

OJS QUESTIONNAIRE **TEAMSTERS** LOCAL 804



Document your OJS or one-day ride so you have the records you need if the company tries to harass or discipline you for production.

Load Quality	Yes	No	Misloads & Off-Routes	Yes	No
Were any supervisors in your truck before your start time?	<input type="checkbox"/>	<input type="checkbox"/>	Did you have off-routes?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have your regular pre-loader?	<input type="checkbox"/>	<input type="checkbox"/>	Did supervisor call someone to pick them up?	<input type="checkbox"/>	<input type="checkbox"/>
Was your load manicured?	<input type="checkbox"/>	<input type="checkbox"/>	Were you allowed to deliver your off-routes?	<input type="checkbox"/>	<input type="checkbox"/>
			Were any misloads/off-routes dropped off to you?	<input type="checkbox"/>	<input type="checkbox"/>
AM Routine			Supervisor's Instructions		
Did you verify your air?	<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any instructions that violated any state or federal laws?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pre-trip the vehicle?	<input type="checkbox"/>	<input type="checkbox"/>	Did supervisor tell you to do anything that violates UPS policies, procedures or DIAD training?	<input type="checkbox"/>	<input type="checkbox"/>
Was anything done to expedite AM procedure?	<input type="checkbox"/>	<input type="checkbox"/>	Were you given unsafe instructions?	<input type="checkbox"/>	<input type="checkbox"/>
Were cars moved next to you or in front of you?	<input type="checkbox"/>	<input type="checkbox"/>	Were you asked to help with over 70lb packages?	<input type="checkbox"/>	<input type="checkbox"/>
Was traffic guided for your or other vehicles?	<input type="checkbox"/>	<input type="checkbox"/>	Were you instructed to use CIR without making customer contact?	<input type="checkbox"/>	<input type="checkbox"/>
Was your vehicle moved to an easier position to get out?	<input type="checkbox"/>	<input type="checkbox"/>	Were you told to overload the hand truck?	<input type="checkbox"/>	<input type="checkbox"/>
			Were you not allowed to use a hand truck when needed?	<input type="checkbox"/>	<input type="checkbox"/>
Normal Work & Delivery Area			Were you told to walk on lawns or other non-walkways?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have your NDA's?	<input type="checkbox"/>	<input type="checkbox"/>	C.O.D. & Driver Release		
Did you have any commercial work missing, or added?	<input type="checkbox"/>	<input type="checkbox"/>	With a C.O.D., did supervisor tell you to leave the package and return later for the check?	<input type="checkbox"/>	<input type="checkbox"/>
Were any schools or regular drop stops missing?	<input type="checkbox"/>	<input type="checkbox"/>	Were you allowed to follow proper driver-release methods?	<input type="checkbox"/>	<input type="checkbox"/>
Was volume lighter for schools due to vacation or summer break?	<input type="checkbox"/>	<input type="checkbox"/>	Did you use release bags when necessary?	<input type="checkbox"/>	<input type="checkbox"/>
Was delivery area more condensed?	<input type="checkbox"/>	<input type="checkbox"/>	Did you leave an info notice when releasing out of sight?	<input type="checkbox"/>	<input type="checkbox"/>
Were any of your P/U's removed or swept?	<input type="checkbox"/>	<input type="checkbox"/>			
Did you have OCA's?	<input type="checkbox"/>	<input type="checkbox"/>			
Were any OCA's diverted to another driver?	<input type="checkbox"/>	<input type="checkbox"/>			
Did you do pick-ups on schedule?	<input type="checkbox"/>	<input type="checkbox"/>			
Routine & Breaks					
Were you able to take normal bathroom breaks without issue or being told to code off as a break?	<input type="checkbox"/>	<input type="checkbox"/>			
Were you able to go to the store for water without coding it as a break?	<input type="checkbox"/>	<input type="checkbox"/>			
Were you allowed a full hour for meal?	<input type="checkbox"/>	<input type="checkbox"/>			
Did supervisor instruct you when to take lunch?	<input type="checkbox"/>	<input type="checkbox"/>			

continued on reverse

Supervisor Interference

	Yes	No
Did the supervisor hold traffic when you crossed streets?	<input type="checkbox"/>	<input type="checkbox"/>
Did the supervisor hold doors for you?	<input type="checkbox"/>	<input type="checkbox"/>
Did they push elevator buttons?	<input type="checkbox"/>	<input type="checkbox"/>
Did they open or close the cab door?	<input type="checkbox"/>	<input type="checkbox"/>
Did they open or close gates to houses?	<input type="checkbox"/>	<input type="checkbox"/>
Did they allow you to work as you normally do?	<input type="checkbox"/>	<input type="checkbox"/>
Were you allowed to follow Orion?	<input type="checkbox"/>	<input type="checkbox"/>
Were you allowed to use elevators?	<input type="checkbox"/>	<input type="checkbox"/>
Did they point out packages in the cargo area?	<input type="checkbox"/>	<input type="checkbox"/>
Did they tell you the next stop?	<input type="checkbox"/>	<input type="checkbox"/>
Did they tell you how many pieces there were for a stop?	<input type="checkbox"/>	<input type="checkbox"/>
Did they tell you what route to take to deliveries?	<input type="checkbox"/>	<input type="checkbox"/>
Did they tell you the shelf number or location of packages?	<input type="checkbox"/>	<input type="checkbox"/>
Did supervisor carry packages or assist you in any way when making deliveries?	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
Did supervisor walk ahead of you at stops?	<input type="checkbox"/>	<input type="checkbox"/>
At any time did supervisor remain in vehicle while you made deliveries?	<input type="checkbox"/>	<input type="checkbox"/>
Did they greet customers at deliveries?	<input type="checkbox"/>	<input type="checkbox"/>
Did supervisor walk behind you or kick your heels as you were walking?	<input type="checkbox"/>	<input type="checkbox"/>

PM Routine

Did you fuel up?	<input type="checkbox"/>	<input type="checkbox"/>
Did you do post trip?	<input type="checkbox"/>	<input type="checkbox"/>
Did you follow normal PM routine?	<input type="checkbox"/>	<input type="checkbox"/>

General

During the OJS, at any time, did you feel intimidated, harassed or coerced?	<input type="checkbox"/>	<input type="checkbox"/>
Did supervisor act professionally?	<input type="checkbox"/>	<input type="checkbox"/>
Were you rushed?	<input type="checkbox"/>	<input type="checkbox"/>
Were you overly supervised?	<input type="checkbox"/>	<input type="checkbox"/>
Was the ride fair?	<input type="checkbox"/>	<input type="checkbox"/>

Notes:

TEAMSTERS LOCAL 804

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