

TRANSPORTATION MANAGEMENT EVALUATION

NAME OF CONTRACTOR	ADDRESS OF CONTRACTOR
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NAME OF TRAFFIC MANAGER	NAME OF TRAFFIC MANAGER ASSISTANT(S)	AREA CODE AND TELEPHONE NUMBER
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ITEM	RATING
1. SUBCONTRACTING	
A. PURCHASE ORDERS REVIEWED	
B. CBL(S)	
C. MRT APPLICATION	
2. CONTRACTS	
A. NUMBER ACTIVE	
B. TERMINOLOGY	
C. AVAILABILITY	
3. TRAFFIC MANAGEMENT	
A. STRUCTURE	
B. STAFFING	
C. TARIFFS	
D. MODE AND CARRIER SELECTION	
4. GBL(S)	
A. CONTROL	
B. PREPARATION	
C. DISTRIBUTION	
5. SHIPMENTS	
A. PACKING/TRANSPORTABILITY	
B. CONSOLIDATION	
C. CLASSIFICATION	
D. SECURITY	
E. EXPORT/IMPORT	
F. MATERIALS-HANDLING	
G. LOADING, BLOCKING, BRACING	
H. LOSS AND DAMAGE	
1. EXPEDITING AND TRACING	
J. DIVERSION/RECONSIGNMENT	
6. MISCELLANEOUS	

REMARKS *(Identify by item number and use reverse side, if necessary)*

SIGNATURE OF PREPARING OFFICIAL	DATE
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CONTRACTOR <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	SIGNATURE OF MTMTS REVIEWING OFFICIAL	DATE
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