

U.S. Department of Labor

Bureau of Labor Statistics  
2 Massachusetts Avenue, NE, Room 4840  
Washington, DC 20212



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Date

Attn: Contact\_name (if missing use "Department of Accounting/Finance")

T\_name

BM\_addr1

BM\_addr2

BM\_city, BM\_state BM\_zip-BM\_zip\_ext

Dear Employer:

The Bureau of Labor Statistics (BLS) of the U.S. Department of Labor needs your help. We need to hear from businesses like yours as we measure employment involved in the production of green goods and services. **We need to hear from every company, even if your company is not involved in producing green goods and services**, to get an accurate picture of the economy.

Green goods and services are defined as those that benefit the environment or conserve natural resources. Examples are listed on the following pages.

We are requesting that you participate by responding to the attached survey. Please complete and return the survey **within 30 days** of receipt.

Your business may have more than one location, and each location may be involved in a different activity. Please respond for the activities performed at the individual worksite identified in Question 1 of the survey.

If you have any questions, please contact our helpdesk by calling toll free at [toll-free number] or by emailing [\_\_\_\_\_]@bls.gov].

Thank you for your participation.

Sincerely yours,

Patricia M. Getz

Assistant Commissioner

Office of Industry Employment Statistics, Office of Employment and Unemployment Statistics

**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

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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 15 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-XXXX and expires on Month, Day Year. Without a currently valid number BLS would not be able to conduct this survey.

**Green Goods and Services Survey**  
**Labor Statistics**  
**U.S. Department of Labor**

**Bureau of**

O.M.B. No. 1220-XXXX Expires Month, Day Year

Please **complete and return this form within 30 days**. If you need help completing this form, send an email to [@bls.gov](mailto:bls@bls.gov), or call tollfree#. Thank you!

**1**

**Is this the address where this worksite is physically located?**

Please report data for your worksite located at the address below. If this address is no longer correct, please enter the 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**

**What is your contact information?**

Please provide contact information for the person or persons who completed this form.

1.

2. Primary contact's name:

\_\_\_\_\_

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

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

email: \_\_\_\_\_

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

3. Secondary contact's name:

\_\_\_\_\_

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

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

email: \_\_\_\_\_

**3**

**How many employees are at this worksite?**

Please provide the number of employees, both full and part-time, who worked at the site listed in Question 1 during the pay period that includes **January 12, 2010**.

**Include:**

- Full or part-time paid workers
- Workers on paid leave
- Workers assigned temporarily to other units

- Incorporated firms - paid owners, officers, and staff

**Do Not Include:**

- Contractors and temporary agency employees not on your payroll

- Unpaid family workers
- Workers on unpaid leave
- Owners, proprietors, and partners of unincorporated firms
- Workers not covered by unemployment insurance

Number of employees for pay period that includes <b>January 12, 2010</b>

4

Does this worksite produce goods or services that fall into the following green goods and services category? Please indicate yes or no.

- Please consider the goods and services you produce for sale or for transfer within your company.
- Do not consider internal green practices, such as recycling programs, use of renewable energy, use of green office products or cleaning materials, use of energy-efficient or pollution-reducing equipment or practices at the worksite, etc.

Green goods and services categories	Examples (this is not an exhaustive list)	Yes	No
<i>Recycling and reuse.</i> Products and services that: - collect, reuse, remanufacture, or recycle - compost waste materials	Wholesale trade of: - Automotive scrap - Industrial scrap - Recycled materials (bottles, boxes, rubber) Retail trade of used merchandise, including: - Clothing - Appliances		
<i>Other.</i> Does this worksite produce any green goods or services not described above? Green goods or services are those that benefit the environment or conserve natural resources.	If yes, please describe here:		

If any are checked yes, please go to Question 5. ←

If all are checked NO, please stop here and return the survey. Thank you. ←

5

What was this worksite's fiscal year for 2010?

Please provide us with your worksite's 2010 fiscal year.

Start of Fiscal Year		
MM	DD	YYYY

End of Fiscal Year		
MM	DD	YYYY

6

During the fiscal year in Question 5, did this worksite have any revenue from the sales of goods or services in the categories checked 'yes' in Question 4?

Revenue from sales includes:

- Income a worksite receives from the sale of goods and services
- Market value of goods produced and services rendered for transfers within your company

• No \_\_\_\_\_ Go to Question 8

• Yes \_\_\_\_\_ Go to Question 7

Revenue from sales does not include:

- Royalties, taxes, interest payments, and all other non-operational revenue

7

(If yes to Question 6) What percent of this worksite's sales revenue came from the sale of goods or services in the categories checked 'yes' in Question 4?

Estimate the percent of sales revenue for the worksite in Question 1 during the fiscal year shown in Question 5.

\_\_\_\_\_ %

Please stop here and return this completed survey. Thank you.

\_\_\_\_\_ %

8

(If no to Question 6) What percentage of this worksite's employment listed in Question 3 primarily works on the products or services checked 'yes' in Question 4?

Estimate for the worksite in Question 1 during the fiscal year shown in Question 5.

\_\_\_\_\_ %

Please stop here and return this completed survey. Thank you.

\_\_\_\_\_ %



