

QUARTERLY SURVEY OF PLANT CAPACITY UTILIZATION

Mail your completed form to:

U.S. CENSUS BUREAU
1201 East 10th Street
Jeffersonville, IN 47132-0001

In correspondence pertaining to this report refer to the ID number (ID) (11 digits)

Please read the accompanying instructions and definitions before completing the form.

Need help, a copy of the instructions, or have questions about filling out this form?

Visit our Web site at www.census.gov/econhelp/pcu

Please correct errors in name, address, and ZIP Code. ENTER street and number if not shown.

Your response to this survey is voluntary. By section 9 of Title 13, United States Code, **YOUR REPORT IS CONFIDENTIAL.** It may be seen only by persons sworn to uphold the confidentiality of Census Bureau information and may be used only for statistical purposes. The law also provides that copies retained in your files are immune from legal process.

Item 1 FACILITY INFORMATION

Mark "X" the box that best describes the status at the end of the quarter for the facility identified in the address box above.

- 101 In operation
- 102 Temporarily idle

106 Permanently ceased operations

→ Date closed? 107

Month	Year

104 Sold or leased to another company

→ Date sold or leased? 105

Month	Year

} SOLD OR LEASED TO →

Name		
Street		
City	State	ZIP Code

CONTINUE WITH Item 2 ON PAGE 2.

Item 2 VALUE OF PRODUCTION

A. Report market value of **actual production** for the quarter. **ACTUAL PRODUCTION**

	Mil.	Thou.
023		

B. Report the estimated value of production as if it had been operating at **full production capability** for the quarter. **FULL PRODUCTION CAPABILITY**

Assume:

- only machinery and equipment **in place and ready to operate.**
- normal downtime.
- labor, materials, utilities, etc. **ARE FULLY AVAILABLE.**
- the number of shifts, hours of operation and overtime pay that can be **sustained** under **normal** conditions and a **realistic** work schedule in the long run.
- the **same product mix** in the quarter.

	Mil.	Thou.
034		

C. Divide the **actual production** for the quarter by your **full production estimate** for the quarter (**Utilization Rate**). **RATE**

Is this a reasonable estimate of your sustainable capacity use for the quarter? Yes No – Review item 2A and 2B

Item 3 WORK PATTERNS

Report work patterns for **each shift of actual operations** in the quarter.

If the plant did not operate a second or third shift, do not complete the corresponding columns.

		Shift 1	Shift 2	Shift 3
A. Days per week in operation	916	917	918	
B. Plant hours per week in operation	926	927	928	
C. Weeks in operation in the quarter	936	937	938	
D. Total number of production workers.	946	947	948	

Remarks

Item 4 PERSON TO BE CONTACTED REGARDING THIS REPORT – Print name and telephone number.

Name	Telephone →	Area code ()	Number
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RETURN COMPLETED FORM TO

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