



2011 POSTHARVEST CHEMICAL USE SURVEY - CORN



**NATIONAL
AGRICULTURAL
STATISTICS
SERVICE**

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VERSION	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 Corn Postharvest Chemical Use Survey is Title 7, Section 2204 of the U.S. Code. 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. Response is **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 corn from September 1, 2010 through August 31, 2011?

- YES** – *[Go to page 3.]* **NO** – *[Go to page 2.]*

A

QUANTITY HANDLED

A

Now I would like to ask about the corn handled/received from September 1, 2010 through August 31, 2011.

Please use your records to help us get an accurate indication of corn receipts.

- 1. What was the total quantity of corn handled/received on this operation from September 1, 2010 through August 31, 2011?

UNIT CODES

- 1 BUSHEL (56 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 _____ . ____

- 2. Was ALL corn received September 1, 2010 through August 31, 2011 given a postharvest chemical application?

YES – [Go to page 4.] NO – [Continue.]

- a. Of the corn in item 1, how much **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 _____, _____, _____ . ____		207 ----- ----- -----

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

B

POSTHARVEST CHEMICAL TREATMENTS APPLIED

B

Now I have some questions about postharvest chemical use on corn handled, stored, or processed by your operation from September 1, 2010 through August 31, 2011. 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 corn treated by this operation while in storage; on the ground; in barges, ships, or rail cars; or on trucks.

OFFICE USE	1 Incomp/R	300	OFFICE USE	T-TYPE	TABLE	LINE	399
EDIT TABLE	3 Valid Zero		LINES IN TABLE	3	001	99	

STORAGE CODES FOR COLUMN 2

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

CHEMICAL PRODUCT NAME	L I N E	1	2	3
		What products were applied? [Enter product code from Respondent Booklet.]	When was this product applied? [Enter code from above.]	What was the total quantity of corn treated with this chemical (in column 1)?
	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 (Liquid or Dry)	Where Purchased [Ask only if EPA No. cannot be reported.]
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

B

POSTHARVEST CHEMICAL TREATMENTS APPLIED

B

UNIT CODES FOR COLUMN 4

1	BUSHEL (56 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	30	GRAMS
12	GALLONS	40	KILOGRAMS
13	QUARTS	41	LITERS
14	PINTS	45	PELLETS
15	LIQUID OUNCES	46	TABLETS
28	DRY OUNCES	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 _____)

L I N E	4	5	6	7	8
	Unit Code [Enter 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 CORN?	Unit Code [Enter 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

T-TYPE	TABLE	LINE
0	000	00

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

1. Did you use a ---

- a. power probe? YES = 1
- b. aeration controller? YES = 1
- c. phosphine pellet dispenser? YES = 1
- d. temperature cable in bins? YES = 1
- e. grain spreader in bins? YES = 1
- f. re-circulation fumigation device? YES = 1
- g. deep bin sampler? YES = 1
- h. protein analyzer? YES = 1

CODE

650
651
652
653
654
655
656
657

2. During the spring/summer and fall/winter months, how often is your grain inspected for insects in your---

	SPRING/SUMMER	FALL/WINTER
a. concrete silos?	658	659
b. steel tanks or bins?	660	661
c. other structures? (<i>Include wood bins.</i>)	662	663

CODE

1 DAILY
2 TWICE A WEEK
3 WEEKLY
4 EVERY 2 WEEKS
5 MONTHLY
6 OTHER (<i>Specify _____</i>)
7 DO NOT MONITOR
8 DO NOT HAVE STRUCTURE

3. During the spring/summer and fall/winter months, how often do you measure grain temperature in your---

	SPRING/SUMMER	FALL/WINTER
a. concrete silos?	664	665
b. steel tanks or bins?	666	667
c. other structures? (<i>Include wood bins.</i>)	668	669

CODE

1 DAILY
2 TWICE A WEEK
3 WEEKLY
4 EVERY 2 WEEKS
5 MONTHLY
6 OTHER (<i>Specify _____</i>)
7 DO NOT MONITOR
8 DO NOT HAVE STRUCTURE

C PEST MANAGEMENT PRACTICES

C

4. Which practices did you use at your storage facilities? Did you ---

- a. sweep or vacuum empty bins? **YES = 1**
- b. hose down empty bins? **YES = 1**
- c. fumigate empty bins? **YES = 1**
- d. pick up spilled grain? **YES = 1**
- e. control vegetation around bins? **YES = 1**
- f. clean aeration ducts? **YES = 1**
- g. core bins after filling? **YES = 1**

CODE

670
671
672
673
674
675
676

5. Did you use any other practices, besides those listed above, to clean your storage facilities?

- YES** – [Enter code 1 and continue.] **NO** – [Go to item 6].

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 strategy(ies) did you use 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 |
| 6 OTHER (Describe _____) |

CODE

683
684

COMPLETION CODE for PEST MANAGEMENT SECTION

1 Incompl/R	600
3 Valid Zero	

CONCLUSION

SURVEY RESULTS

To receive the complete results of this survey 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? **YES = 1**

CODE

099

[Thank the respondent, then review this questionnaire.]

ENDING TIME [MILITARY].

005

**OFFICE USE
TIME IN HOURS**

006

RECORD USE

Did respondent use operation records to report chemical data?

YES – [Enter code 1 and continue.]

NO – [Continue.]

CODE

064

SUPPLEMENT USE

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						__ __ __ __ 11				
S/E Name												

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