

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 01	POID _____	SUBTRACT ___	T-TYPE 0	TABLE 000	LINE 00
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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 _____

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	L I N E	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:

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	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 (include 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	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.	666	667	
Other Structures (include 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	600
3 - Valid Zero	

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												