

# Green Goods and Services Survey



O.M.B. No. 1220-0181  
Expires September 30, 2010

Please return this form **within 14 days**. If you need help completing this form, contact information is listed on the last page. Thank you!

Please report for location(s) in [redacted] using Unemployment Insurance account [redacted]

**1 What is the address where your business establishment is physically located?**

Report data for the location below. If this address is no longer correct, please provide us with an updated address in the space provided.

**Enter Physical Location Address Corrections**

Here

T\_name  
Phy\_addr2  
PHY\_addr1  
Phy\_city, Phy\_state phy\_zip-phy\_zip\_ext

**2 Have we identified your main business activity correctly?**

We have listed below a description of your main business activity at this location. If this description is incorrect, please call 202-691-5185 or email [GGs@bls.gov](mailto:GGs@bls.gov).

NAICS code: 541380 Testing laboratories	
We have identified your main business activity as the following:	Does NOT include:
Establishments primarily engaged in: • Assaying • Biological testing (except medical and veterinary) • Calibration testing • Electrical and electronic testing • Geotechnical testing Mechanical testing The testing may occur in a laboratory or on-site.	• Auto emissions testing • Laboratory testing for the medical profession • Veterinary testing services

**3 What is your business establishment's fiscal year?**

Please provide us with your fiscal year that includes **April 15, 2009** for the location listed in Item 1.

Start of Fiscal Year		
MM	DD	YYYY

End of Fiscal Year		
MM	DD	YYY Y

**4 What is your business establishment's employment?**

Please provide us with the employment figure you reported on your State's Quarterly Contributions Report for September 2009 for the location listed in Item 1. This figure is the count of all employees subject to State Unemployment Insurance taxes that worked or received pay for the pay period that

included September 12<sup>th</sup>, 2009.

**Employment for pay period  
that includes September  
12, 2009**

**5 What is your percent revenue from specific business activities?**  
In Columns 1 and 3, please estimate the percent of total revenue for the location listed in Item 1 that comes from the activities listed below. Please base your estimate on total revenue for your fiscal year from Item 3. The sum of Columns 1 and 3 should equal 100%.

**Note:** This section may best be completed by someone at your firm with access to financial data.

**Percent of total revenue for fiscal year listed in Item 3**

1 Percent of total revenue	2 Business activities	3 Percent of total revenue	4 Business activities
	Acoustics testing laboratories or services		Non-destructive testing laboratories or services
	Assaying services		Pollution testing (except automotive emissions testing) services
	Automobile proving and testing grounds		Product testing laboratories or services
	Biological (except medical, veterinary) testing laboratories or services		Radiation dosimetry (i.e., radiation testing) laboratories or services
	Calibration and certification testing laboratories or services		Radiation testing laboratories or services
	Electrical testing laboratories or services		Radiographic testing laboratories or services
	Electronic testing laboratories or services		Radiographing welded joints on pipes and fittings
	Environmental testing laboratories or services		Radiography inspection services
	Film badge testing (i.e., radiation testing) laboratories or services		Radon testing laboratories or services
	Fire insurance underwriters' laboratories		Seed testing laboratories or services
	Food testing laboratories or services		Soil testing laboratories or services
	Forensic (except medical) laboratories or services		Testing laboratories (except medical, veterinary)
	Geotechnical testing laboratories or services		Thermal testing laboratories or services
	Hydrostatic testing laboratories or services		Vibration testing laboratories or services
	Industrial testing laboratories or services		X-ray inspection services
	Laboratory testing (except medical, veterinary) services		Other (please specify):
	Mechanical testing laboratories or services		Other (please specify):
	Metallurgical testing laboratories or services		Other (please specify):

**6 What is your contact information?** for person or persons who helped complete this form.

1. Contact 1's name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ email: \_\_\_\_\_

Business website: \_\_\_\_\_

2. Contact 2's name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ email: \_\_\_\_\_

---

7

**Do you have any questions about completing this form?**

Please send email to [GGS@bls.gov](mailto:GGS@bls.gov), or call (202)-691-5185.

**Confidentiality Statement.** The Bureau of Labor Statistics, its employees, agents, and partner statistical agencies, will use the information you provide for statistical purposes only and will hold the information in confidence to the full extent permitted by law. In accordance with the Confidential Information Protection and Statistical Efficiency Act of 2002 (Title 5 of Public Law 107-347) and other applicable Federal laws, your responses will not be disclosed in identifiable form without your informed consent. This report is authorized by law 29 U.S.C.2. **Paperwork Reduction Act Statement.** Your voluntary cooperation is needed to make the results of this survey comprehensive, accurate, and timely. We estimate that completing this form will take an average of 20 minutes. This estimate takes into account time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information. If you have any comments regarding this survey, including suggestions for reducing the burden, send them to the Bureau of Labor Statistics, Office of Industry Employment Statistics, Paperwork Reduction Project, 2 Massachusetts Avenue, N.E., Room 4840, Washington, DC 20212. The OMB control number for this voluntary survey is 1220-0181 and expires on September 30, 2010. Without a currently valid number BLS would not be able to conduct this survey.