

# 2006 OATS POSTHARVEST CHEMICAL USE SURVEY



**NATIONAL  
AGRICULTURAL  
STATISTICS  
SERVICE**

U.S. Department of Agriculture  
Rm. 5030, South Building  
1400 Independence Avenue, S.W.  
Washington, D.C. 20250-2000  
Phone: 1-800-727-9540  
Fax: 202-690-2090

VERSION  <b>01</b>	POID  _____	SUBTRACT  ___	T-TYPE  <b>0</b>	TABLE  <b>000</b>	LINE  <b>00</b>
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CONTACT RECORD		
DATE	TIME	NOTES

**INTRODUCTION:**  
*[Introduce yourself, and ask for the operator. Rephrase in your own words.]*

We are collecting information on chemical use and need your help to make the information as accurate as possible. Authority for collection of information on the Oats Postharvest Chemical Use Survey is Title 7, Section 2204 of the U.S. Code. This information will be used for analysis and to compile and publish estimates for your state and the United States. Response to this survey is confidential and voluntary.

We encourage you to refer to your records during the interview.

**BEGINNING TIME**  
 [MILITARY]. . . . .

004 _____
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Name _____
Address _____
Phone(____) _____

- [Name, address and partners verified and updated if necessary.]*
1. Did this operation (as listed on the label) handle/receive any oats from July 1, 2005 through June 30, 2006?
- YES** - *[Go to page 3.]*
- NO**- *[Go to page 2.]*



A

## QUANTITY HANDLED

A

Now I would like to ask about the oats handled/received from July 1, 2005 through June 30, 2006.

Please use your records to help us get an accurate record of oats receipts.

1. What was the total quantity of the oats handled/received from July 1, 2005 through June 30, 2006 on this operation?

UNIT CODES		
1 - BUSHEL (32 lbs) 4 - SHORT TON (2,000 lbs) 5 - CWT. (100 lbs) 6 - POUNDS (lbs) 7 - METRIC TON (2,204.6 lbs) 9 - OTHER		
QUANTITY	UNIT	If "9" enter POUNDS/UNIT
200 _____ , _____ , _____ . _____	201 _____	202 _____ . _____

- a. Of the oats in item 1, how many **DID NOT** receive postharvest chemical applications while in storage, on the ground, in barges, ships, railcars or on trucks?

QUANTITY	OR	PERCENT OF TOTAL NOT TREATED
206 _____ , _____ , _____ . _____	OR	207 _____

**ENUMERATOR NOTE:**    *[If postharvest chemicals were NOT applied, go to Section C, page 6.]*  
                                   *[If postharvest chemicals were applied, go to page 4.]*

### COMPLETION CODE for CHEMICAL EDIT TABLE

1 - Incomp/R	300
3 - Valid Zero	

**B**

**POSTHARVEST CHEMICAL TREATMENTS APPLIED**

**B**

Now I have some questions about postharvest chemical data on **oats** handled, stored, or processed by your operation from July 1, 2005 through June 30, 2006. I will be asking for chemical products used, quantity treated, total amount of product applied, and timing and method of application. Please use your records to answer the questions as accurately as possible and to insure we do not miss any products used. Include oats treated while in storage or on the ground, or in barges, ships, rail cars or on trucks by this operation.

OFFICE USE  
LINES IN TABLE

T-TYPE	TABLE	LINE	399
3	001	99	

**STORAGE CODES FOR COLUMN 2**

- 1 - In Bound
- 2 - During Binning
- 3 - While Stored
- 4 - Out Bound

CHEMICAL PRODUCT NAME	LINE	1 What product was applied? <i>(in Respondent Booklet)</i>		2 When was this product applied? <i>[Enter code from above.]</i>	3 What was the total quantity of oats treated with this chemical <i>(in column 1)?</i>
		(a) COMMON OR TRADE NAME	(b) PRODUCT CODE		
	01		302	303	304 . ____
	02		302	303	304 . ____
	03		302	303	304 . ____
	04		302	303	304 . ____
	05		302	303	304 . ____
	06		302	303	304 . ____
	07		302	303	304 . ____
	08		302	303	304 . ____
	09		302	303	304 . ____
	10		302	303	304 . ____

*[For pesticides not listed in Respondent Booklet. specify---]*

LINE NO.	EPA No. or Trade name and Formulation	Form Purchased <i>(Liquid or Dry)</i>	Where Purchased <i>[Ask only if EPA No. cannot be reported.]</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

B

## POSTHARVEST CHEMICAL TREATMENTS APPLIED

B

**UNIT CODES FOR COLUMN 4**

1 - BUSHEL (32 lbs)  
 4 - SHORT TON (2,000 lbs)  
 5 - CWT. (100 lbs)  
 6 - POUNDS (lbs)  
 7 - METRIC TON (2,204.6 lbs)  
 9 - OTHER

**UNIT CODES FOR COLUMN 7**

1 - POUNDS  
 12 - GALLONS  
 13 - QUARTS  
 14 - PINTS  
 15 - OUNCES, LIQUID  
 28 - OUNCES, DRY  
 30 - GRAMS  
 40 - KILOGRAMS  
 41 - LITERS  
 45 - PELLETS  
 46 - TABLETS  
 50 - OTHER (Specify )

**APPLICATION CODES FOR COLUMN 8**

2 - SEED TREATMENT  
 3 - DIRECT SPRAY  
 5 - TOP DRESS  
 7 - MIXING PELLETS/TABLETS  
 9 - DIRECT POWDERING  
 10 - RE-CIRCULATION  
 11 - OTHER (Specify )

LINE	4	5	6	7	8
	[Enter Unit code from above.]	If column 4 unit equals "9" enter pounds per unit.  [If unit is pounds, enter 1.0.]	What was the total amount of formulated product applied to the (column 3) amount of OATS?	[Enter unit code from above.]	What was the method used to apply this product?  CODE
01	305	306	307	308	309
02	305	306	307	308	309
03	305	306	307	308	309
04	305	306	307	308	309
05	305	306	307	308	309
06	305	306	307	308	309
07	305	306	307	308	309
08	305	306	307	308	309
09	305	306	307	308	309
10	305	306	307	308	309

**Enumerator Notes:**


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**C PEST MANAGEMENT PRACTICES**

**C**

Now I have some questions about pest management practices you may have used at your facilities. Include **all grains** handled.

T-TYPE	TABLE	LINE
0	000	00

1. **Did you use a ---**

a. power probe?

**YES** – [Enter code 1 and continue.]  **NO** – [Continue.] ..... 

CODE
650

b. aeration controller?

**YES** – [Enter code 1 and continue.]  **NO** – [Continue.] ..... 

CODE
651

c. phosphine pellet dispenser?

**YES** – [Enter code 1 and continue.]  **NO** – [Continue.] ..... 

CODE
652

d. temperature cable in bins?

**YES** – [Enter code 1 and continue.]  **NO** – [Continue.] ..... 

CODE
653

e. grain spreader in bins?

**YES** – [Enter code 1 and continue.]  **NO** – [Continue.] ..... 

CODE
654

f. re-circulation fumigation device?

**YES** – [Enter code 1 and continue.]  **NO** – [Continue.] ..... 

CODE
655

g. deep bin sampler?

**YES** – [Enter code 1 and continue.]  **NO** – [Continue.] ..... 

CODE
656

h. protein analyzer?

**YES** – [Enter code 1 and continue.]  **NO** – [Continue.] ..... 

CODE
657

2. How often are your grain inspected for insects in your (concrete silos, steel tanks or bins, or other structures) (**including** wood bins) during the spring/summer and fall/winter months?

	SPRING/SUMMER	FALL/WINTER	CODE								
Concrete Silos. ....	658	659	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>1 - DAILY</td></tr> <tr><td>2 - TWICE A WEEK</td></tr> <tr><td>3 - WEEKLY</td></tr> <tr><td>4 - EVERY 2 WEEKS</td></tr> <tr><td>5 - MONTHLY</td></tr> <tr><td>6 - OTHER – (Specify _____)</td></tr> <tr><td>7 - DO NOT MONITOR</td></tr> <tr><td>8 - DO NOT HAVE STRUCTURE</td></tr> </table>	1 - DAILY	2 - TWICE A WEEK	3 - WEEKLY	4 - EVERY 2 WEEKS	5 - MONTHLY	6 - OTHER – (Specify _____)	7 - DO NOT MONITOR	8 - DO NOT HAVE STRUCTURE
1 - DAILY											
2 - TWICE A WEEK											
3 - WEEKLY											
4 - EVERY 2 WEEKS											
5 - MONTHLY											
6 - OTHER – (Specify _____)											
7 - DO NOT MONITOR											
8 - DO NOT HAVE STRUCTURE											
Steel Tanks or Bins. ....	660	661									
Other Structures ( <b>include</b> wood bins). ....	662	663									

3. How often do you measure grain temperature in your (concrete silos, steel tanks or bins, or other structures) (**including** wood bins) during the spring/summer and fall/winter months?

	SPRING/SUMMER	FALL/WINTER	CODE								
Concrete Silos. ....	664	665	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>1 - DAILY</td></tr> <tr><td>2 - TWICE A WEEK</td></tr> <tr><td>3 - WEEKLY</td></tr> <tr><td>4 - EVERY 2 WEEKS</td></tr> <tr><td>5 - MONTHLY</td></tr> <tr><td>6 - OTHER – (Specify _____)</td></tr> <tr><td>7 - DO NOT MONITOR</td></tr> <tr><td>8 - DO NOT HAVE STRUCTURE</td></tr> </table>	1 - DAILY	2 - TWICE A WEEK	3 - WEEKLY	4 - EVERY 2 WEEKS	5 - MONTHLY	6 - OTHER – (Specify _____)	7 - DO NOT MONITOR	8 - DO NOT HAVE STRUCTURE
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5 - MONTHLY											
6 - OTHER – (Specify _____)											
7 - DO NOT MONITOR											
8 - DO NOT HAVE STRUCTURE											
Steel Tanks or Bins. ....	666	667									
Other Structures ( <b>include</b> wood bins). ....	668	669									

**C PEST MANAGEMENT PRACTICES**

**C**

4. Which practices do you use at your storage facilities---

**Did you ---**

a. sweep or vacuum, empty bins?

**YES** – [Enter code 1 and continue.]

**NO** –

**CODE**

670

b. hose down empty bins?

**YES** – [Enter code 1 and continue.]

**NO** –

671

c. fumigate empty bins?

**YES** – [Enter code 1 and continue.]

**NO** –

672

d. pick up spilled grain?

**YES** – [Enter code 1 and continue.]

**NO** –

673

e. control vegetation around bins?

**YES** – [Enter code 1 and continue.]

**NO** –

674

f. clean aeration ducts?

**YES** – [Enter code 1 and continue.]

**NO** –

675

g. core bins after filling?

**YES** – [Enter code 1 and continue.]

**NO** –

676

5. Did you do any other cleaning activities besides the ones listed above to your storage facilities?

**YES** – [Enter code 1 and continue.]

**NO** [Go to item

**CODE**

677

a. What did you do? [Record responses below.]

**OFFICE USE**

678

679

680

681

6. Did you fumigate grain?

**YES** – [Enter code 1 and continue.]

**NO** – Go to Conclusion.]

**CODE**

682

a. What was the strategy(ies) you used to decide when to fumigate grain? (Enter up to two strategies.)

- 1 - PRESET CALENDAR DATE
- 2 - BIN SAMPLES
- 3 - COMBINED WITH OTHER HANDLING OPERATIONS
- 4 - INSECT TRAP COUNTS
- 5 - VISUAL GRAIN INSPECTION

**CODE**

683

684

**COMPLETION CODE for PEST MANAGEMENT SECTION**

1 - Incompl/R  
3 - Valid Zero

600

# CONCLUSION

## SURVEY PUBLICATIONS

That completes the survey. Would you like to receive a copy of the results in the mail?  
 (The survey results will also be available on the Internet at <http://www.nass.usda.gov/>)

**YES** – [Enter code 1 and continue.]                       **NO** –  
 [Continue.].....

*[Thank the respondent then review this questionnaire.]*

**CODE**

099

## ENDING TIME

[MILITARY].....

005  
 \_\_\_\_\_

**OFFICE USE  
TIME IN HOURS**

006  
 \_\_\_\_\_

## RECORDS USE

Did respondent use operation records to report chemical data?

**YES** – [Enter code 1 and continue.]                       **NO** –  
 [Continue.].....

064

## SUPPLEMENTS USED

Record the total number of chemical treatment supplements used to complete this interview. ....  
 ...

**NUMBER**

068

Reported by: \_\_\_\_\_ Telephone No.(\_\_\_\_) \_\_\_\_\_

Response		Respondent		Mode		Enum ID	Eval	Date MM DD YY	R Unit	Adj Factor	Optional	Optional
1-Comp	9901	1- Op/Mgr	9902	2-Tel	9903	098	100	9910	921	922	002	003
2-R		2-Sp		3-Face-to -Face								
3-Inac		3-Acct/Bkpr										
4-Office Hold		4-Partner										
8-Known Zero		9-Other						____ 06				
S/E Name												