



2012 Commodity Flow Survey

FORM
CFS-1000 (2012)
(12-06-2011)

OMB No. 0607-0932: Approval Expires 09/30/2013

DUE DATE:

Return via Mail:

U.S. Census Bureau
1201 East 10th Street
Jeffersonville, IN 47132-0001

OR

Return via Internet:

econhelp.census.gov/cfs

Username:

Password:

Need help or have questions?

Call: 1-800-772-7851, option "3"
M-F, 8:30 a.m. - 5:00 p.m. ET

Make corrections to name, shipping address, and ZIP code if necessary.

YOUR RESPONSE IS REQUIRED BY LAW. Title 13, United States Code, requires businesses and other organizations that receive this form to answer the questions and return the report to the U.S. Census Bureau. By the same law, **YOUR U.S. CENSUS BUREAU REPORT IS CONFIDENTIAL.** It may be seen only by persons sworn to uphold the confidentiality of U.S. Census Bureau information and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

INSTRUCTIONS:

- Refer to the accompanying Instruction Guide for help in answering specific questions.
- More information is available at econhelp.census.gov/cfs

Item A VERIFICATION OF SHIPPING ADDRESS

Is the address listed above the location from which this establishment's shipments originate?

- ☐ Yes, the address listed above is correct. (Proceed to Item B.)
- ☐ No, the address is incorrect. (Make changes directly to the address label above.)

Item B VERIFICATION OF MAILING ADDRESS

1. What address should the remaining quarterly 2012 CFS questionnaires be mailed to?

- ☐ Mail the 2012 CFS questionnaire to this establishment's shipping address. (Proceed to Item C.)
- ☐ Mail the 2012 CFS questionnaire to the address entered below.

2. Enter your mailing address.

Company Name 1

Company Name 2

Address

City

State

ZIP Code



Item C OPERATING STATUS

Which of the following best describes this establishment's operating status during the week of

- ☐ In operation
- ☐ Temporarily or seasonally inactive
- ☐ Ceased operation - *Enter date ceased operation*

Example: (04-09-1978)

$$\begin{bmatrix} a & b \\ c & d \end{bmatrix} \cdot \begin{bmatrix} e & f \\ g & h \end{bmatrix} = \begin{bmatrix} ae+bg & af+bd \\ ce+dg & cf+dh \end{bmatrix}$$

Item D TOTAL NUMBER OF OUTBOUND SHIPMENTS

For this survey, it is important to obtain information about a sample of the outbound shipments made from this establishment.

An outbound shipment in this survey is defined as a movement of commodities from your establishment to another **single** location.

- Remember to include only outbound shipments from your shipping address (address printed on the label).
- Also include customer pick-ups, parcels, and all other outbound shipments.

1. What was the total number of all outbound shipments for this establishment the week of

Total number of outbound shipments

?

, ,

Estimates are acceptable.

For further information, refer to the Instruction Guide, page 2.

2. Did you enter 40 or fewer shipments above?

- ☐ Yes (Skip Item E and report all outbound shipments in Item F, pages 4-7.)
- ☐ No (Proceed to Item E, on page 3.)



Item E SAMPLING INSTRUCTIONS

In order to avoid asking you for information regarding all of your shipments, we will only ask about a sample of them. This section will help you **identify your sample of shipments** that should be reported in Item F.

Using the table below, mark the row that includes the total number of outbound shipments reported in Item D, and the corresponding "report every" number.

Number of outbound shipments reported in Line 1	Report every...	Mark (X) one
1-40	Report every outbound shipment	
41-80	Report every 2nd outbound shipment	
81-100	Report every 3rd outbound shipment	
101-200	Report every 5th outbound shipment	
201-400	Report every 10th outbound shipment	
401-800	Report every 20th outbound shipment	
801-1600	Report every 40th outbound shipment	
1601-3200	Report every 80th outbound shipment	
3201-6400	Report every 160th outbound shipment	
6401-12800	Report every 320th outbound shipment	
More than 12800	Call Census at 1-800-772-7851, option "3", or go to econhelp.census.gov/cfs	

Example:

If an establishment reported 253 shipments in Item D, it would correspond to the range of 201-400 in the table above, and every 10th outbound shipment record would be selected. This means the establishment would count 10 shipment records, select that record, and report it in Item F. Continuing with the next shipment record, the establishment would count 10 shipment records again, select that record, and report it in Item F. The establishment would repeat this until it had gone through the full set of shipment records for the week named in Item D.

For further information, refer to the Instruction Guide, page 3, or visit the business help site at econhelp.census.gov/cfs/surveytools to view an instructional video on how to sample.



Item F SHIPMENT CHARACTERISTICS

NOTE: Each line runs across pages 4 and 5. After entering column (I) data on page 4 for any line, continue with column (J) on page 5 for the same line.

Line No. (A)	Your Shipment ID Number (B)	Shipment Date (C)		Shipment value (excluding shipping costs) in whole dollars. Estimates acceptable. (D)	Net Shipment Weight in pounds (E)	SCTG commodity code from accompanying booklet (F)	Commodity Description (G)	Temperature controlled? (Y/N)* (H)	If a hazardous material, enter the "UN" or "NA" number (I)	Continue with column (J) on page 5
		Month	Day							
0	123-5	4	26	224,235	4,840	34520	Mechanical machinery	Y		→
00	402H	4	26	1,375	50,125	20222	Sulfuric acid	N	1830	→
1										→
2										→
3										→
4										→
5										→
6										→
7										→
8										→
9										→
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12										→
13										→
14										→
15										→
16										→
17										→
18										→
19										→
20										→

*Temperature controlled (column H) - includes shipments in refrigerated, heated, or insulated containers and vehicles.



Item F SHIPMENT CHARACTERISTICS - Continued

NOTE: Each line runs across pages 6 and 7. After entering column (I) data on page 6 for any line, continue with column (J) on page 7 for the same line.

Line No.	Your Shipment ID Number	Shipment Date (C)		Shipment value (excluding shipping costs) in whole dollars. Estimates acceptable.	Net Shipment Weight in pounds	SCTG Commodity Code from accompanying booklet	Commodity Description	Temperature controlled? (Y/N)*	If a hazardous material, enter the "UN" or "NA" number	Continue with column (J) on page 7
(A)	(B)	Month	Day	(D)	(E)	(F)	(G)	(H)	(I)	
21										→
22										→
23										→
24										→
25										→
26										→
27										→
28										→
29										→
30										→
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32										→
33										→
34										→
35										→
36										→
37										→
38										→
39										→
40										→

*Temperature controlled (column H) - includes shipments in refrigerated, heated, or insulated containers and vehicles.



Item G RUSH DELIVERIES

For this survey, rush deliveries require the purchase of a faster level of service by the shipper or buyer (e.g., same day/overnight or 2-3 business days). It also includes faster service provided by hired carriers, as part of an arrangement. Excluded, are shipments that would arrive in the same amount of time without the purchase of a faster level of service, and shipments delivered by company operated vehicles.

1. Considering the shipments reported in Item F, did you use rush delivery service?☐

Yes

☐

No (Proceed to Item H.)

2. How many shipments, reported in Item F, required the use of the following rush delivery services?

Same day/Overnight.

2-3 business days

More than 3 business days

Item H MONTHLY VALUE OF OUTBOUND SHIPMENTS

Which of the following represents your best estimate of the total value of all outbound shipments originating from this establishment for the most recently completed month?

☐

Less than \$1 Million

☐

\$40 Million or more but less than \$100 Million

☐

\$1 Million or more but less than \$10 Million

☐

\$100 Million or more but less than \$400 Million

☐

\$10 Million or more but less than \$40 Million

☐

\$400 Million or more

Contact Provide the information below for the contact person regarding this report.

Name - Please print

Title - Please print

Signature

Area code

Phone Number

Extension

Area code

Fax Number

Remarks Use this space to clarify your responses, if appropriate.

Please return this survey in the enclosed envelope or send it to:
 U.S. CENSUS BUREAU
 1201 East 10th Street
 Jeffersonville IN 47132-0001

THANK YOU FOR COMPLETING THIS REPORT.

