		I		1	2	3	5	6		7a	7
	OFFICE TIME								Net Street Time Used	Net Total Time Used	Actual Auxiliary Time Used	Miles Driven	NUMBER OF PIECES DELIVERED											
To:	Net Time Used		Standard		Over Standard		Under Standard						Letter Size	Mail of All Other Sizes	Accountable and Signature Mail	All Parcel Post Over 2 Pounds	Sequenced Mail		DPS Mail	Total Pieces Delivered				
Day	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins					Hrs	Mins			Letter	Other		
Totals																								
Averages																								

1840-B Average Street Time

Analysis of Office Work Functions and Actual Time Recordings. Lines:									
Day	14	15	16	17	18	19	21	22	23
Rep. Times									

Route Examiner's (Office and Street)

H. Day of Inspection		
Coverage	Possible Deliveries	Deliveries Made
Trip 1		
Trip 2		
Percent Made		
New Const.		

Route Examiner and Date	Delivery Service Manager (Signature and Title)	Date Adjustments Made
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Adjustments Approved By Postmaster or Designee			Record of Office and Street Adjustments Made									
Item	Hours and Minutes	New Const. (Minutes)	Relief (R) Addition (A)	Numbers		ZIP + 4 Sector/ Segment	Trans- ferred To or From Rte. Number	Delays	Office Time	Street Time	Adjusted Route	
				Begin	End						Item	Hours and Minutes
Office Time											Office Time	
Street Time											Street Time	
Total Time											Total Time	
Router											Router	
Addition											Possible Deliveries	
Relief												
										TOTAL	TOTAL	

COMMENTS

- Office break option chosen yes no
- Base time selected for route evaluation purposes from Form _____ is _____ : _____ (hours and minutes).
- Street time selected for adjustment _____ : _____ (hours and minutes).
- Reasons for selection of street time:

- Office method for transfer: