



COMMERCIAL VEHICLE ROUTE PLAN WORKSHOP QUESTIONNAIRE

A. Company Information

- Company Name: _____
 - Address: _____
 - Telephone Number: _____
 - Contact Person: _____
 - Number of Employees
 - Less than 50
 - 50 to 500
 - More than 500
 - Industry/Service Description
 - Truck Transportation and Support Activities
 - Transportation Equipment Manufacturing
 - Primary Metal Manufacturing
 - Fabricated Metal Product Manufacturing
 - Other – Please, indicate: _____
 - Number of Trucks Used for Daily Activities
 - Less than 10
 - 10 to 50
 - More than 50
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B. Truck Route Information

- What are the predominant routes used by trucks serving your industry/service? **Please indicate the name of the roadways and identify the truck route on the map provided.**
 - Local Roads _____
 - Regional Roads _____

Provincial Roads _____

- What are the main road network constraints/deficiencies affecting your business? Please, indicate the location.

Access to Provincial Highways: _____

Roadway Conditions

- Lane Width _____
- Pavement Condition _____
- Grades _____

Load Limit Constraints: _____

Obstruction Clearance: _____

C. Preference for Truck Route Management

- | | | |
|--|--------------------------|--------------------------|
| • Restrictive Management | Yes | No |
| - Time/seasonal restrictions | <input type="checkbox"/> | <input type="checkbox"/> |
| - No entry access | <input type="checkbox"/> | <input type="checkbox"/> |
| - Local truck restrictions | <input type="checkbox"/> | <input type="checkbox"/> |
| • Permissive/Operational Management | Yes | No |
| - Permits truck movement on all arterial roads | <input type="checkbox"/> | <input type="checkbox"/> |
| - Residential impact areas may have time restriction | <input type="checkbox"/> | <input type="checkbox"/> |

D. Other Information

- Has your company had any comments filed by the public regarding truck operations?

Yes No

If yes, please provide

