

U.S. Department of Labor

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



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Department of Labor

Date

Attn: Contact Name or Department of Accounting/Finance
Establishment Name
Establishment Address
Address cont.
City, State, Zip

Dear Employer:

The Bureau of Labor Statistics (BLS) of the U.S. Department of Labor needs your help measuring the number of jobs involved in the production of green goods and services. By completing a brief survey, you will help us determine the number, growth, and distribution of green jobs by industry, occupation, and geography in the United States.

I don't produce anything green; does this survey apply to me? Yes. We collect data from both green and non-green establishments so we can publish an accurate picture of the economy.

What are green goods and services? They are goods and services that benefit the environment or conserve natural resources. Examples are listed on the following pages.

What if my business has more than one location? Your business may have more than one location, and each location may be involved in a different activity. Please respond for the individual worksite identified in Question 1 of the survey.

What if I want to report using the internet? Please go to the web address <https://ggsdata.bls.gov> and use your report number to access the data collection form.

Report Number: ***[This is your Report Number]***

Please help us better understand our current economy by completing and returning the attached survey **within 30 days.**

If you have any questions, please contact our helpdesk by calling toll free at 1-866-840-3801 (TTY at 1-866-841-3259), sending an email to GGSHelp@bls.gov, or visiting our website (www.bls.gov/respondents/ggs).

Thank you for your help.

Sincerely yours,

Richard Clayton
Chief, Division of Administrative Statistics and Labor Turnover
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 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 1220-0183 and expires on April 30, 2014. Without a currently valid number BLS would not be able to conduct this survey.

Green Goods and Services Survey

Labor Statistics

Bureau of

U.S. Department of
Labor

O.M.B. No. 1220-0183 Expires April 30,
2014

Please **complete and return this form within 30 days**. If you need help completing this form, send an email to GGSHelp@bls.gov, or call toll free at 1-866-840-3801 (TTY at 1-866-841-3259). 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

Establishment Name

Worksite Address

Address cont.

City, State, Zip

Worksite Description (if available)

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 [date of sampled pay period].

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 [date of sample pay period]



4

Your establishment is classified within the following industry sectors: Transportation

Does this worksite produce goods or services that fall into the following green goods and services categories? 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.
If none of the examples match your green product or you are classified under the wrong industry, please explain your green product or service in the 'other' section.

Table with 4 columns: Green goods and services categories, Examples (this is not an exhaustive list), Yes, No. Rows include Energy efficiency and Other.

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 2011?

Please provide us with your worksite's 2011 fiscal year.

Table for Start of Fiscal Year with columns MM, DD, YYYY.

Table for End of Fiscal Year with columns 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 percentage of this worksite's sales revenue came from the sale of goods or services in the categories checked 'yes' in Question 4?

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

Percentage input box with % symbol.

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

Percentage input box with % symbol.

8

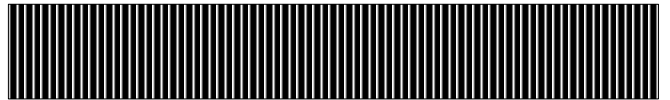
(If no to Question 6) What percentage of this worksite's employment listed in Question 3 primarily works on the products or services checked 'yes' in Question 4?

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

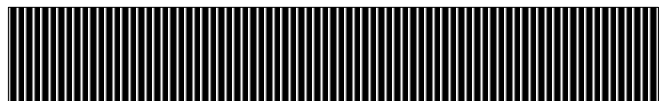
Percentage input box.

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

Percentage input box with % symbol.



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THIS IS A SAMPLE FORM