

# UPDS TRANSLOAD FACILITY PROFILE

**PRODUCT**                                     Lumber                                     Food-Ref                                     Ferrous Metals  
**CATEGORY(IES)**                             Bulk-Dry                                     Paper                                     Food-Other  
**HANDLED:**                                     Non-ferrous Metals                                     Bulk-Liquid                                     Other

**SECTION A: COMPANY INFORMATION:**

Company Name: \_\_\_\_\_  
 Physical Facility Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Facility Mailing Address: \_\_\_\_\_  
 Facility Contact: Name \_\_\_\_\_ Phone \_\_\_\_\_ FAX \_\_\_\_\_  
 Hours/Days of Operation: \_\_\_\_\_  
 .....  
 Corporate Address: \_\_\_\_\_  
 Corporate Contact: Name \_\_\_\_\_ Phone \_\_\_\_\_ FAX \_\_\_\_\_  
 Website Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**SECTION B: RAIL INFORMATION**

Rail Station and Track # \_\_\_\_\_ Serving Carrier: \_\_\_\_\_ Days Switched \_\_\_\_\_  
 Open to Reciprocal Switching: Yes      No      If yes, which carriers: \_\_\_\_\_  
 Total Track Capacity in feet or car spots: \_\_\_\_\_ Number of tracks: \_\_\_\_\_  
 Is track leased from UPRR?: \_\_\_\_\_ If so, how many feet: \_\_\_\_\_ UP Lease # \_\_\_\_\_  
 Which days of the week are you switched? \_\_\_\_\_ Number of switches per day? \_\_\_\_\_  
 Maximum number of cars that can be unloaded per day? \_\_\_\_\_  
 Do you lease property from UPRR? \_\_\_\_\_ If yes, how much area: \_\_\_\_\_ Lease # \_\_\_\_\_  
 Number of Buildings:     Leased                     Owned

***Please indicate in the spaces provided the railroad car types that can be loaded and unloaded at your facility: Use "L" for loading and "U" for unloading and "UL" for both:***

Boxcar     Flatcar     Centerbeam Flat     Open gondola  
 Covered gon     Covered hopper     Open-top hopper     Tankcar     Other  
 In the year 200\_\_, this facility loaded \_\_\_\_ rail cars and unloaded \_\_\_\_ rail cars.

**SECTION C: FACILITY & STORAGE INFORMATION:**

**A. Inside Storage:**

Building Description/	Area in ft.	Ceiling Height	Construction Type:	#Truck Doors	#Rail Doors	Rail Dock?	Inside Rail Spots
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

**B. Outside Storage**

Area (acres or feet): \_\_\_\_\_ Percent paved? \_\_\_\_\_

**C. Bulk Storage (number & size/capacity):**

Silo \_\_\_\_\_ Tank: \_\_\_\_\_ Bins \_\_\_\_\_ Other \_\_\_\_\_

**D. Security:**     Alarmed     Patrolled     Lighted     Fenced     Cameras

**E. Other:**     Food grade     Pest control     Kosher grade     Climate control  
                    water access     hazmat control

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## SECTION D: PRODUCTS HANDLED OR CAN BE HANDLED WITH EQUIPMENT ON-HAND

**Lumber/Panel Products:**

- \_\_\_ Studs
- \_\_\_ Dimensional
- \_\_\_ Plywood/OSB/Particleboard
- \_\_\_ Timbers/logs
- \_\_\_ Wallboard
- \_\_\_ Hardwood
- \_\_\_ shakes
- \_\_\_ fencing

**Paper Products**

- \_\_\_ Newsprint
- \_\_\_ Printing
- \_\_\_ Box/Linerboard
- \_\_\_ Wrapping
- \_\_\_ Scrap
- \_\_\_ Woodpulp

**Food Products (non-bulk)**

- \_\_\_ Canned
- \_\_\_ Frozen
- \_\_\_ Refrigerated
- \_\_\_ Dry, bagged/pkged
- \_\_\_ Bottled
- \_\_\_ Totes/gaylords/bins
- \_\_\_ alcoholic beverages
- \_\_\_ Other liquids

**Ferrous Metals**

- \_\_\_ coils
- \_\_\_ coils on pallets
- \_\_\_ coiled rod
- \_\_\_ bars/rod
- \_\_\_ rebar
- \_\_\_ structural
- \_\_\_ plate
- \_\_\_ billets/ingots
- \_\_\_ pipe
- \_\_\_ tubing
- \_\_\_ grinding media
- \_\_\_ stakes
  
- \_\_\_ poles

**Non-Ferrous Metals**

- \_\_\_ coils on pallets
- \_\_\_ coiled wire
- \_\_\_ ingots
- \_\_\_ logs/billets
- \_\_\_ cut sheet/plate
- \_\_\_ anodes
- \_\_\_ cathodes

**Other Merchandise**

- \_\_\_ appliances
- \_\_\_ furniture
- \_\_\_ plumbing fixtures
- \_\_\_ insulation
- \_\_\_ shingles/roofing materials
- \_\_\_ construction/building materials
- \_\_\_ cigarettes
- \_\_\_ consumer goods
- \_\_\_ electronics
- \_\_\_ cosmetics
- \_\_\_ detergents
- \_\_\_ solvents/cleaners
- \_\_\_ auto parts
- \_\_\_ machinery/equipment

**Bulk: Food Products**

- \_\_\_ Flour
- \_\_\_ Feed ingredients
- \_\_\_ Starches
- \_\_\_ Sugar (dry)
- \_\_\_ Sugar/sweeteners (liq)
- \_\_\_ Corn syrup/syrups (liq)
- \_\_\_ Food Ingredients (dry)
- \_\_\_ Food ingredients (liquid)
- \_\_\_ Vegetable oils
- \_\_\_ Animal by-products (dry)
- \_\_\_ Animal by-products (liq)
- \_\_\_ Alcoholic beverages
- \_\_\_ Other \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Bulk: Minerals & Ores**

- \_\_\_ Industrial Sand
- \_\_\_ Silicates
- \_\_\_ Concentrates (dry)
- \_\_\_ Lime
- \_\_\_ Limestone
- \_\_\_ Clays
- \_\_\_ Alum ina
- \_\_\_ Ores
- \_\_\_ Roofing granules
- \_\_\_ Perlites
- \_\_\_ Barites
- \_\_\_ Aggregates
- \_\_\_ Other: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Bulk: Chemicals**

- \_\_\_ Soda ash
- \_\_\_ Fertilizers
- \_\_\_ Acids
- \_\_\_ Sulfur (dry)
- \_\_\_ Sulfur (liq)
- \_\_\_ Cleaning compounds
- \_\_\_ Plastics (dry)
- \_\_\_ Plastics (liq)
- \_\_\_ Caustic sodas
- \_\_\_ Ammonium nitrate
- \_\_\_ Flammables
- \_\_\_ Combustibles
- \_\_\_ Petroleum products
- \_\_\_ Alcohols
- \_\_\_ Latexes
- \_\_\_ Herbicides
- \_\_\_ Other \_\_\_\_\_



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### SECTION G: TRUCKING INFORMATION

1. Do you operate your own trucks ? \_\_\_\_ If yes please indicate number of owned and/or leased equipment in the appropriate spaces below:

#Vans	#Reefers	#Flatbeds	#Tankers	#Bulk hopper- gravity discharge	#Bulk Pneumatic	#Self- loader	#Other

In what states do you have operating authority? \_\_\_\_\_

2. Are you affiliated with a particular trucking company? If yes, give name(s) and corporate location \_\_\_\_\_

3. Do you have a truck brokers license or are you affiliated with a truck brokerage? \_\_\_\_ If yes, provide name \_\_\_\_\_

4. Where is the nearest truck scale to your facility: \_\_\_\_\_

5. Where is the nearest truck wash to your facility: \_\_\_\_\_

### SECTION H: INSURANCE LEVELS

General Liability (Total and per occurrence) \_\_\_\_\_

Auto Liability: \_\_\_\_\_

Workers Compensation \_\_\_\_\_

Completed By (name) \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

FOR UPDS USE ONLY:

Date Received:

Date Entered Into System: \_\_\_\_\_ By: \_\_\_\_\_