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LABOR RELATIONS

Per _____



January 15, 2019

Mr. Brian J. Wagner
President
National Association of Postal Supervisors
1727 King Street, Suite 400
Alexandria, VA 22314-2753

Dear Brian:

As a matter of general interest, the Postal Service is considering replacing the current Mobile Device Devices (MDDs) with new handheld scanning devices.

In order to evaluate the proposed replacement devices, we will conduct a test in cold weather to evaluate use of the touch screen and the impact cold weather has on battery consumption.

This field evaluation is tentatively scheduled to begin February 4, and run for approximately one month at the following sites:

AREA	District Name	DELIVERY ZIP CODE	NAME	CITY	STATE
GREAT LAKES	LAKELAND	53029	HARTLAND	HARTLAND	WI
GREAT LAKES	LAKELAND	53045	BROOKFIELD	BROOKFIELD	WI
GREAT LAKES	LAKELAND	53051	MENOMONEE FALLS	MENOMONEE FALLS	WI
GREAT LAKES	LAKELAND	53092	THIENSVILLE	THIENSVILLE	WI
WESTERN	NORTHLAND	54016	HUDSON	HUDSON	WI
WESTERN	NORTHLAND	55343	HOPKINS	HOPKINS	MN
WESTERN	NORTHLAND	55746	HIBBING	HIBBING	MN
WESTERN	DAKOTAS	56701	THIEF RIVER FALLS	THIEF RIVER FALLS	MN
WESTERN	DAKOTAS	57004	BERESFORD	BERESFORD	SD
WESTERN	DAKOTAS	58201	GRAND FORKS	GRAND FORKS	ND

The evaluation will include obtaining feedback from letter carriers using these devices. Participating carriers will complete a questionnaire at the conclusion of each workday, and a separate questionnaire at the conclusion of the evaluation period. This feedback will be considered during the evaluation and selection of the next generation MDD.

Enclosed are the copies of the final draft questionnaires.

Please contact Bruce Nicholson at extension 7773 if you have any questions concerning this matter.

Sincerely,

for Alan S. Moore
Manager
Labor Relations Policies and Programs

Enclosures

**MDD-TR Cold Weather Evaluation
Participant Questionnaire**

(This section will be filled out once at the beginning.)

Participant: _____ Office: _____

Group: _____ Route Number: _____

Right or Left Handed _____

Gender: _____

Height: _____

Age – Circle one:

- Under 20 years
- 20-29 years
- 30-39 years
- 40-49 years
- 50-59 years
- Over 60 years
- Prefer not to disclose age

1. How long have you worked in your current position?

- 1 – less than one year
- 2 – 1 to 5 years
- 3 – 6 to 10 years
- 4 - 11 to 15 years
- 5 - greater than 15 years

2. Please specify which type of route you deliver

- 1 – Park and Loop
- 2 – Mounted
- 3 – Walking route
- 4 – Mixed route
- 5 – Other (please specify)

3. On average, approximately how many scans do you perform daily?

MDD-TR Cold Weather Evaluation Participant Questionnaire

Battery Life and Weather Conditions (This section will be filled out daily.)

Week of: _____

Scanner Name: _____

Participant: _____

Office: _____

Group: _____




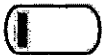

Route Number: _____

Daily Recording: Record the weather conditions and battery charge level daily at the start and at the end of the shift. Insert the time of day into the table according to the device charge setting. Please make multiple copies, one for each week.

Record Temperature and Weather Condition at Start and End of Day

	Mon		Tue		Wed		Thu		Fri		Sat		Sun	
Weather	Start	End	Start	End	Start	End	Start	End	Start	End	Start	End	Start	End
Temperature														
Condition														

Enter Start and End Time Next to Appropriate Battery Level

	Mon		Tue		Wed		Thu		Fri		Sat		Sun	
Battery Charge	Start	End	Start	End	Start	End	Start	End	Start	End	Start	End	Start	End
														
														
														
														
														

1. Did any battery duration issues occur? Please describe any problems.

2. Did any touchscreen issues occur? Please describe any problems.

**MDD-TR Cold Weather Evaluation
Participant Questionnaire**

Device Operation

(This section will be filled out once at the conclusion of the evaluation.)

Display Visibility

1. How well were you able to read the information on the screen during indoor use?

- 1 – Very easy
- 2 – Easy
- 3 – Neutral
- 4 – Difficult
- 5 – Very difficult

2. How well were you able to read the information on the screen during outdoor use?

- 1 – Very easy
- 2 – Easy
- 3 – Neutral
- 4 – Difficult
- 5 – Very difficult

3. Does direct sunlight on the screen affect your view?

- 1 – Yes
- 2 – No

4. Please rate the clarity and legibility of the icons on the screen.

- 1 – Excellent
- 2 – Good
- 3 – Neutral
- 4 – Poor
- 5 – Very poor

5. Please rate the legibility of the key labels on the touchscreen keypad.

- 1 – Excellent
- 2 – Good
- 3 – Neutral
- 4 – Poor
- 5 – Very poor

Touchscreen Operation

6. Please rate your comfort level using the touchscreen keypad.
- 1 – Extremely comfortable
 - 2 – Somewhat comfortable
 - 3 – Neutral
 - 4 – Somewhat uncomfortable
 - 5 – Extremely uncomfortable
7. Please rate the ease of operating the touch screen.
- 1 – Very easy
 - 2 – Easy
 - 3 – Neutral
 - 4 – Difficult
 - 5 – Very difficult
8. Please rate the accuracy of key entry using the touchscreen when sending a text message to your supervisor / entering route / vehicle ID without gloves.
- 1 – Excellent
 - 2 – Good
 - 3 – Neutral
 - 4 – Poor
 - 5 – Very poor
9. Please rate the accuracy of key entry using the touchscreen when sending a text message to your supervisor / entering route / vehicle ID with gloves.
- 1 – Excellent
 - 2 – Good
 - 3 – Neutral
 - 4 – Poor
 - 5 – Very poor
10. Please rate the accuracy of manual barcode entry without gloves.
- 1 – Excellent
 - 2 – Good
 - 3 – Neutral
 - 4 – Poor
 - 5 – Very poor
11. Please rate the accuracy of manual barcode entry with gloves.
- 1 – Excellent
 - 2 – Good
 - 3 – Neutral
 - 4 – Poor
 - 5 – Very poor
-

12. What difficulties did you encounter when using the touchscreen?

13. Was there a difference in performance or accuracy of the keypad in the rain or snow?

14. Was there a difference in the performance of the keypad between indoor >65 degrees and outdoors <35 degrees?

15. Did you wear the gloves provided? If yes, did they help or hinder accuracy and performance?

16. Do you prefer the touchscreen keypad over the MDD button keypad? Is the new touchscreen more efficient to use?

17. Do you have any additional comments on the display or touchscreen?

Ease of Handling the Scanner

18. Please rate the overall size and feel of the device.
- 1 – Excellent
 - 2 – Good
 - 3 – Neutral
 - 4 – Poor
 - 5 – Very poor
19. Please rate your ability to comfortably hold and use the scanner with **one hand** while performing:
- a) Data entry:
- 1 – Very easy
 - 2 – Easy
 - 3 – Neutral
 - 4 – Difficult
 - 5 – Very difficult
- b) Scanning:
- 1 – Very easy
 - 2 – Easy
 - 3 – Neutral
 - 4 – Difficult
 - 5 – Very difficult
20. Please rate the ease of signature capture.
- 1 – Very easy
 - 2 – Easy
 - 3 – Neutral
 - 4 – Difficult
 - 5 – Very difficult
21. Please rate the value of the hand strap in terms of assistance in holding the scanner during use.
- 1 – Very useful
 - 2 – Useful
 - 3 – Neutral
 - 4 – Little usefulness
 - 5 – Not at all useful
 - 0 – Not Applicable
22. How did you find the comfort of the hand strap?
- 1 – Very comfortable
 - 2 – Comfortable
 - 3 – Neutral
 - 4 – Uncomfortable
 - 5 – Very uncomfortable
 - 0 – Not Applicable

Scanning

23. Please rate the ease of reaching the Scan key(s) on the device.
- 1 - Excellent
 - 2 - Good
 - 3 - Neutral
 - 4 - Poor
 - 5 - Very poor
24. Please rate the speed at which the scanner read the tracking codes.
- 1 - Excellent
 - 2 - Good
 - 3 - Neutral
 - 4 - Poor
 - 5 - Very poor
25. Please rate the visibility of the scan lines against the mail pieces, considering all light conditions.
- 1 - Excellent
 - 2 - Good
 - 3 - Neutral
 - 4 - Poor
 - 5 - Very poor
26. At any point did the new device crash? If yes, when or how?
27. When scanning packages, was the scanner accurate in reading the barcode intended?

Keypad

28. Please rate the layout of the alpha, numeric, and function keys on the keypad.
- 1 – Excellent
 - 2 – Good
 - 3 – Neutral
 - 4 – Poor
 - 5 – Very poor
29. Please comment on the ease of using any mode selection keys, if necessary (i.e. <Shift>, colored keys, etc.)
30. Please comment on any aspects of the keypad layout that influenced your ratings in the previous two questions.
31. Did you find the combination of the key size and key spacing to be sufficient? If applicable, please consider winter climates and glove use when answering this question.
- 1 – Very easy
 - 2 – Easy
 - 3 – Neutral
 - 4 – Difficult
 - 5 – Very difficult

Scanner Components

32. Please rate how it feels to wear the holster.

- 1 – Very comfortable
- 2 – Comfortable
- 3 – Neutral
- 4 – Uncomfortable
- 5 – Very uncomfortable
- 0 – Not Applicable

33. Please rate the ease of placing the scanner into, and removing it from, the holster during delivery.

- 1 – Very easy
- 2 – Easy
- 3 – Neutral
- 4 – Difficult
- 5 – Very difficult
- 0 – Not Applicable

34. Please rate the ease of placing and removing the scanner from the charging station.

- 1 - Excellent
- 2 - Good
- 3 - Neutral
- 4 - Poor
- 5 - Very poor

35. Please rate the ease of using the stylus.

- 1 – Very comfortable
- 2 – Comfortable
- 3 – Neutral
- 4 – Uncomfortable
- 5 – Very uncomfortable
- 0 – Not Applicable

36. Was the storage space for the stylus conveniently located in a manner that was unobtrusive to scanner use?

- 1 – Very Unobtrusive
- 2 – Unobtrusive
- 3 – Neutral
- 4 – Obtrusive
- 5 – Very obtrusive
- 0 – Not Applicable

37. Do you have any other comments on handling the scanner or scanner components during delivery tasks?

The following will be turned in at the end of the evaluation.

Participant: _____

Office Name: _____

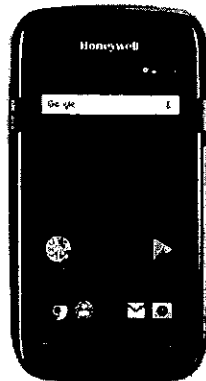
Group: _____

Route #: _____

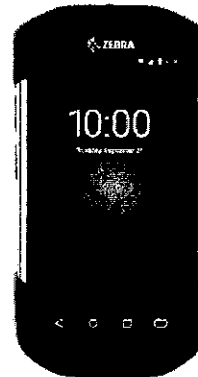
After using each device for the past four weeks, please rate the devices on a scale of 1 to 5 (according to guide below) in order of overall preference:

1 (Excellent), 2 (Good), 3 (Neutral), 4 (Poor), 5 (Very Poor)

Honeywell Dolphin CT60



Zebra TC77



Ranking	Device	Your Scoring (1-5)
1		
2		

Any final comments: