



2009 ANNUAL SURVEY OF MANUFACTURES SUPPLEMENT ON MANAGEMENT AND ORGANIZATIONAL PRACTICES

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

Please read the accompanying instructions before answering the questions.

Need help or have questions about filling out this form?

Visit our Web site at
www.census.gov/econhelp

Call:

- OR -

Write to the address above. Include your 11-digit Census File Number (CFN) printed in the mailing address.

(Please correct any errors in name, address, and ZIP Code.)

YOUR RESPONSE IS REQUIRED BY LAW. Title 13, United States Code, requires businesses and other organizations that receive this questionnaire to answer the questions and return the report to the U.S. Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by persons sworn to uphold the confidentiality of Census Bureau information and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

- Use blue or black ink.
- Please center numbers in their respective boxes. Examples:
- Do not use pencil.
- Do not put slashes through 0 or 7.
- Place an "X" inside the box.
- Complete only the unshaded portion of each item.

0 1 2 3 4 5 6 7 8 9

The reporting unit for this form is an **establishment** which is generally a single physical location where business is conducted or where services or industrial operations are performed. For further clarification, see information sheet(s).

1 EMPLOYER IDENTIFICATION NUMBER

Are the last 5 digits of the Employer Identification Number (EIN) shown in the mailing address the same as the last 5 digits of the EIN used for this establishment on its latest 2009 Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return?

0021 Yes - Go to 2 0022 No - Enter current EIN (9 digits) 0025

2 Check the box that best describes your level of seniority in 2009.

- CEO or Executive
- Management across multiple establishments
- Manager of one establishment
- Manager of part of one establishment
- Technical

10002012



If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.

3 Check the box that indicates how long you worked at this establishment as of 12/31/2009.

- 5 years or less
- 11-15 years
- 6-10 years
- 16 years or more

4 Report the number of full- and part-time employees at this establishment including pay period March 12.

	2007	2009
Number of employees at this establishment (Estimates are acceptable.)		

5 Report the percent of **production workers** with a 4-year college degree.

	2007	2009
5% or less	<input type="checkbox"/>	<input type="checkbox"/>
6-10%	<input type="checkbox"/>	<input type="checkbox"/>
11-20%	<input type="checkbox"/>	<input type="checkbox"/>
More than 20%	<input type="checkbox"/>	<input type="checkbox"/>

6 Report the percent of non-production [other] workers with a 4-year college degree.

	2007	2009
20% or less	<input type="checkbox"/>	<input type="checkbox"/>
21-40%	<input type="checkbox"/>	<input type="checkbox"/>
41-60%	<input type="checkbox"/>	<input type="checkbox"/>
61-80%	<input type="checkbox"/>	<input type="checkbox"/>
More than 80%	<input type="checkbox"/>	<input type="checkbox"/>

Item B - Management Practices:

7 Check the box to indicate what happens when a process problem arise.
Examples: A piece of machinery breaking down or finding a quality defect in a product.

Check one box for each year

	2007	2009
We fix it but do not take further measures	<input type="checkbox"/>	<input type="checkbox"/>
We fix it and take measures to make sure that it does not happen again	<input type="checkbox"/>	<input type="checkbox"/>
We fix it and take measures to make sure that it does not happen again, and have a continuous improvement process to anticipate problems like these in advance	<input type="checkbox"/>	<input type="checkbox"/>
Nothing is done about it	<input type="checkbox"/>	<input type="checkbox"/>

10002020



If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.

8 Check the box to indicate the number of key production performance indicators monitored at this establishment.

Examples: Metrics on production, waste, quality, inventory, energy and deliveries on time.

Check one box for each year

	2007	2009
1-2 production performance indicators	<input type="checkbox"/>	<input type="checkbox"/>
3 or more production performance indicators	<input type="checkbox"/>	<input type="checkbox"/>
None	<input type="checkbox"/>	<input type="checkbox"/>

9 Check the box that indicates the frequency of collection the production performance indicators at this establishment.

Check one box for each year

	2007	2009
Yearly	<input type="checkbox"/>	<input type="checkbox"/>
Quarterly	<input type="checkbox"/>	<input type="checkbox"/>
Monthly	<input type="checkbox"/>	<input type="checkbox"/>
Weekly	<input type="checkbox"/>	<input type="checkbox"/>
Daily	<input type="checkbox"/>	<input type="checkbox"/>
Hourly or more frequently	<input type="checkbox"/>	<input type="checkbox"/>

10 Check the box that indicates the frequency that production performance indicators were shown to the plant manager at this establishment.

Check one box for each year

	2007	2009
Quarterly	<input type="checkbox"/>	<input type="checkbox"/>
Monthly	<input type="checkbox"/>	<input type="checkbox"/>
Weekly	<input type="checkbox"/>	<input type="checkbox"/>
Daily	<input type="checkbox"/>	<input type="checkbox"/>
Hourly	<input type="checkbox"/>	<input type="checkbox"/>
Never	<input type="checkbox"/>	<input type="checkbox"/>

11 Check the box that indicates the frequency that production performance indicators were shown to non-managerial staff at this establishment.

Check one box for each year

	2007	2009
Quarterly	<input type="checkbox"/>	<input type="checkbox"/>
Monthly	<input type="checkbox"/>	<input type="checkbox"/>
Weekly	<input type="checkbox"/>	<input type="checkbox"/>
Daily	<input type="checkbox"/>	<input type="checkbox"/>
Hourly	<input type="checkbox"/>	<input type="checkbox"/>
Never	<input type="checkbox"/>	<input type="checkbox"/>

10002038



If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.

12 Check the box that indicates where in the factory building were the production display boards showing output and other production performance indicators located at this establishment.

Check one box for each year

	2007	2009
All display boards located in one place (e.g. at the end of the production line)	<input type="checkbox"/>	<input type="checkbox"/>
Display boards located at multiple places (e.g. at multiple stages of the production line)	<input type="checkbox"/>	<input type="checkbox"/>
No display boards	<input type="checkbox"/>	<input type="checkbox"/>

13 Check the box that indicates how often are production performance indicators reviewed by managers at corporate headquarters.

Check one box for each year

	2007	2009
At least once a week	<input type="checkbox"/>	<input type="checkbox"/>
At least once a month	<input type="checkbox"/>	<input type="checkbox"/>
At least once a quarter	<input type="checkbox"/>	<input type="checkbox"/>
Less frequently than quarterly	<input type="checkbox"/>	<input type="checkbox"/>

14 Does this establishment use any production performance indicators to compare different teams of employees on the production line

Check one box for each year

	2007	2009
Yes	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>

15 Check the box that indicates the timescale of production targets for the main product at this establishment.

Check one box for each year

	2007	2009
Main focus short-term (less than one year) production targets	<input type="checkbox"/>	<input type="checkbox"/>
Main focus is on long-term (more than three years) production targets	<input type="checkbox"/>	<input type="checkbox"/>
Balanced focus on short-term and long-term production targets	<input type="checkbox"/>	<input type="checkbox"/>
No production targets	<input type="checkbox"/>	<input type="checkbox"/>

16 Check the box that indicates your assessment of this establishment's production targets at this establishment.

Check one box for each year

	2007	2009
Easy to achieve	<input type="checkbox"/>	<input type="checkbox"/>
Demanding for most parts of the establishment, includes some easy targets	<input type="checkbox"/>	<input type="checkbox"/>
Demanding for all parts of the establishment	<input type="checkbox"/>	<input type="checkbox"/>
Impossible to achieve	<input type="checkbox"/>	<input type="checkbox"/>

10002046



If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.

17 Check the box that indicates how well the production targets are known at this establishment.

Check one box for each year

	2007	2009
Only senior managers are aware of production targets	<input type="checkbox"/>	<input type="checkbox"/>
Most managers were aware of production targets	<input type="checkbox"/>	<input type="checkbox"/>
Most managers and a few workers were aware of the production targets	<input type="checkbox"/>	<input type="checkbox"/>
Most managers and most workers were aware of their production targets	<input type="checkbox"/>	<input type="checkbox"/>

18 Check the box that indicates how the achievement of production targets is rewarded at this establishment.

Check one box for each year

	2007	2009
Only management was rewarded	<input type="checkbox"/>	<input type="checkbox"/>
Most employees were rewarded	<input type="checkbox"/>	<input type="checkbox"/>
All employees were rewarded	<input type="checkbox"/>	<input type="checkbox"/>
No employees were rewarded	<input type="checkbox"/>	<input type="checkbox"/>

19 Check the box that best corresponds to the main way employees were promoted at this establishment.

Check one box for each year

	2007	2009
Promotions were based solely on effort and ability	<input type="checkbox"/>	<input type="checkbox"/>
Promotions were based partly on effort and ability, and partly on other factors such as tenure	<input type="checkbox"/>	<input type="checkbox"/>
Promotions were based mainly on factors other than on effort and ability, such as tenure	<input type="checkbox"/>	<input type="checkbox"/>

20 Check the box that best corresponds to the main policy when dealing with employees that did not meet expectations in their position at this establishment.

Check one box for each year

	2007	2009
Underperforming employees were rarely or never moved from their position	<input type="checkbox"/>	<input type="checkbox"/>
Underperforming employees usually stayed in their position for at least a year before action was taken	<input type="checkbox"/>	<input type="checkbox"/>
Underperforming employees were rapidly helped and re-trained, and then moved out of the company if their performance did not improve	<input type="checkbox"/>	<input type="checkbox"/>

Item C - Organization:

21 Was this establishment part of a firm with other establishments?

	2007	2009
Yes	<input type="checkbox"/>	<input type="checkbox"/>
No (check box and SKIP to 28)	<input type="checkbox"/>	<input type="checkbox"/>

10002053



If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.

22 Check the box that indicates where hiring decisions for permanent full-time employees are made at this establishment.

Check one box for each year

	2007	2009
At this location	<input type="checkbox"/>	<input type="checkbox"/>
At headquarters	<input type="checkbox"/>	<input type="checkbox"/>
Jointly at this location and at headquarters	<input type="checkbox"/>	<input type="checkbox"/>
Other (<i>please specify</i>)	<input type="checkbox"/>	<input type="checkbox"/>

23 Check the box that indicates where the decision would be made to give an employee a pay increase of 10 percent at this establishment.

Check one box for each year

	2007	2009
At this location	<input type="checkbox"/>	<input type="checkbox"/>
At headquarters	<input type="checkbox"/>	<input type="checkbox"/>
Jointly at this location and at headquarters	<input type="checkbox"/>	<input type="checkbox"/>
Other (<i>please specify</i>)	<input type="checkbox"/>	<input type="checkbox"/>

24 Check the box that indicates where decisions usually taken on new product introductions for this establishment.

Check one box for each year

	2007	2009
At this location	<input type="checkbox"/>	<input type="checkbox"/>
At headquarters	<input type="checkbox"/>	<input type="checkbox"/>
Jointly at this location and at headquarters	<input type="checkbox"/>	<input type="checkbox"/>
Other (<i>please specify</i>)	<input type="checkbox"/>	<input type="checkbox"/>

25 Check the box that indicates where product-pricing decisions are made for this establishment.

Check one box for each year

	2007	2009
At this location	<input type="checkbox"/>	<input type="checkbox"/>
At headquarters	<input type="checkbox"/>	<input type="checkbox"/>
Jointly at this location and at headquarters	<input type="checkbox"/>	<input type="checkbox"/>
Other (<i>please specify</i>)	<input type="checkbox"/>	<input type="checkbox"/>

26 Check the box that indicates where advertising decisions for products are made for this establishment.

Check one box for each year

	2007	2009
At this location	<input type="checkbox"/>	<input type="checkbox"/>
At headquarters	<input type="checkbox"/>	<input type="checkbox"/>
Jointly at this location and at headquarters	<input type="checkbox"/>	<input type="checkbox"/>
Other (<i>please specify</i>)	<input type="checkbox"/>	<input type="checkbox"/>

10002061



If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.

27 Check the box that indicates the largest capital expenditure to buy a new piece of equipment that could be undertaken at this establishment without prior authorization from headquarters for this establishment.

Check one box for each year

	2007	2009
Authorization required for all purchases	<input type="checkbox"/>	<input type="checkbox"/>
\$1 to \$999	<input type="checkbox"/>	<input type="checkbox"/>
\$1,000 to \$9,999	<input type="checkbox"/>	<input type="checkbox"/>
\$10,000 to \$99,999	<input type="checkbox"/>	<input type="checkbox"/>
\$100,000 to \$999,999	<input type="checkbox"/>	<input type="checkbox"/>
\$1 million or more	<input type="checkbox"/>	<input type="checkbox"/>

28 Report the number of employees directly supervised by the plant/factory manager for each year at this establishment.

2007	2009

29 Report the number layers of management between the factory floor and the most senior management for each year at this establishment.

Example: For a site with the factory floor, factory supervisors and a plant-manager, the number reported would be 1 (the factory supervisors).

	2007	2009
Number of layers		

30 Who sets the pace of work at this establishment for workers?

Check one box for each year

	2007	2009
Only factory managers	<input type="checkbox"/>	<input type="checkbox"/>
Mostly factory managers	<input type="checkbox"/>	<input type="checkbox"/>
Factory managers and workers equally	<input type="checkbox"/>	<input type="checkbox"/>
Mostly workers	<input type="checkbox"/>	<input type="checkbox"/>
Only workers	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>

31 Who decides how tasks are allocated for workers at this establishment?

Check one box for each year

	2007	2009
Only factory managers	<input type="checkbox"/>	<input type="checkbox"/>
Mostly factory managers	<input type="checkbox"/>	<input type="checkbox"/>
Factory managers and workers equally	<input type="checkbox"/>	<input type="checkbox"/>
Mostly workers	<input type="checkbox"/>	<input type="checkbox"/>
Mostly workers	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>

10002079



If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.

REMARKS (Please use this space for any explanations that may be essential in understanding your reported data.)

32 CERTIFICATION - This report is substantially accurate and was prepared in accordance with the instructions.

Is the time period covered by this report a calendar year?

Yes

No - Enter time period covered →

FROM	Month	Year	TO	Month	Year

Name of person to contact regarding this report

Title

Telephone	Area code	Number		Extension	Fax	Area code	Number	
		-					-	

Internet e-mail address

Date completed

Month	Day	Year

Thank you for completing your 2009 ANNUAL SURVEY OF MANUFACTURES form.

PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS AND RETURN THE ORIGINAL.

10002087

