

ANNUAL POTATO PROCESSING INQUIRY – Master Copy

DRAFT



NATIONAL AGRICULTURAL STATISTICS SERVICE

California Field Office
 P.O. Box 1258
 Sacramento, CA 95812
 1-800-851-1127
 Fax: 1-888-478-5637
 nass-ca@nass.usda.gov

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

Information requested in this survey is used to prepare estimates of selected agricultural commodities. 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 in combination with similar reports from other producers. Response is voluntary.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB number is 0535-0007. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Please complete this questionnaire within the next few days and return it to us in the enclosed envelope to insure correct and prompt delivery. No stamp is required. You may fax your completed report to 1-877-743-6181.

REPORT FOR THE PLANT(S) OPERATED IN THIS STATE

(If this report includes more than one plant, please indicate the location of each plant on the reverse page.)

INSTRUCTIONS: In the table below, please provide a breakdown of the volume of raw potatoes used at the plant to produce the various processed potato products during the past season. If actual figures are not available, convert the finished product to raw potato equivalents, using your normal factors.

How many hundredweight of U.S. grown raw whole potatoes from the <CROP YEAR> crop were and will be processed at your plant(s)? (Include <CROP YEAR> crop winter, spring, summer and fall potatoes, but exclude new crop, <CROP YEAR + 1> potatoes.) Cwt.

Of the quantity reported in Item 1, how many hundredweight were or will be used for making:
POTATO CHIPS (include shoestring potatoes) Cwt.

FROZEN POTATOES

Frozen French Fries. Cwt.

Other Frozen specialties. Cwt.

CANNED POTATOES

Canned potatoes. Cwt.

Other canned products: (soup, hash, stews, etc.) Cwt.

DEHYDRATED POTATOES

Cwt.

OTHER POTATOES (fresh pack, potato salad, vodka, etc.)

Cwt

3. In the table below, please report the quantity of <crop yr> potatoes purchased/received over the previous twelve months from the following States and Sources. Exclude potatoes purchased for seed.

| State | Source | <Crop yr> | |
|-------|-------------------|----------------|------------|
| | | Quantity (cwt) | Dollar/cwt |
| | Growers | | |
| | Shippers | | |
| | Processing Plants | | |
| | Grower | | |
| | Shipper | | |
| | Processing Plant | | |
| | Grower | | |
| | Shipper | | |
| | Processing Plant | | |

- PLEASE CONTINUE ON REVERSE SIDE -

4. Of the quantity reported in Item 3 which were NOT processed, how many hundredweight were: <crop yr>

SOLD FOR FRESH MARKET (US #1 or US #2)..... Cwt.

TRANSFERRED OR SOLD TO OTHER PROCESSING PLANTS (include Washed Processed Potatoes)

In <HOME STATE>..... Cwt.

In Other States (Specify _____)..... Cwt.

OTHER DISPOSITION

Used or Sold for Seed..... Cwt.

Used or Sold for Livestock Feed..... Cwt.

Shrink..... Cwt.

Dumped..... Cwt.

Other Use (Specify _____)..... Cwt.

LOCATION OF ADDITIONAL PLANTS OPERATED IN THIS STATE
(Complete only if this report covers more than one plant.)

| | |
|----------------------|----------------------|
| Firm Name: _____ | Firm Name: _____ |
| Plant Manager: _____ | Plant Manager: _____ |
| Address: _____ | Address: _____ |
| City: _____ | City: _____ |
| Phone: _____ | Phone: _____ |
| | |
| Firm Name: _____ | Firm Name: _____ |
| Plant Manager: _____ | Plant Manager: _____ |
| Address: _____ | Address: _____ |
| City: _____ | City: _____ |
| Phone: _____ | Phone: _____ |

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 No 099

| | | |
|------------------------|---------------------|----------------------|
| | 9911 | 9910 MM DD YY |
| Respondent Name: _____ | Phone: (____) _____ | Date: ____-____-____ |

| OFFICE USE ONLY | | | | | | | | | | | | | |
|------------------|------|-------------|------|----------------|------|------|-------|--------|--------------|-----|-----|------|------|
| Response | | Respondent | | Mode | | Enum | Eval. | Change | Optional Use | | | | |
| 1-Comp | 9901 | 1-Op/Mgr | 9902 | 1-Mail | 9903 | 098 | 100 | 785 | 921 | 407 | 408 | 9906 | 9916 |
| 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 | | | | | | | | | |

S/E Name _____