



HATCHERY CAPACITY REPORT

January 2011



Arkansas Field Office

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NEW

Items in green font are new.

Items in brown font are being moved from monthly and weekly surveys to this annual survey.

Under Title 7 of the U.S. Code and CIPSEA (Public Law 107-347), facts about your operation are kept **confidential** and used only for statistical purposes. Please fax to the number above or mail your report in the enclosed postage paid

If you have any questions 327-2970. Thank you.

Please make corrections to name, address and Zip Code, if necessary.

NUMBER

1. During 2010, were there any chicks or poults hatched on this operation?
 xxxx **Yes** – Go to item 3 **No** – Go to item 2

2. Does this operation have any hatchery capacity that can be used to hatch chicks or poults?
 xxxx **Yes** – Go to item 4 **No** – Go to item 8

3. Number of **birds hatched** during 2010:

- a. **Broiler-type** chicks?
- b. **Egg-type** chicks?
- c. **Turkey** poults?

1
2
3

4. Please report capacity separately, as of **January 1, 2011**, for each hatchery in Arkansas.
 [Report the maximum number of eggs the Setters and Hatchers can hold at one time. Include inactive incubator capacity.]

LOCATION	CAPACITY OF ALL SETTERS	+	CAPACITY OF ALL HATCHERS	=	TOTAL
	4	+	5	=	6
	7	+	8	=	9
	10	+	11	=	12
	13	+	14	=	15
			TOTAL		16

5. In the previous 12 months for your flocks raised for meat production in Arkansas, what was the average **livability** between the **hatchery** and the **processor**? 17
 (For example: A 5% mortality rate equals 95% livability.)Percent Livability

6. During 2010, for all birds sold or moved, what was the **average price received** for:

a. Broiler-type chicks? Dollars per 100

b. Egg-type chicks? Dollars per 100

c. Turkey poults? Dollars

7. During 2010, what was the average price paid for fertile broiler-type and egg-type eggs? Dollars per Dozen

8. **SURVEY RESULTS:** To receive the complete results on the release date, go to www.nass.usda.gov/results.
 Would you rather have a brief summary mailed to you at a later date?

Comments:		

Respondent Name: _____ Phone: (_____) _____
 Date: 9910 MM DD YY

For Office Use Only										
Response	9901	Respondent		9902	Mode	9903	R Unit	Enum.	Eval.	LSF
1-Comp		1-Op/Mgr		1-Mail			0921	098	100	789
2-R		2-Sp		2-Tel						
3-Inac		3-Acct/Bkpr		3-Face-to-Face						
4-Office Hold		4-Partner		4-CATI						
5-R – Est		9-Oth		5-Web						
6-Inac – Est				6-e-mail						
7-Off Hold – Est				7-Fax						
8-Known Zero				8-CAPI						
				19-Other						

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