

**Carrier Delivery Route -
Summary of Count and Inspection**

Post Office

Delivery Unit

Carrier Name

Type of Route

Foot Bus. Res. Mixed Bicycle Motorized Curb Delivery Dismount

Type of Vehicle LHD RHD

Age

Length of Service

Length of Service on Route

Route No. EPM Rte. Non EPM Reg. Aux. No. of Trips

| Inclusive Dates From: To: Day | 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 | | | | | | | | | | |
| | 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 | | | |
| Hrs | Mins | Hrs | Mins | Hrs | Mins | Hrs | Mins | Hrs | Mins | Hrs | Mins | Hrs | Mins | | | | | | | | Letter | Other | |
| | | | | | | | | | | | | | | | | | | | | | | | |
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| Totals | | | | | | | | | | | | | | | | | | | | | | | |
| Averages | | | | | | | | | | | | | | | | | | | | | | | |

1840-B Average Street Time

Analysis of Office Work Functions and Actual Time Recordings. Lines:

Route Examiner's (Office and Street)

H. Day of Inspection

| Day | 14 | 15 | 16 | 17 | 18 | 19 | 21 | 22 | 23 |
|------------|----|----|----|----|----|----|----|----|----|
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| Rep. Times | | | | | | | | | |

Blank area for Route Examiner's signature and notes.

| 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

**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 | Transferred 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

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 transfer: