

Contact person: Help desk (contact centre) / Phone: 6259 300 / E-mail: klienditugi@stat.ee / Postal address: Vabaduse plats 2, 71020 Viljandi

Statistical activity code: 22029

Inland waterway transport

| Questionnaire code: 11512023 | Submitted in: 1st quarter – 25.04.2023; 2nd quarter – 25.07.2023; 3rd quarter – 25.10.2023; 4th quarter – 25.01.2024 |
|------------------------------|--|
| Period: | Periodicity: Quarterly |
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Statistics Estonia guarantees the full protection of data submitted.

| Economic unit Registry code: Name: | E-mail: Phone: |
|---|--|
| Postal address County: City / Rural municipality: Village / Town / City district: Secondary address unit: | Street: Building: Apartment: Postal code: |
| Economic activity in the sample | |
| Completed by Personal ID code: Firstname and surname: | E-mail: Phone: |
| Completed on (date): | Signature: |

1. CARRIAGE OF PASSENGERS BY INLAND WATERWAY TRANSPORT (transport for hire or reward with vessels designed to carry 12 or more passengers)

| | | Total (in regular and occasional service) | incl. in regular service | incl. in occasional service |
|--|---|---|--------------------------------|-----------------------------------|
| | | 1 | 2 | 3 |
| Total number of passengers, thousand passengers | 1 | sum of columns 2 and 3 of the same row | | |
| in international carriage, thousand | 2 | sum of columns 2 and 3 of the same row | | |
| Passenger turnover, thousand passenger- km | 3 | sum of columns 2 and 3 of the same row | | |
| in international carriage, thousand passenger-km | 4 | sum of columns 2 and 3 of the same row | | |

2. CARRIAGE OF GOODS BY INLAND WATERWAY TRANSPORT (carriage by vessels with deadweight cargo capacity of 50 tonnes or more)

| | | Indicator |
|--|---|-----------|
| | | 1 |
| Total freight, thousand tonnes | 1 | |
| in international carriage, thousand tonnes | 2 | |
| Total freight turnover, thousand tonne-km | 3 | |
| in international carriage, thousand tonne- | 4 | |
| km | | |

3. TIME SPENT ON FILLING OUT THE QUESTIONNAIRE (incl. for preparing the data, only for the 3rd quarter)

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Please estimate how much time you spent on filling out the questionnaire (incl. time spent on reading the instructions, collecting and preparing data). Record the total time spent by all employees.

| | Hours | Minutes |
|---|-------|---------|
| Time spent | | |
| Please indicate the hours and minutes separately. For example, if it | | |
| took 1.5 hours, i.e. 90 minutes, enter 1 and 30 in the respective fields. | | |

Y2. Overall assessment on the questionnaire

| | Answer |
|--|--|
| Please give an overall assessment on completing the questionnaire. | 10 - Very easy 20 - Easy 30 - Average (neither easy nor difficult) 40 - Difficult |
| | 50 - Very difficult |

Y3. Suggestions and comments

COMMENT