

PAPERWORK REDUCTION ACT PUBLIC BURDEN STATEMENT

According to the Paperwork Reduction Act of 1995, a Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with, a collection of information unless it displays a current valid OMB control number. The valid OMB control number for this information collection is 2137-0034. The information requested on this form is being collected by the U.S. Department of Transportation, Pipeline and Hazardous Materials Safety Administration (PHMSA). Public reporting burden for this collection of information is estimated to be 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. All responses to this collection are voluntary. Send comments regarding this burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to: Mr. T. Glenn Foster, Information Collection Clearance Officer, U. S. Department of Transportation, PHMSA, Office of Hazardous Materials Safety, PHH-10, 1200 New Jersey Ave., S.E., 2nd Floor East, E24-301, Washington, DC 20520.

Branching Information	Page #2
1. Name of inspection agency/organization you are repre	esenting:
2. Main location of inspection agency/organization:	
Town or City:	
County:	
State:	
Zip Code:	
3. Affiliation of your inspection agency/organization:	
U.S. Federal Government A statename of state: A countyname of county: A city or townname of city or town: A private companyname of private company: Other, please identify:	
## 4. Point of Contact (POC) information for the inspector co	onducting the inspection simulation:
Name:	
Title:	
Address:	
Phone:	
Email:	
	ation's paperless hazardous materials (e-HM) communication system d if you do not know this information or do not want to provide it):
Name:	
Title:	
Address:	
Phone:	
Email:	
6. Describe the size and geographic parameters of your All U.S. (including navigable waters) Continental U.S. State-wide County-wide Within city/town limits Other, please describe:	agency's/organization's jurisdiction:
 	nization inspect? Select all that apply:

□ Air
Maritime Maritime
≅ 8. How often are inspections conducted?
O Daily
Weekly
Monthly Monthly
Quarterly (four times/year)
Semi-annually (two times/year)
Annually
Otheridentify frequency:
○ Unknown
9. In general, what percentage of inspections is pre-planned (i.e., conducted as part of a routine inspection program at a checkpoint, waystation, etc.), and what percentage is impromptu (i.e., conducted on the spot based on an observed potential safety risk on a transportation conveyance)?
Pre-planned:
Impromptu:
10. Approximately how many conveyance inspections does your agency/organization perform annually?
C Less than 50
51 to 250
251 to 500
© 501 to 750
751 to 1000
1001 to 10,000
More than 10,000 Unknown Unknown Output Description Output Description De
Oliniowii

- If not 12. Was a driver/pilot/captain/conductor involved... = Yes then Hide 12a. Provide POC information for the driver/pilot...
- If 12. Was a driver/pilot/captain/conductor involved... = No then Hide 12a. Provide POC information for the driver/pilot...
- If not 13. Do you have POC information for the shipper's... = Yes then Hide 13a. Provide POC information for the shipper's an...
- If 13. Do you have POC information for the shipper's... = No then Hide 13a. Provide POC information for the shipper's an...

🚻 11. Name and USDOT Number of shipper and/or carrie	r inspected:
Name:	
USDOT Number:	
12. Was a driver/pilot/captain/conductor involved in the Yes No	inspection simulation?
12a. Provide POC information for the driver/pilot/captain	/conductor involved in the inspection simulation:
Name:	
Title:	
Address:	
Phone:	
Email:	
■ 13. Do you have POC information for the shipper's and/ Yes No	or carrier's e-system?
🚻 13a. Provide POC information for the shipper's and/or c	arrier's e-system:
Name:	
Title:	
Address:	
Phone:	
Email:	

- If not 19c. Was an attempt made to communicate any of thi... = Yes then Hide 19d. Was the information successfully communicate...
- If not 19d. Was the information successfully</st... = Yes then Hide 19e. In what format?
- If not 20c. Did the inspection include interviews? = Yes then Hide 20d. Were personnel other than the driver/pilot/c...
- If not 20d. Were personnel other than the driver/pilot/c... = Yes then Hide 20d1. Identify:
- If 19. Did the inspector have any interaction with o... = No then Disable 19a. Please identify the other regulatory inspect...
- If 19. Did the inspector have any interaction with o... = No then Disable 19b. What types of HM information was shared with...
- If 19. Did the inspector have any interaction with o... = No then Disable 19c. Was an attempt made to communicate any of thi...
- If 19. Did the inspector have any interaction with o... = No then Disable 19d. Was the information successfully communicate...
- If 19. Did the inspector have any interaction with o... = No then Disable 19e. In what format?
- If not 19. Did the inspector have any interaction with o... = Yes then Hide 19a. Please identify the other regulatory inspect...
- If not 19. Did the inspector have any interaction with o... = Yes then Hide 19b. What types of HM information was shared with...
- If not 19. Did the inspector have any interaction with o... = Yes then Hide 19c. Was an attempt made to communicate any of thi...
- If not 19. Did the inspector have any interaction with o... = Yes then Hide 19d. Was the information successfully communicate...
- If 19d. Was the information successfully</st... = No then Disable 19e. In what format?
- If not 19d. Was the information successfully</st... = Yes then Hide 19e. In what format?

## 14. Location of inspection simulation:	
Street address:	
City:	
State:	
Zip code:	
Name of site/area, if available (port, airport, station, etc.):	
15. Date of inspection simulation (enter information in YYYY-MM-DD format):	
4 16. Total time duration of inspection simulation (enter information in HH:MM format):	
17. Was the inspection pre-scheduled or unannounced (with respect to notifying the HM shipper/carrier prior to the conduct the inspection)?	of
Pre-scheduled Unnanounced	
■ 18. What type(s) of transportation conveyances were either inspected, or used to hold the HM containers that were inspected during the simulation? Select all that apply:	ed,
 □ Trucks □ Planes □ Ships □ Railcars □ Other, please identify:	
19. Did the inspector have any interaction with other regulatory inspection entities (e.g., U.S. Coast Guard, Customs and Bornotection, etc.) during HM inspection simulation activities? (Yes	order
○ No	
19a. Please identify the other regulatory inspection agency/ies:	

■ 19b. What types of HM information was shared with these regulatory entities? Please select all that apply:
☐ Air Waybill Number
■ Basic description the HM
Technical name of the HM
☐ Proper shipping name
Immediate hazards to health
Risks of fire or explosion
Immediate precautions to be taken in an accident or incident
Immediate methods for handling fires, spills, or leaks
☐ Preliminary first aid measures
Emergency response assistance plan (ERAP) reference number
24-hour emergency response telephone number
Whether the operator contacted the carrier in an incident involving HM
■ UN identification number
Hazard class or division number
☐ Packing group
☐ Tunnel restriction code
☐ Total quantity of material
■ Number and type of packages
■ Name and address of the consignor (i.e., shipper)
Name and address of the consignee (i.e., receiver)
☐ Date shipping document was prepared or first given to a shipper
Shipper's statement or supplementary requirements for loading, stowage, carriage, handling, and unloading, including any
special stowage provisions
Shipper's restrictions on the mode of transport and any necessary routing instructions
Shipper's signed certification statement
Hazardous Waste Manifest (when necessary)
None
□ Unknown
Other, please describe:
Other, piedae describe.
19c. Was an attempt made to communicate any of this information electronically?
○ Yes
O No
19d. Was the information successfully communicated electronically?
(Yes
O No
19e. In what format?
○ pdf
○ jpeg
○ tiff
Other, please identify format:
Unknown

- If 20c. Did the inspection include interviews? = No then Disable 20d. Were personnel other than the driver/pilot/c...
- If 20c. Did the inspection include interviews? = No then Disable 20d1. Identify:
- If 20c. Did the inspection include interviews? = No then Disable 20d1. Identify: | Name(s) and title(s) of personnel interviewed:
- If 20c. Did the inspection include interviews? = No then Disable 20d1. Identify: | HM information obtained:
- If not 20c. Did the inspection include interviews? = Yes then Hide 20d. Were personnel other than the driver/pilot/c...
- If 20d. Were personnel other than the driver/pilot/c... = No then Disable 20d1. Identify: | Name(s) and title(s) of personnel interviewed:
 - If 20d. Were personnel other than the driver/pilot/c... = No then Disable 20d1. Identify: | HM information obtained:
 - If not 20d. Were personnel other than the driver/pilot/c... = Yes then Hide 20d1. Identify:
- If not 20d. Were personnel other than the driver/pilot/c... = Yes then Hide 20d1. Identify: | Name(s) and title(s) of personnel interviewed:
 - If not 20d. Were personnel other than the driver/pilot/c... = Yes then Hide 20d1. Identify: | HM information obtained:

20. Describe the simulated pilot test HM conveyance inspection: 20a. What was the reason for the simulated inspection?
Inspection at a temporary site (e.g., switching yard at rail station, roadside weigh station, etc.) Inspection at a border crossing location
Inspection at a fixed site (e.g., shipper facility, marine terminal, transfer station, air terminal, sort facility, warehouse, etc.) Other, please identify:
20b. What HM information did the inspector look for or request? Select all applicable from the following list:
☐ Air Waybill Number
■ Basic description of the HM
☐ Technical name of the HM
☐ Proper shipping name
Immediate hazards to health
Risks of fire or explosion
☐ Immediate precautions to be taken an accident or incident
Immediate methods for handling fires, spills, or leaks
☐ Preliminary first aid measures
☐ Emergency response assistance plan (ERAP) reference number
24-hour emergency response telephone number
☐ Ability of the operator to contact the carrier in an incident involving HM
☐ UN identification number
☐ Hazard class or division number
☐ Packing group
☐ Tunnel restriction code
☐ Total quantity of material
■ Number and type of packages
■ Name and address of the consignor
Name and address of the consignee
☐ Date shipping document was prepared or first given to a shipper
Shipper's statement or supplementary requirements for loading, stowage, carriage, handling, and unloading, including any
special stowage provisions
Shipper's restrictions on the mode of transport and any necessary routing instructions
Shipper's signed certification statement
Hazardous Waste Manifest (when necessary)
None
Unknown
Other, please describe:
■ 20c. Did the inspection include interviews?
○ Yes
O No

20d. Were personnel other than the driver/pilot/captain/conductor (e.g., shipper/carrier POCs) questioned?
C Yes C No
20d1. Identify:
Name(s) and title(s) of personnel interviewed:
HM information obtained:
20e. What conveyance documentation did the inspector review? Please select all that apply:
☐ HM shipping papers
☐ Bill of lading ☐ Emergency response information
Other, please describe:
None

- If not 23. Had the shipment undergone any intramodal tra... = Yes then Hide 23a. How many?
- If not 23. Had the shipment undergone any intramodal tra... = Yes then Hide 23b. What information was shared? Please select a...
- If not 23. Had the shipment undergone any intramodal tra... = Yes then Hide 23c. By what mechanism was such information commu...
- If 23. Had the shipment undergone any intramodal tra... is one of [u'1', u'2'] then Disable 23a. How many?
- If 23. Had the shipment undergone any intramodal tra... is one of [u'1', u'2'] then Disable 23b. What information was shared? Please select a...
- If 23. Had the shipment undergone any intramodal tra... is one of [u'1', u'2'] then Disable 23c. By what mechanism was such information commu...
- If not 24. Had the shipment undergone any intermodal tr... = Yes then Hide 24a. What mode(s) were involved? Please select al...
- If not 24. Had the shipment undergone any intermodal tr... = Yes then Hide 24b. How many intermodal transfers?
- If not 24. Had the shipment undergone any intermodal tr... = Yes then Hide 24c. What information was shared? Please select a...
- If not 24. Had the shipment undergone any intermodal tr... = Yes then Hide 24d. By what mechanism was such information commu...
- If 24. Had the shipment undergone any intermodal tr... is one of [u'1', u'2'] then Disable 24a. What mode(s) were involved? Please select al...
 - If 24. Had the shipment undergone any intermodal tr... is one of [u'1', u'2'] then Disable 24b. How many intermodal transfers?
- If 24. Had the shipment undergone any intermodal tr... is one of [u'1', u'2'] then Disable 24c. What information was shared? Please select a...
- If 24. Had the shipment undergone any intermodal tr... is one of [u'1', u'2'] then Disable 24d. By what mechanism was such information commu...
- If not 21. What type(s) of HM containers were included i... contains Non-bulk packaging then Hide 21a. Non-bulk packaging--select all that apply:
- If not 21. What type(s) of HM containers were included i... contains Bulk packaging then Hide 21b. Bulk packaging--select all that apply:
- If not 21. What type(s) of HM containers were included i... contains Radioactive material packaging then Hide 21c. Radioactive material packaging--select all t...

☑ 21. What type(s) of HM containers were included in the shipment? Please select all that apply:
Non-bulk packaging
Bulk packaging
Radioactive material packaging
☑ 21a. Non-bulk packagingselect all that apply:
Tums/pails
Jerricans
Barrels
Boxes
■ Bags
Cylinders
Other, please identify:
☑ 21b. Bulk packagingselect all that apply:
Cargo tanks
Tank cars
Intermediate bulk containers (IBCs)/portable tanks
Freight containers
Other, please identify:
☑ 21c. Radioactive material packagingselect all that apply:
Type A
Type B
••

☐ Industrial ☐ Excepted, please identify:
■ 22. What class(es) of HM did the shipment being inspected include? Please select all that apply:
☐ Class 1 Explosives
☐ Class 2 Gases
☐ Class 3 Flammable Liquids (100°F or less, closed cup)
Class 4 Other Flammable Substances
Class 5 Oxidizing Substances and Organic Peroxides
Class 6 Toxic (Poisonous) and Infectious Substances
Class 7 Radioactive Materials
Class 8 Corrosives
Class 9 Miscellaneous Dangerous Materials
23. Had the shipment undergone any intramodal transfers (i.e., transfers between conveyances within a single transportation mode) prior to the simulation?
() Yes
○ No
○ Unknown
23a. How many?
One
C Two
Three or more
C Unknown
☑ 23b. What information was shared? Please select all that apply:
Air Waybill Number
Basic description the HM
Technical name of the HM
☐ Proper shipping name ☐ Immediate hazards to health
Risks of fire or explosion
Immediate precautions to be taken in an accident or incident
Immediate methods for handling fires, spills, or leaks
Preliminary first aid measures
Emergency response assistance plan (ERAP) reference number
24-hour emergency response telephone number
Ability of the operator to contact the carrier in an incident involving HM
UN identification number
Hazard class or division number
Packing group
☐ Tunnel restriction code ☐ Total quantity of material
Number and type of packages
Name and address of the consignor (i.e., shipper)
■ Name and address of the consignee (i.e., receiver)
☐ Date shipping document was prepared or first given to a shipper
☐ Shipper's statement or supplementary requirements for loading, stowage, carriage, handling, and unloading, including any
special stowage provisions
Shipper's restrictions on the mode of transport and any necessary routing instructions
Shipper's signed certification statement
Hazardous Waste Manifest (when necessary)

23c. By what mechanism was such information communicated? Hardcopy Internet
C Facsimile (FAX) machine C Unknown C Other, please identify:
24. Had the shipment undergone any intermodal transfers (i.e., transfers between transportation modes) prior to the simulation? (Yes
24b. How many intermodal transfers? One Two Three or more Unknown
☐ Hazardous Waste Manifest (when necessary) ☐ None ☐ Unknown ☐ Other, please describe:
24d. By what mechanism was such information communicated?

Hardcopy
(Internet
Facsimile (FAX) machine
Unknown
Other, please identify:
25. Was the shipment involved in the simulation a less than truckload (LTL) type HM shipment? Yes No Unknown

26. What device(s), electronic data exchange language, communication mechanism(s), and data format did inspectors use when conducting the simulated inspection? Please select all that apply: 26a. Device(s)please select all that apply:
Personal digital assistants (PDAs) Vehicle laptops Workplace computers Computer aid dispatch (CAD) terminals Home computers Landline telephones Smartphones Videos Facsimile (FAX) machines Live web cameras Pagers Two-way radios
Walkie-talkies
Tablets
None, no technology available
Unknown Other places identify:
Other, please identify:
☑ 26b. Data exchange languageplease select all that apply:
 Extensible Markup Language (XML) Universal Business Language (UBL) Electronic Data Interchange (EDI) United Nations/Electronic Data Interchange For Administration, Commerce and Transport (UN/EDIFACT) None, no electronic data was exchanged Unknown Other, please specify:
Email Direct device-to-device transmission Internet reference/link Facsimile (FAX) document Audio transmission (e.g., via phone, radio, etc.) Unknown Other, please identify:
■ 26d. Data formatplease select all that apply:
Portable Document Format (pdf) Tagged Image File Format (tiff) Joint Photographic Experts Group (jpeg) None, no electronic data was exchanged Unknown Other, please specify:
27. What device(s) and electronic data exchange language did the shipper/carrier use to transmit the shipping papers during the simulated inspection? Please select all that apply: 27a. Device(s)please select all that apply:
 □ Personal digital assistants (PDAs) □ Vehicle laptops □ Workplace computers □ Computer aid dispatch (CAD) terminals

☐ Home computers
Landline telephones
Cellular telephones
Facsimile (FAX) machines
Live web cameras
□ Pagers
Two-way radios
■ Walkie-talkies
□ Tablets
None, no technology available
■ Unknown
Cther, please identify:
☑ 27b. Data exchange languageplease select all that apply:
Extensible Markup Language (XML)
☐ Universal Business Language (UBL)
Electronic Data Interchange (EDI)
☐ United Nations/Electronic Data Interchange For Administration, Commerce and Transport (UN/EDIFACT)
None, no electronic data was exchanged
☐ Unknown
Cther, please specify:

Simple Skipping Information

- If 28. Was the inspection simulation information col... = Yes then Skip to Page 9
- If 28. Was the inspection simulation information col... = No then Skip to Page 10
- 28. Was the inspection simulation information collected electronically?



O No

Simple Skipping Information

• If 33. Did your agency/organization identify any ben... = No then Skip to Page 10

- If 30. Did the inspector review the HM data received... = No then Disable 30a. Describe the process used for data validatio...
- If not 30. Did the inspector review the HM data received... = Yes then Hide 30a. Describe the process used for data validatio...
- If 32. Did the HM information accurately reflect the... = Yes then Disable 32a. Describe the discrepancies:
- If not 32. Did the HM information accurately reflect the... = No then Hide 32a. Describe the discrepancies:
- If 31. Did the electronic information match that rec... = Yes then Disable 31a. Describe the discrepancies:
- If not 31. Did the electronic information match that rec... = No then Hide 31a. Describe the discrepancies:
- If 33. Did your agency/organization identify any ben... = No then Skip to Page 10
- If not 33. Did your agency/organization identify any ben... = Yes then Hide 33a. Which of the following benefits related to e...
- If not 33. Did your agency/organization identify any ben... = Yes then Hide 33b. Describe the benefit(s):
- If not 29. How long did it take for the inspector to rec... = More than one hour, identify time: then Hide 29a. If possible, identify the reason for the del

reason for the del
29. How long did it take for the inspector to receive the electronic information from when it was requested? Instantaneous 5 minutes or less 6 to 15 minutes 16 to 30 minutes 31 to 60 minutes More than one hour, identify time:
29a. If possible, identify the reason for the delay in receipt of the information:
30. Did the inspector review the HM data received during the simulation for accuracy and completeness? Yes No
4 30a. Describe the process used for data validation:
31. Did the electronic information match that recorded on the hardcopy shipping paper? Yes No
🛂 31a. Describe the discrepancies:
32. Did the HM information accurately reflect the details of the HM being transported? Yes No
4 32a. Describe the discrepancies:

that

- If 34. Did your agency/organization identify any e-s... = No then Disable 34a. Which of the following e-system impediments/...
- If 34. Did your agency/organization identify any e-s... = No then Disable 34b. Describe the impediment(s)/limitation(s):

- If 35. Was the information included within the elect... = Yes then Disable 35a. What other information was needed to determi...
- If not 35. Was the information included within the elect... = No then Hide 35a. What other information was needed to determi...
- If 39. Do you have any lessons learned that should b... = No then Disable 39a. Please describe the lessons learned:
- If not 39. Do you have any lessons learned that should b... = Yes then Hide 39a. Please describe the lessons learned:
- If 37. Is training needed to conduct electronic tran... = No then Disable 37a. Please describe needed training:
- If not 37. Is training needed to conduct electronic tran... = Yes then Hide 37a. Please describe needed training:
- If 38. Is additional equipment needed to conduct ele... = No then Disable 38a. Please describe additional equipment needed:
- If not 38. Is additional equipment needed to conduct ele... = Yes then Hide 38a. Please describe additional equipment needed:

- de h
35. Was the information included within the electronic transmittal sufficient to determine a failed or passed inspection? Yes No
35a. What other information was needed to determine whether the inspection was a PASS or FAIL?
36. How do you feel the e-information satisfied the required HM paper documentation (e.g., shipping paper, transportation of dangerous goods manifest, bill of lading, notification to pilot in command, etc.)?
FullyMostlyPartiallyNot at all
37. Is training needed to conduct electronic transfers of information for inspections? Yes No
37a. Please describe needed training:
38. Is additional equipment needed to conduct electronic transfers of information for inspections? Yes No
4 38a. Please describe additional equipment needed:
39. Do you have any lessons learned that should be considered for improvement of the use of e-shipping papers in HM commerce?
39a. Please describe the lessons learned:
■ 40. What benefits do you think an e-system would offer over a paper-based system for your agency/organization? Please select
all that apply:
Reduced staff time and/or cost to prepare shipping papers

Reduced costs for transfer between modes or carriers
Reduced error rate in data entry
Ease of data entry
Reduced costs for hardcopy storage and retrieval
Faster transport times for shipments
Improved customer satisfaction
Reduced insurance or risk management costs
No benefits
Other, please describe:
_
41. How do you believe e-systems will affect the time to conduct an inspection?
OPositively
Negatively
O No impact
Other, please explain: