

Corridor Performance Measurement and Monitoring Project Data Collector's Form

Please fill out the questionnaire below and return it to _____. Based on the data you submit, we will analyze the reasons for the bottlenecks and constraints to the smooth flow of goods in the region. The results of this analysis will be presented to the public and private sectors who can prepare strategies to remove such bottlenecks/constraints. Thank you very much.

Part A

Instructions for Part A *(may be filled up by the data collector or transport association liaison officer)*

1. *Shipment Code No.:* This box is to be filled up by the association and is needed for easier consolidation of the data that would be gathered from this survey.
2. *“Nationality of driver”* and *“Country of vehicle registration”* refer to transport by road only. In case of multimodal transports along the route please indicate the nationalities of all drivers and vehicles involved.
3. *“Pick up start date”* and *“Delivery date”* refer to the dates when the transport physically leaves its place of departure and when the goods or last batch of goods physically arrive at their destination.
4. *Start and End Odometer Readings”* Please record the odometer reading at the place of origin and at the place of final destination.
5. *Route description:* Please write down, in chronological order, the place of origin, the main cities/towns that were passed, including major junctions and corridor numbers, and then the place of final destination.
6. *Goods:* Please enter the type of goods transported. If there is more than one type of goods, please specify each type.
7. *Quantity:* Please write down the quantity of goods transported. If there is more than one type of goods, please indicate the quantity for each type of good.)
8. *“Was the transport performed under an international transit system (e.g. TIR, NCTS)?”* Please tick the correct box. Moreover, please specify which international transit system was applied.
9. *“Additional information on road transport vehicle”* Please provide information on the make and capacity of the transport vehicle

To be filled by Association

Shipment Code No.

Nationality of driver: _____ Country of vehicle registration _____

In case of multimodal transportation:

Nationality of Driver	Mode of transportation	Kind of vehicle used

Pick up start date _____ Delivery date: _____

Start Odometer Reading _____ End Odometer Reading _____

Length of Vehicle (m) _____ Number of Axles _____ Payload (tons) _____

Route Description: _____

Goods being transported	Quantity: (Tons)	Delivery date

Was transport performed under an international transit system (e.g. TIR, NCTS, safe packet, etc)

Yes No

If yes, please specify transit system _____

Additional Information on Road Transport Vehicle

Manufacturer of vehicle : _____

Model of vehicle : _____ Year manufactured : _____

Emission Standard : (Please tick only one)

Euro 1 Euro 2 Euro 3 Euro 4 Euro 5

If cargo transported in container, please specify size of container: (please tick one)

20 ft (6.1m) 40 ft (12.2m) 45 ft (13.7m)

Part B

Instructions for Part B

10. *Name of the place and country of 1st (or nth) stop:* Please write down the name of city/town and name of country.
11. *Distance to next stop:* Please write down the distance from the place of departure to the first stop on this leg.
12. *Duration of travel:* Please write down in the duration of the journey from the place of departure or the previous stop to this stop. Please write down the duration in hours and minutes.
13. *Mode of transport:* Please choose the kind of transport used is (“road”, “rail” or “ship”) and tick the correct circle.
14. *Place of next stop:* Please insert name of the place (e.g. name of city or village, junction or highway km) and of the country
15. *Reason for stop:* Please choose the most suitable reason for the stop and tick the correct circle. “Intermediate stop” refers to all stops except the place of departure, border crossings and final destination. Examples of intermediate stop includes: fuel stop, dinner stop, rest/overnight stop, or repair stop, etc.
16. *Description of activities during a stop:* Please provide a short description of the individual activities undertaken at the stop, including their duration and the costs associated with them. Costs may include payments for: fuel, food, hotel/room rent, fines or fees at checkpoints, repairs, and miscellaneous expenses. Tick the appropriate circles. Please write down the duration and costs of only the activities which you ticked off.
17. *Facilities available at the stop:* Please tick the appropriate circle. This additional information will help determine availability of facilities for the drivers and status of customs modernization programs.
18. *Comments:* Please provide additional relevant information or feedback about the questionnaire and the procedure for gathering data.

Thank you very much.

Leg 1

<i>To be filled by Association</i>		
Shipment	Code	No.

Name of the place and country of your 1st stop _____

Please indicate the following values from previous stop to this stop

Distance (km)	Time (hours, mins)	

What mode of transport did you use for this leg?

- Road Rail Ship

Did you use a container in transporting your cargo in this leg?

- Yes No

Why did you stop?

- Intermediate Stop Exit Border Enter Border Final Destination

What activities did you do at this stop:

Activity	Duration (Hours, Minutes)	Cost (Local currency)
<input type="radio"/> Refuelling		
<input type="radio"/> Meals		
<input type="radio"/> Rest/Overnight Stay		
<input type="radio"/> Police Checkpoint		
<input type="radio"/> Vehicle Repair		
<input type="radio"/> Detour		
<input type="radio"/> Escort		
<input type="radio"/> Filling up of Documentation		
<input type="radio"/> Customs Inspection		
<input type="radio"/> Health Inspection		
<input type="radio"/> Quarantine		
<input type="radio"/> Applying for Visa		
<input type="radio"/> Loading/Unloading		
<input type="radio"/> Others, please specify:		

Facilities available at the stop:

- Warehouse Container Terminal Trucking Terminal Port
 X-Ray Machine Electronic Processing Hotel Bank
Others (pls. specify)

Comments: _____

Leg 2

To be filled by Association

Route No.

Name of the place and country of your 2nd stop: _____

Please indicate the following values from previous stop to this stop

Distance (km)	Time (hours, mins)	

What mode of transport did you use for this leg?

- Road Rail Ship

Did you use a container in transporting your cargo in this leg?

- Yes No

Why did you stop?

- Intermediate Stop Exit Border Enter Border Final Destination

What activities did you do at this stop:

Activity	Duration (Hours, Minutes)	Cost (Local currency)
<input type="radio"/> Refuelling		
<input type="radio"/> Meals		
<input type="radio"/> Rest/Overnight Stay		
<input type="radio"/> Police Checkpoint		
<input type="radio"/> Vehicle Repair		
<input type="radio"/> Detour		
<input type="radio"/> Escort		
<input type="radio"/> Filling up of Documentation		
<input type="radio"/> Customs Inspection		
<input type="radio"/> Health Inspection		
<input type="radio"/> Quarantine		
<input type="radio"/> Applying for Visa		
<input type="radio"/> Loading/Unloading		
<input type="radio"/> Others, please specify:		

Facilities available at the stop:

- Warehouse Container Terminal Trucking Terminal Port
 X-Ray Machine Electronic Processing Hotel Bank
Others (pls. specify)

Comments: _____

Leg 3

To be filled by Association

Route No.

Name of the place and country of your 3rd stop: _____

Please indicate the following values from previous stop to this stop

Distance (km)	Time (hours, mins)	

What mode of transport did you use for this leg?

- Road Rail Ship

Did you use a container in transporting your cargo in this leg?

- Yes No

Why did you stop?

- Intermediate Stop Exit Border Enter Border Final Destination

What activities did you do at this stop:

Activity	Duration (Hours, Minutes)	Cost (Local currency)
<input type="radio"/> Refuelling		
<input type="radio"/> Meals		
<input type="radio"/> Rest/Overnight Stay		
<input type="radio"/> Police Checkpoint		
<input type="radio"/> Vehicle Repair		
<input type="radio"/> Detour		
<input type="radio"/> Escort		
<input type="radio"/> Filling up of Documentation		
<input type="radio"/> Customs Inspection		
<input type="radio"/> Health Inspection		
<input type="radio"/> Quarantine		
<input type="radio"/> Applying for Visa		
<input type="radio"/> Loading/Unloading		
<input type="radio"/> Others, please specify:		

Facilities available at the stop:

- Warehouse Container Terminal Trucking Terminal Port
 X-Ray Machine Electronic Processing Hotel Bank
Others (pls. specify)

Comments: _____

Leg 4

To be filled by Association

Route No.

Name of the place and country of your 4th stop: _____

Please indicate the following values from previous stop to this stop

Distance (km)	Time (hours, mins)	

What mode of transport did you use for this leg?

- Road Rail Ship

Did you use a container in transporting your cargo in this leg?

- Yes No

Why did you stop?

- Intermediate Stop Exit Border Enter Border Final Destination

What activities did you do at this stop:

Activity	Duration (Hours, Minutes)	Cost (Local currency)
<input type="radio"/> Refuelling		
<input type="radio"/> Meals		
<input type="radio"/> Rest/Overnight Stay		
<input type="radio"/> Police Checkpoint		
<input type="radio"/> Vehicle Repair		
<input type="radio"/> Detour		
<input type="radio"/> Escort		
<input type="radio"/> Filling up of Documentation		
<input type="radio"/> Customs Inspection		
<input type="radio"/> Health Inspection		
<input type="radio"/> Quarantine		
<input type="radio"/> Applying for Visa		
<input type="radio"/> Loading/Unloading		
<input type="radio"/> Others, please specify:		

Facilities available at the stop:

- Warehouse Container Terminal Trucking Terminal Port
 X-Ray Machine Electronic Processing Hotel Bank
Others (pls. specify)

Comments: _____

Leg 5

To be filled by Association

Route No.

Name of the place and country of your 5th stop: _____

Please indicate the following values from previous stop to this stop

Distance (km)	Time (hours, mins)	

What mode of transport did you use for this leg?

- Road
 Rail
 Ship

Did you use a container in transporting your cargo in this leg?

- Yes
 No

Why did you stop?

- Intermediate Stop
 Exit Border
 Enter Border
 Final Destination

What activities did you do at this stop:

Activity	Duration (Hours, Minutes)	Cost (Local currency)
<input type="radio"/> Refuelling		
<input type="radio"/> Meals		
<input type="radio"/> Rest/Overnight Stay		
<input type="radio"/> Police Checkpoint		
<input type="radio"/> Vehicle Repair		
<input type="radio"/> Detour		
<input type="radio"/> Escort		
<input type="radio"/> Filling up of Documentation		
<input type="radio"/> Customs Inspection		
<input type="radio"/> Health Inspection		
<input type="radio"/> Quarantine		
<input type="radio"/> Applying for Visa		
<input type="radio"/> Loading/Unloading		
<input type="radio"/> Others, please specify:		

Facilities available at the stop:

- Warehouse
 Container Terminal
 Trucking Terminal
 Port
 X-Ray Machine
 Electronic Processing
 Hotel
 Bank
 Others (pls. specify)

Comments: _____

Leg 6

To be filled by Association

Route No.

Name of the place and country of your 6th stop: _____

Please indicate the following values from previous stop to this stop

Distance (km)	Time (hours, mins)	

What mode of transport did you use for this leg?

- Road
 Rail
 Ship

Did you use a container in transporting your cargo in this leg?

- Yes
 No

Why did you stop?

- Intermediate Stop
 Exit Border
 Enter Border
 Final Destination

What activities did you do at this stop:

Activity	Duration (Hours, Minutes)	Cost (Local currency)
<input type="radio"/> Refuelling		
<input type="radio"/> Meals		
<input type="radio"/> Rest/Overnight Stay		
<input type="radio"/> Police Checkpoint		
<input type="radio"/> Vehicle Repair		
<input type="radio"/> Detour		
<input type="radio"/> Escort		
<input type="radio"/> Filling up of Documentation		
<input type="radio"/> Customs Inspection		
<input type="radio"/> Health Inspection		
<input type="radio"/> Quarantine		
<input type="radio"/> Applying for Visa		
<input type="radio"/> Loading/Unloading		
<input type="radio"/> Others, please specify:		

Facilities available at the stop:

- Warehouse
 Container Terminal
 Trucking Terminal
 Port
 X-Ray Machine
 Electronic Processing
 Hotel
 Bank
 Others (pls. specify)

Comments: _____

Leg 7

To be filled by Association

Route No.

Name of the place and country of your 7th stop: _____

Please indicate the following values from previous stop to this stop

Distance (km)	Time (hours, mins)	

What mode of transport did you use for this leg?

- Road Rail Ship

Did you use a container in transporting your cargo in this leg?

- Yes No

Why did you stop?

- Intermediate Stop Exit Border Enter Border Final Destination

What activities did you do at this stop:

Activity	Duration (Hours, Minutes)	Cost (Local currency)
<input type="radio"/> Refuelling		
<input type="radio"/> Meals		
<input type="radio"/> Rest/Overnight Stay		
<input type="radio"/> Police Checkpoint		
<input type="radio"/> Vehicle Repair		
<input type="radio"/> Detour		
<input type="radio"/> Escort		
<input type="radio"/> Filling up of Documentation		
<input type="radio"/> Customs Inspection		
<input type="radio"/> Health Inspection		
<input type="radio"/> Quarantine		
<input type="radio"/> Applying for Visa		
<input type="radio"/> Loading/Unloading		
<input type="radio"/> Others, please specify:		

Facilities available at the stop:

- Warehouse Container Terminal Trucking Terminal Port
 X-Ray Machine Electronic Processing Hotel Bank
Others (pls. specify)

Comments: _____

Leg 8

To be filled by Association

Route No.

Name of the place and country of your 8th stop: _____

Please indicate the following values from previous stop to this stop

Distance (km)	Time (hours, mins)	

What mode of transport did you use for this leg?

- Road Rail Ship

Did you use a container in transporting your cargo in this leg?

- Yes No

Why did you stop?

- Intermediate Stop Exit Border Enter Border Final Destination

What activities did you do at this stop:

Activity	Duration (Hours, Minutes)	Cost (Local currency)
<input type="radio"/> Refuelling		
<input type="radio"/> Meals		
<input type="radio"/> Rest/Overnight Stay		
<input type="radio"/> Police Checkpoint		
<input type="radio"/> Vehicle Repair		
<input type="radio"/> Detour		
<input type="radio"/> Escort		
<input type="radio"/> Filling up of Documentation		
<input type="radio"/> Customs Inspection		
<input type="radio"/> Health Inspection		
<input type="radio"/> Quarantine		
<input type="radio"/> Applying for Visa		
<input type="radio"/> Loading/Unloading		
<input type="radio"/> Others, please specify:		

Facilities available at the stop:

- Warehouse Container Terminal Trucking Terminal Port
 X-Ray Machine Electronic Processing Hotel Bank
Others (pls. specify)

Comments: _____

Leg 9

To be filled by Association

Route No.

Name of the place and country of your 9th stop: _____

Please indicate the following values from previous stop to this stop

Distance (km)	Time (hours, mins)	

What mode of transport did you use for this leg?

- Road Rail Ship

Did you use a container in transporting your cargo in this leg?

- Yes No

Why did you stop?

- Intermediate Stop Exit Border Enter Border Final Destination

What activities did you do at this stop:

Activity	Duration (Hours, Minutes)	Cost (Local currency)
<input type="radio"/> Refuelling		
<input type="radio"/> Meals		
<input type="radio"/> Rest/Overnight Stay		
<input type="radio"/> Police Checkpoint		
<input type="radio"/> Vehicle Repair		
<input type="radio"/> Detour		
<input type="radio"/> Escort		
<input type="radio"/> Filling up of Documentation		
<input type="radio"/> Customs Inspection		
<input type="radio"/> Health Inspection		
<input type="radio"/> Quarantine		
<input type="radio"/> Applying for Visa		
<input type="radio"/> Loading/Unloading		
<input type="radio"/> Others, please specify:		

Facilities available at the stop:

- Warehouse Container Terminal Trucking Terminal Port
 X-Ray Machine Electronic Processing Hotel Bank
Others (pls. specify)

Comments: _____

Leg 10

To be filled by Association

Route No.

Name of the place and country of your final destination: _____

Please indicate the following values from previous stop to this stop

Distance (km)	Time (hours, mins)	

What mode of transport did you use for this leg?

- Road Rail Ship

Did you use a container in transporting your cargo in this leg?

- Yes No

Why did you stop?

- Intermediate Stop Exit Border Enter Border Final Destination

What activities did you do at this stop:

Activity	Duration (Hours, Minutes)	Cost (Local currency)
<input type="radio"/> Refuelling		
<input type="radio"/> Meals		
<input type="radio"/> Rest/Overnight Stay		
<input type="radio"/> Police Checkpoint		
<input type="radio"/> Vehicle Repair		
<input type="radio"/> Detour		
<input type="radio"/> Escort		
<input type="radio"/> Filling up of Documentation		
<input type="radio"/> Customs Inspection		
<input type="radio"/> Health Inspection		
<input type="radio"/> Quarantine		
<input type="radio"/> Applying for Visa		
<input type="radio"/> Loading/Unloading		
<input type="radio"/> Others, please specify:		

Facilities available at the stop:

- Warehouse Container Terminal Trucking Terminal Port
 X-Ray Machine Electronic Processing Hotel Bank
Others (pls. specify)

Comments: _____

(End of Document Set)