



SURVEY OF REFRIGERATED STORAGE CAPACITY

OCTOBER 1, 2005

Form Approved
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 Q1D080060-RB
 Project Code 160
Version B

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LOCATION OF STORAGE

Address:

Telephone: () _____

INSTRUCTIONS: Complete this form for the refrigerated storage shown above. For this survey, a separate report is requested for each storage at a different location. This survey covers all refrigerated storages, public or private, where food commodities are generally stored for 30 days or more. All reports are confidential and will be used for statistical purposes only. Response to this survey is voluntary and not required by law. The enclosed envelope requires no stamp.

1. Please report the 2005 capacity of your Refrigerated Storage in the 2005 column below. If capacity for this facility was reported in 2003, the entry will be preprinted in the 2003 column and should be verified. If the 2003 column is blank and the facility had capacity in 2003, please update this entry in the 2003 column.

Refrigerated Space:

Total refrigerated area
(length x width x height).....**cu. ft.**

Usable refrigerated area (actual area available for storing products. Total area less space lost to aisles, refrigeration equipment, posts, ducts, etc).....**cu. ft.**

	Cooler <small>(cannot go below 0 degrees F)</small>		Freezer <small>(can go to 0 degrees F or lower)</small>	
	2003	2005	2003	2005
Total refrigerated area		006		035
Usable refrigerated area		011		031

2. CONVERTIBLE SPACE: (Report under freezer)

A. How much of the useable freezer area reported above can be converted to cooler rooms?.....**cu.ft.**

049

B. How much of this convertible space is now used as coolers?.....**cu.ft.**

014

3. TYPE OF STORAGE:

(Check one)

A. Public storage - For use by the general public..... 1

B. Semi-private - Partly for private use and partly for public use..... 2

Go to D below.

C. Private storage - For exclusive use by you or a member of a cooperative..... 3

OFFICE USE

078

D. If semi private, report percent of total space usually available for public use.....**Percent**

079

Over Please

4. PRINCIPAL STORAGE ACTIVITY: (Excluding space leased to others)

A. **General cold storage** (Including storage of nuts, dairy products, poultry products, frozen foods and meat)..... 1
 (Check One)

Do you store **fish or seafood**? YES NO

B. **Cheese** only (natural or processed)..... 2

C. **Meat** only (Beef, pork, veal, lamb, or canned meats)..... 3

D. **Fish** and seafood only..... 4

E. Fruit - ~~Grapes~~ only..... 5

- **Apples or pears** only..... 6

F. **Citrus juice** only..... 7

OFFICE USE

071

5. LEASED SPACE

A. Do you **lease** refrigerated storage space **from** others? YES = 1, NO = 2

OFFICE USE
081

B. If yes, list names of owners you lease from.

Name of Owner	Address
_____	_____
_____	_____
_____	_____

GROSS CUBIC FEET LEASED	
Cooler	Freezer
082	083
082	083

OFFICE USE

C. Do you **lease** refrigerated storage space **to** others? YES = 1, NO = 2

OFFICE USE
084

D. If yes, list names of firms to whom you lease.

Name of Lessee	Address
_____	_____
_____	_____
_____	_____

GROSS CUBIC FEET LEASED	
Cooler	Freezer
085	086
085	086

OFFICE USE

E. If your answer to item 5c is yes, do you include all of the lessee's stock in your monthly Cold Storage Report to the USDA? YES = 1, NO = 2.....

OFFICE USE
087

6. NEW REFRIGERATED STORAGEES

If your firm has built or purchased any new warehouses since 2003, please list them below. (Exclude this plant.)

FIRM NAME

MAIL ADDRESS

PERSON TO CONTACT

Would you like to receive a copy of the results of this survey? YES NO

Reported by: _____ Phone (_____) _____ Date

Comments: _____

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The time required to complete this information collection is estimated to average 15 minutes per response.