

QUARTERLY SURVEY OF PLANT CAPACITY UTILIZATION

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

Mail your completed form to:
U.S. CENSUS BUREAU
1201 East 10th Street
Jeffersonville, IN 47132-0001

The fax number is:
1-800-447-4613

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

INTERNET REPORTING - We encourage you to complete this survey online at: www.census.gov/econhelp/pcu

Username: Password:

Item 1 OPERATIONAL STATUS

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

- 012 In operation
- 013 Temporarily idle

015 Permanently ceased operations
Date closed?

014 Sold or leased to another company
Date sold or leased? } SOLD OR LEASED TO

Name		
Street		
City	State	ZIP Code
Country		

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. Estimate the market value of production of this plant as if it had been operating at **full production capability** for the quarter.

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** as the actual production.

FULL PRODUCTION CAPABILITY

	Mil.	Thou.
034 \$		

C. Divide your **actual production** estimate by your **full production estimate**. Multiply this ratio by 100 to get a percentage.

Capacity Utilization

020		%

Is this a reasonable estimate of your utilization rate for this quarter?

Yes No – Review item 2A and 2B

Item 3 ACTUAL AND FULL PRODUCTION COMPARISONS

A. Comparing full production capability between the current quarter and the previous reporting period.

If your estimate of fourth quarter **full production capability** has changed compared to the previous reporting period, mark (X) the primary reasons.

- | | |
|--|---|
| 35 <input type="checkbox"/> Building capital expenditures | 41 <input type="checkbox"/> Change in method of operation |
| 36 <input type="checkbox"/> Machinery capital expenditures – <i>Include new, replaced, or enhanced machinery</i> | 42 <input type="checkbox"/> Change in product mix or product specifications |
| 37 <input type="checkbox"/> Building retirements | 43 <input type="checkbox"/> Change in material input |
| 38 <input type="checkbox"/> Machinery retirements | 48 <input type="checkbox"/> Other – <i>Specify</i> ✓ |
| 39 <input type="checkbox"/> Price changed but product mix is the same | 49 <input type="checkbox"/> _____ |
| 40 <input type="checkbox"/> Revised estimation assumption with no change in plant or operations | |

B. ACTUAL OPERATIONS VS FULL PRODUCTION CAPABILITY

If this plant's **actual** production in the 4th quarter was **less** than **full production capability**, mark (X) the primary reasons:

- | | | |
|--|--|--|
| 51 <input type="checkbox"/> Not most profitable to operate at full production capability | 55 <input type="checkbox"/> Lack of sufficient fuel or electric energy | 60 <input type="checkbox"/> Strike or work stoppage |
| 52 <input type="checkbox"/> Insufficient supply of materials | 56 <input type="checkbox"/> Equipment limitations | 61 <input type="checkbox"/> Seasonal operations |
| 53 <input type="checkbox"/> Insufficient orders | 57 <input type="checkbox"/> Storage limitations | 62 <input type="checkbox"/> Environmental restrictions |
| 54 <input type="checkbox"/> Insufficient supply of local labor force/skills | 58 <input type="checkbox"/> Logistics/transportation constraints | 68 <input type="checkbox"/> Other – <i>Specify</i> ✓ |
| | 59 <input type="checkbox"/> Sufficient inventory of finished goods on hand | 69 <input type="checkbox"/> _____ |

CONTINUE WITH ITEM 4 ON PAGE 3.

Item 4 WORK PATTERNS FOR THE QUARTER

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.
- Complete ALL items for each shift reported.

		Shift 1	Shift 2	Shift 3
A. Days per week-in-operation	<input type="text"/>	916 <input type="text"/>	917 <input type="text"/>	918 <input type="text"/>
B. Plant hours per week-in-operation	<input type="text"/>	926 <input type="text"/>	927 <input type="text"/>	928 <input type="text"/>
C. Weeks-in-operation in the quarter	<input type="text"/>	936 <input type="text"/>	937 <input type="text"/>	938 <input type="text"/>
D. Number of production workers in the 2nd week of the 2nd month of the quarter (including temporary workers)	<input type="text"/>	946 <input type="text"/>	947 <input type="text"/>	948 <input type="text"/>

Remarks
911

Item 5 PERSON TO BE CONTACTED REGARDING THIS REPORT - Print name and telephone number.

Name	Telephone →	Area code	Number
		()	

RETURN COMPLETED FORM TO

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