

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: P*lease 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

		Γ	To be filled by Association		
			Shipment	Cod	e No.
Nationality of driver:	Country of v	vehicle re	gistration		
In case of multimodal transpo	ortation:				
Nationality of Driver	Mode of transportation		Kind of vel	nicle us	ed
Pick up start date			·		
Start Odometer Reading	End	Odomete	er Reading		
Length of Vehicle (m)	Number of Axles _		Payload (to	ons)	
Route Description:					
Goods being transported			Quantity: (To	ns)	Delivery da
Was transport performed up	der an international transit syste	am (e.a. T	IP NCTS safe		t etc)
F		enn (e.g. 1	IIX, NO10, 3ak	e packe	i, eic <i>)</i>
Yes	No				
If yes, please specify transit	system				
Additional Information on I	Road Transport Vehicle				
Manufacturer of vehicle :		_			
Model of vehicle :	Year	manufact	ured :		
Emission Standard : (Please	tick only one)				
Euro 1 Eu	ro 2 Euro 3	Eu	ro 4	Euro 5	5
If cargo transported in contai	ner, please specify size of cont	ainer: (ple	ease 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.

Code Shipment No. Name of the place and country of your 1st stop _____ Please indicate the following values from previous stop to this stop Time (hours, mins) Distance (km) What mode of transport did you use for this leg? O Road O Rail O Ship Did you use a container in transporting your cargo in this leg? O Yes O No Why did you stop? O Intermediate Stop O Exit Border O Enter Border O Final Destination What activities did you do at this stop: Duration (Hours, Minutes) Cost (Local currency) Activity **O** Refuelling O Meals O Rest/Overnight Stay O Police Checkpoint O Vehicle Repair O Detour O Escort O Filling up of Documentation O Customs Inspection O Health Inspection O Quarantine O Applying for Visa O Loading/Unloading O Others, please specify: Facilities available at the stop: O Warehouse O Container Terminal O Trucking Terminal O Port O X-Ray Machine O Electronic Processing O Hotel O Bank Others (pls. specify) Comments:_____

Leg 1

To be filled by Association

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Route No.

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

Please indicate the follo	wing v	alues from previ	ous stop to thi	is stop	
Distance (km)	Time	e (hours, mins)			
What mode of transport	did yo	ou use for this leg	J?		
O Road C) Rail		O Ship		
Did you use a container ir	n transp	porting your cargo	in this leg?		
O Yes (D No				
Why did you stop?					
O Intermediate Stop) Exit	Border	O Enter Borde	er O	Final Destination
What activities did you	do at tl	nis stop:			
Activity		Duration (Hours	s, Minutes)	Cost (Local	currency)
O Refuelling					
O Meals					
O Rest/Overnight Stay					
O Police Checkpoint					
O Vehicle Repair					
O Detour					
O Escort					
O Filling up of Document	ation				
O Customs Inspection					
O Health Inspection					
O Quarantine					
O Applying for Visa					
O Loading/Unloading					
O Others, please specify	•				
Facilities available at the					
O Warehouse C	Con	tainer Terminal	O Trucking	Terminal O	Port
O X-Ray Machine C) Elec	tronic Processing	O Hotel	0	Bank
Others (pls. specify)					
Comments:					

To be filled by Association

Route No.

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

Please indicate the follo	owing v	values from previ	ious stop to f	his stop	
Distance (km)	Time	e (hours, mins)			
What mode of transport		ou use for this leg			
O Road	D Rail		O Ship		
-					
Did you use a container i		porting your cargo	in this leg?		
O Yes	O No				
Why did you stop?					
O Intermediate Stop		Dordor	O Enter Bor	dor	O Final Destination
		Doruei	O Enter Bor	uei	
What activities did you	do at ti	his ston:			
Activity	uo ai ii	Duration (Hours	e Minutos)	Cost (L	ocal currency)
O Refuelling			s, windlesj		cal currency)
O Meals					
O Rest/Overnight Stay					
O Police Checkpoint					
O Vehicle Repair					
O Detour					
O Escort					
O Filling up of Documen	tation				
O Customs Inspection					
O Health Inspection					
O Quarantine					
O Applying for Visa					
O Loading/Unloading					
O Others, please specify					
Facilities available at th	a stop				
		tainer Terminal	O Truckin	a Torminal	O Port
				g Terminal	
•	J Elec	tronic Processing	O Hotel		O Bank
Others (pls. specify)					
Comments:					

To be filled by Association

Route No.

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

Please indicate the follo	wing v	alues from previ	ous stop to thi	s stop	
Distance (km)	Time	(hours, mins)			
What mode of transport		u use for this leg			
O Road C) Rail		O Ship		
Did you use a container ir		orting your cargo	in this leg?		
O Yes	O No				
Why did you stop?					
Why did you stop?		Develop			
O Intermediate Stop C) Exit	Border	O Enter Borde	er OF	inal Destination
What activities did you	do at tr	-			,
Activity		Duration (Hours	s, Minutes)	Cost (Local cu	urrency)
O Refuelling					
O Meals					
O Rest/Overnight Stay					
O Police Checkpoint					
O Vehicle Repair					
O Detour					
O Escort	ation				
O Filling up of Document	allon				
O Customs Inspection					
O Health Inspection O Quarantine					
O Applying for Visa					
O Loading/Unloading					
O Others, please specify					
	•				
Facilities available at the	e stop:				
O Warehouse C) Cont	ainer Terminal	O Trucking	Terminal O F	Port
O X-Ray Machine C		tronic Processing	O Hotel		Bank
-		uonici rocessiny			
Others (pls. specify)					
Comments:					
					······

To be filled by Association

Route No.

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

Please indicate the follo	wing values from pr	evious stop to thi	s stop
Distance (km)	Time (hours, mins)		
What mode of transport			
O Road C	Rail	O Ship	
Did you use a container in		go in this leg?	
O Yes C) No		
Why did you stop?			
Why did you stop?		O Enter Darda	
O Intermediate Stop C	Exit Border	O Enter Borde	er O Final Destination
What activities did you a	la at this stars		
What activities did you o	-		
Activity	Duration (Ho	urs, Minutes)	Cost (Local currency)
O Refuelling O Meals			
O Rest/Overnight Stay			
O Police Checkpoint			
O Vehicle Repair			
O Detour			
O Escort			
O Filling up of Documenta	ation		
O Customs Inspection			
O Health Inspection			
O Quarantine			
O Applying for Visa			
O Loading/Unloading			
O Others, please specify:			
Facilities available at the	e stop:		
O Warehouse C	Container Terminal	O Trucking	Terminal O Port
O X-Ray Machine O	Electronic Processi	ng O Hotel	O Bank
Others (pls. specify)			
······································			
Comments:			

Leg	6
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Route No.

Name of the	place and	country	/ of v	vour	6 th	stop

Please indicate the following values from previous stop to this stop

Distance (km)	Time	e (hours, mins)					
What mode of transport		ou use for this le					
O Road () Rail		0 S	hip			
Did you use a container i	-	porting your carge	o in thi	s leg?			
O Yes	O No						
Why did you stop?	~ =					_	
O Intermediate Stop	D Exit	Border	ΟΕ	nter Borde	er	0	Final Destination
What activities did you	do at tl	-			I		
Activity		Duration (Hou	rs, Mir	nutes)	Cost (Lo	cal	currency)
O Refuelling							
O Meals							
O Rest/Overnight Stay							
O Police Checkpoint							
O Vehicle Repair							
O Detour							
O Escort							
O Filling up of Document	tation						
O Customs Inspection							
O Health Inspection O Quarantine							
O Applying for Visa O Loading/Unloading							
O Others, please specify	, .						
O Others, please specify	•						
Facilities available at th	e ston:						
		tainer Terminal	0	Trucking ⁻	Terminal	0	Port
				•		-	
•) Elec	tronic Processing	g O	Hotel		0	Bank
Others (pls. specify)							
Commenter							
Comments:							
							<u> </u>

To be filled by Association

Route No.

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

Please indicate the follo	wing v	values from prev	vious	stop to thi	is stop		
Distance (km)	Time	e (hours, mins)					
What mode of transport	did yo	ou use for this le	∋g?				
O Road C) Rail		0 8	Ship			
Did you use a container ir		porting your carg	o in th	is leg?			
O Yes (O No						
Why did you stop?							
O Intermediate Stop) Exit	Border	ΟΕ	Inter Borde	er	O Final Destina	tion
What activities did you	do at tl	his stop:					
Activity		Duration (Hou	rs, Mi	nutes)	Cost (Lo	cal currency)	
O Refuelling							
O Meals							
O Rest/Overnight Stay							
O Police Checkpoint							
O Vehicle Repair							
O Detour							
O Escort							
O Filling up of Document	ation						
O Customs Inspection							
O Health Inspection							
O Quarantine							
O Applying for Visa							
O Loading/Unloading							
O Others, please specify							
	1						
Facilities available at the							
O Warehouse C) Con	tainer Terminal	0	Trucking	Terminal	O Port	
O X-Ray Machine C) Elec	tronic Processing	gО	Hotel		O Bank	
Others (pls. specify)							
Comments:							

To be filled by Association

Route No.

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

Please indicate the follo	wing v	alues from previ	ous	stop to thi	s stop		
Distance (km)	Time	e (hours, mins)					
What mode of transport							
O Road () Rail		0 8	Ship			
Did you yoo o containar i	. tranar	orting your corgo	in thi				
Did you use a container in O Yes	Turansp D No	borting your cargo	in un	is leg?			
O res							
Why did you stop?							
O Intermediate Stop) Fxit	Border	ΟF	Inter Borde	r	0	Final Destination
			0 2		, i	Ŭ	
What activities did you	do at ti	nis stop:					
Activity		Duration (Hours	s. Miı	nutes)	Cost (Lo	cal	currency)
O Refuelling			-,				•••••• •
O Meals							
O Rest/Overnight Stay							
O Police Checkpoint							
O Vehicle Repair							
O Detour							
O Escort							
O Filling up of Document	ation						
O Customs Inspection							
O Health Inspection							
O Quarantine							
O Applying for Visa							
O Loading/Unloading							
O Others, please specify	•						
Essilition available at th							
Facilities available at th			0	Tanalian	Taunaina al	0	Deut
		tainer Terminal	0	Trucking	rerminal	0	Port
O X-Ray Machine C) Elec	tronic Processing	0	Hotel		0	Bank
Others (pls. specify)							
Comments:							

To be filled by Association

Route No.

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

Please indicate the follo	wing v	alues from prev	ious	stop to thi	is stop		
Distance (km)	Time	e (hours, mins)					
			~ 0				
What mode of transport		ou use for this le		NI- ' -			
O Road () Rail		0 5	Ship			
Did vou una a containar i	- tranar	orting your cores	in th				
Did you use a container in O Yes	Turansp D No	borning your cargo	o in un	is leg?			
O les							
Why did you stop?							
O Intermediate Stop) Fxit	Border	O F	Enter Borde	۲	0	Final Destination
		Bordor				Ŭ	
What activities did you	do at tl	nis stop:					
Activity		Duration (Hour	s. Mi	nutes)	Cost (Lo	ocal	currency)
O Refuelling			e ,	inatooy	0000 (10	Juan	ourronoy,
O Meals							
O Rest/Overnight Stay							
O Police Checkpoint							
O Vehicle Repair							
O Detour							
O Escort							
O Filling up of Document	ation						
O Customs Inspection							
O Health Inspection							
O Quarantine							
O Applying for Visa							
O Loading/Unloading							
O Others, please specify	:						
Essilition available at th							
Facilities available at th			0	Taulian	Tamainal	0	Deat
		tainer Terminal	0	Trucking	Ierminai	0	Port
O X-Ray Machine C) Elec	tronic Processing	0	Hotel		0	Bank
Others (pls. specify)							
Comments:							

Leg '	10
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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	e (hours, mins)					
What mode of transport did you use for this leg?							
O Road) Rail		O S	hip			
				_			
Did you use a container in transporting your cargo in this leg?							
O Yes	O No						
Why did you stop?							_
Why did you stop?		Davida	0 5	a f a la Dia sala	-		
O Intermediate Stop	O Exit	Border O Enter B		nter Borde	order O Final Destination		
What activities did you	do at t	-				· · · ·	
Activity		Duration (Hou	rs, Min	lutes)	Cost (Lo	ocal currency)	
O Refuelling							
O Meals							
O Rest/Overnight Stay							
O Police Checkpoint							
O Vehicle Repair							
O Detour							
O Escort	<u></u>						
O Filling up of Documen	tation						-
O Customs Inspection							-
O Health Inspection O Quarantine							
O Applying for Visa O Loading/Unloading							
O Others, please specify							
O Others, please specify	-						
Facilities available at th	e stop						
		tainer Terminal	0	Trucking	Terminal	O Port	
				•			
,	D Elec	tronic Processing	g O	Hotel		O Bank	
Others (pls. specify)							
0							
Comments:							