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## ANNEX 4: DATA COLLECTION FORM

**THIS ANNEX MUST BE USED TO SURVEY PORT AND TRANSPORT SUBJECTS/ORGANIZATIONS AND THEIR SPECIFIC NEEDS IN THE AREAS OF INNOVATION FOR GROWTH, FOR SAFETY, FOR THE ENVIRONMENT.**

### SECTION 1: GENERAL INFORMATION

**Name of the organization:**

**Address (street, city, country):**

**Website:**

**Reference person:**

**Name and surname:**

**Email:**

**Telephone:**

**REFERENCE SECTOR:**  Ports  Road haulage  Other

**TYPE OF SUBJECT** (Multiple options are selectable):

Trucking company (haulers)  Professional association of haulers

Professional association of port workers  Port workers' company

Container Terminal Operator  Port authority

Other

**COMPANY SIZE** (Number of employees):

**PROFESSIONAL DRIVER / OPERATORS IN THE COMPANY / ORGANIZATION, please indicate the number for each relevant category:**

truck drivers   quay cranes   yard cranes   port tractor drivers

reach stacker operators   straddle carrier drivers   Other

**SECTION 2: TRAINING**

**DOES THE COMPANY PROVIDE TRAINING FOR ITS STAFF?**

Yes  No

*If yes, please indicate the characteristics of the courses:*

**Is this company legally obliged to provide training for its employees?** *(If yes, please indicate the national or international legal reference)*

Yes  No

**Do employees also do non-compulsory training?** *(Only if you answered yes to the previous question)*

Yes  No

**To which operators is the training addressed?**

truck drivers  yard cranners  
 quay cranners  straddle carrier drivers  
 port tractor drivers  other

**How many hours of training are provided each year to each operator?** *Complete for the relevant figures*

truck drivers  yard cranners  
 quay cranners  straddle carrier drivers  
 port tractor drivers  other

**Who provides training for the employees?**

External training providers  Internal training staff

**Does the training take place at the company's premises?**

Yes  No

**Does employee training include hours to perform on a simulator?**

Yes  No  
*(Please detail type of course, type of simulator, number of hours of use, etc.)*

**The provided training is aimed at:**

Improving safety at work  Improving operators' performance  
 Mandatory refreshing training  Other

**SECTION 3: IMPROVEMENTS AND IMPLEMENTATION**

**IN YOUR BUSINESS, WHICH OF THE FOLLOWING AREAS YOU WOULD YOU LIKE TO IMPLEMENT AND IMPROVE THROUGH ADVANCED TRAINING? *Indicate for each heading the most suitable value ranging from 1 (extremely) to 5 (not at all):***

	1	2	3	4	5
<b>SAFETY IMPROVEMENTS:</b>					
Improving system performance in terms of safety (e.g., improving the human-machine interface, reducing fatigue, reducing the likelihood of accidents, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>ENVIRONMENTAL IMPROVEMENTS:</b>					
Reducing the environmental impact of transport activities (e.g., eco-driving)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>PRODUCTIVITY IMPROVEMENTS:</b>					
Improving the operator's performance in carrying out tasks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\* 1: EXTREMELY; 2: VERY; 3: MODERATELY; 4: SLIGHTLY; 5: NOT AT ALL

**SECTION 4: PROJECTS**

**Have this organization ever been involved in other projects related to advanced training activities with or without the use of driving simulators?**  Yes  No

*If YES, please provide information regarding the most relevant project(s):*

**PROJECT 1**

<b>PROJECT NAME</b>	<input type="text"/>		
<b>PROJECT FUNDED BY</b>	<input type="text"/>		
<b>ROLE IN THE PROJECT</b>	<input type="checkbox"/> Lead beneficiary	<input type="checkbox"/> Partner	<input type="checkbox"/> Associate Partner
<b>IMPLEMENTATION PERIOD</b>	From <input type="text"/>	to <input type="text"/>	
<b>WEBSITE</b>	<input type="text"/>		

**PROJECT 2**

<b>PROJECT NAME</b>	<input type="text"/>		
<b>PROJECT FUNDED BY</b>	<input type="text"/>		
<b>ROLE IN THE PROJECT</b>	<input type="checkbox"/> Lead beneficiary	<input type="checkbox"/> Partner	<input type="checkbox"/> Associate Partner
<b>IMPLEMENTATION PERIOD</b>	From <input type="text"/>	to <input type="text"/>	

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**WEBSITE**

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**PROJECT 3**

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**PROJECT NAME**

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**PROJECT FUNDED BY**

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**ROLE IN THE PROJECT**

**Lead beneficiary**     **Partner**     **Associate Partner**

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**IMPLEMENTATION PERIOD**

**From**  **to**

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**WEBSITE**