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| **NURSERY AND FLORICULTURE CHEMICAL USE SURVEY** |
|  | OMB No. 0535-0244 Approval Expires: 6/30/2013Project Code: 159 QID 002363 |
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| **SURVEY_LOGO_1:USDA_logo_bw.gif** | **new_nass_logo_bw** | **NATIONAL****AGRICULTURAL****STATISTICS****SERVICE** |
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|  |  | California Enterprise |  |  |  | National Agricultural Statistics ServiceU.S Department of AgricultureNOC Division9700 Page Avenue, Suite 400St. Louis, MO 63132-1547Phone: 1-800-727-9540Fax: 314-595-9990E-mail: nass@nass.usda.gov |

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| **VERSION****01** | **POID****\_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_** | **SUBTRACT****\_\_\_ \_\_\_** | **T-TYPE****0** | **TABLE****000** | **LINE****00** |

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| **CONTACT RECORD** |
| DATE | TIME | NOTES |
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| **INTRODUCTION:** [*Introduce yourself, and ask for the operator. Rephrase in your own words*.]We are collecting information on chemical applications for floriculture and nursery production and need your help to make the information as accurate as possible. Authority for collection of information is Title 7, Section 2204 of the U.S. Code. This information will be used to compile and publish estimates on chemical use in floriculture and nursery production. 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 farm records during the interview. |

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| [ ]  [*Name, address and partners verified and updated if necessary*] |
| **POID** \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ | **POID** \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ |
| PARTNER NAME | PARTNER NAME |
| ADDRESS | ADDRESS |
| CITY | STATE | ZIP | PHONE NUMBER | CITY | STATE | ZIP | PHONE NUMBER |
| **POID** \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ | **POID** \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ |
| PARTNER NAME | PARTNER NAME |
| ADDRESS | ADDRESS |
| CITY | STATE | ZIP | PHONE NUMBER | CITY | STATE | ZIP | PHONE NUMBER |

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| 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 0535-0244. The time required to complete this information collection is estimated to average 60 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. |

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|  | **CALIFORNIA SCREENING** |  |

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| 1.What ID (*pesticide* *permit number*) does this operation use for reporting pesticide applications on the target nursery and floriculture acres to the County Agricultural Commissioners?. . . . . . . . . . . . . . . . . . . .  | **COUNTY** |  | **NUMBER** |
|  |  |  |  |  |  |  |  |  |
|  |
| 2. Is this ID used to report pesticide applications for any other operations? |  |
| **[ ]**  **YES** - [*Continue.*] | **[ ]**  **NO** - [*Go to item 3.*] |  |
| a. What other operation(s) is this ID used to report for? |  |
| Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Phone ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Phone ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| 3. Does this operation use any **OTHER** ID’s to report pesticide applications on the target nursery and floriculture acres to the County Agricultural Commissioners? |  |
| **[ ]  YES** - [*Continue.*] | **[ ]  NO** - [*Go to* **CHEMICAL APPLICATIONS***, page 4.*] |
|  | **COUNTY** |  | **NUMBER** |
| a. What are these other ID numbers?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  |  |  |  |  |  |  |  |  |
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| b. Do you use any of these ID’s to report pesticide applications for any other operation(s)? |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  **[ ]  YES** - [*Continue.*] | **[ ]  NO** - [*Go to* **CHEMICAL APPLICATIONS***,**page 4*.] |
| (i) What other operation(s) use this ID for reporting? [*Identify operation and ID.*] |  |
| Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Reporting ID\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Reporting ID\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Phone ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Phone ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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|  | **CALIFORNIA – EPA SITE LOCATIONS** |  |

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| **CAL – EPA SITE LOCATION NUMBERS****(*if required*)** |
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|  | **CHEMICAL APPLICATIONS** |  |

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| These questions are about pesticide and chemical (***excluding*** *fertilizer*) applications. |
| 1. **In 20XX, for your floriculture and/or nursery operation, were any insecticides, herbicides, fungicides, nematicides, miticides, growth regulators, rooting compounds, soil fumigants or other chemicals applied?** |
| [ ]  **YES** – [*Complete table below*.] | [ ]  **NO** – [*Go to item 1 on page 6.*] |
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|  | **OFFICE USE****EDIT TABLE** |  1 Incomplete 3 Valid Zero | 314 | **OFFICE USE****LINES IN TABLE** | **T-TYPE****4** | **TABLE****001** | **LINE****99** | 101 |
| **PRODUCTION CATEGORY CODES FOR COLUMN 1** |  | **LOCATION CODES FOR COLUMN 2** |
| **NURSERY**1 Transplants for commercial vegetable and strawberry production2 Propagative nursery material or lining-out stock3 Broadleaf evergreens4 Coniferous evergreens5 Deciduous shade trees6 Deciduous flowering trees7 Deciduous shrubs8 Fruit and nut plants9 Christmas trees10 Palms11 Ornamental grasses12 Other woody ornamentals and vines20 Non-production area | **FLORICULTURE**13 Cut flowers14 Flowering plants (*potted*)15 Bedding plants (*flats, potted, hanging*)16 Foliage plants (*potted or hanging*)17 Propagative floriculture material18 Cut cultivated greens19 Herbaceous perennials (*potted*)20 Non-production area |  | 1 Greenhouse (*enclosed*)2 Shade Structure (*frames, slat, saran, cloth,* *screen, non-enclosed greenhouse, etc*.)3 Natural Shade Area (*palm, citrus, etc*.)4 In The Open Production Area5 Perimeter (*non-production areas*) |
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|  |  | 1 | 2 | 3 | 4 |
| **PRODUCTION CATEGORY** | **L****I****N****E** | **To what production category were chemicals applied?**[*Enter production**code from above*.] | **Where were****chemical products applied?**[*Enter appropriate location codes**from above.*] | **How were chemical****products applied?**[*Enter appropriate method codes from next page.*] | **Who made****the chemical application(s)?**[*Enter appropriate applicator codes**from next page.*] |
|  | **01** | 303 | 304 | 312 | 313 |
|  | **02** | 303 | 304 | 312 | 313 |
|  | **03** | 303 | 304 | 312 | 313 |
|  | **04** | 303 | 304 | 312 | 313 |
|  | **05** | 303 | 304 | 312 | 313 |
|  | **06** | 303 | 304 | 312 | 313 |
|  | **07** | 303 | 304 | 312 | 313 |
|  | **08** | 303 | 304 | 312 | 313 |
|  | **09** | 303 | 304 | 312 | 313 |
|  | **10** | 303 | 304 | 312 | 313 |
|  | **11** | 303 | 304 | 312 | 313 |
|  | **12** | 303 | 304 | 312 | 313 |
|  | **13** | 303 | 304 | 312 | 313 |
|  | **14** | 303 | 304 | 312 | 313 |
|  | **15** | 303 | 304 | 312 | 313 |

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|  | **CHEMICAL APPLICATIONS** |  |

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| **METHOD CODES FOR COLUMN 3** |  | **APPLICATOR CODES FOR COLUMN 4** |
| 12345678 | Hand held back pack sprayerHand held wand/gun/boom from power hydraulic sprayersHand held granular shakersHand held granular rotary applicator (*whirly bird, belly grinder*)Hand held foggersDustingOverhead rail sprayers (*track sprayers*)Root ball/container/cutting/flower dip | 9abcdefg | DrenchStationary fogger, aerosols, misters, electrostatic sprayers, smokersTractor powered boom sprayerTractor powered air blast or misterAerial applicationChemigationMachine injection, branded, broadcast, knifed inOther (*Specify**:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ) | 1234 | Licensed operator/employee pesticide applicatorUnlicensed operator/employee under the direction of licensed applicatorHired custom applicator (*Not an employee of operation*)Other (*Specify:*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |

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|  |  | 1 | 2 | 3 | 4 |
| **PRODUCTION CATEGORY** | **L****I****N****E** | **To what production category were chemicals applied?**[*Enter production code from previous page*.] | **Where were****chemical products applied?**[*Enter appropriate location codes from previous page.*] | **How were chemical****products applied?**[*Enter appropriate method codes from above.*] | **Who made****the chemical application(s)?**[*Enter appropriate applicator codes**from above.*] |
|  | **16** | 303 | 304 | 312 | 313 |
|  | **17** | 303 | 304 | 312 | 313 |
|  | **18** | 303 | 304 | 312 | 313 |
|  | **19** | 303 | 304 | 312 | 313 |
|  | **20** | 303 | 304 | 312 | 313 |
|  | **21** | 303 | 304 | 312 | 313 |
|  | **22** | 303 | 304 | 312 | 313 |
|  | **23** | 303 | 304 | 312 | 313 |
|  | **24** | 303 | 304 | 312 | 313 |
|  | **25** | 303 | 304 | 312 | 313 |
|  | **26** | 303 | 304 | 312 | 313 |
|  | **27** | 303 | 304 | 312 | 313 |
|  | **28** | 303 | 304 | 312 | 313 |
|  | **29** | 303 | 304 | 312 | 313 |
|  | **30** | 303 | 304 | 312 | 313 |

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|  | **PEST MANAGEMENT PRACTICES** |  |

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|  | **T-TYPE****0** | **TABLE****000** | **LINE****00** |
| 1. **In 20XX, did your operation scout or monitor for pests---** |  |
| a. By conducting general observations while performing routine tasks? | **CODE** |
| [ ]  YES – [*Enter code 1 then go to item 2*.] |  [ ]  NO – [*Continue with item 1b*.]. . . . . . . . . . . . . . . .  | 320 |
| b. By deliberately going to the growing areas specifically for scouting activities? | **CODE** |
| [ ]  YES – [*Enter code 1 then go to item 2.*] |  [ ]  NO – [*Continue with item 2c.*]. . . . . . . . . . . . . . . . . .  | 321 |
| 2. **In 20XX, did your operation---** | **CODE** |
| a. keep electronic or written records on weed, insect or disease levels?. . . . . . . . . . . . . . . . . . .  | **YES = 1** | 323 |
| b. use pheromones to monitor insects by trapping?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | **YES = 1** | 328 |
| c. detect the presence of weeds, insects, diseases or pathogens by--- |  | **CODE** |
| (i) soil analysis?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | **YES = 1** | 324 |
| (ii) plant tissue analysis?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | **YES = 1** | 325 |
| (iii) using trap indicator plants?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | **YES =1** | 326 |
| (iv) inspecting incoming stock?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | **NA = 4** | . . . . .  | **YES = 1** | 327 |
| (v) use of insect traps?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | **NA = 4** | . . . . .  | **YES = 1** | 355 |
| d. use insect or disease resistant plant varieties?. . . . . . . . . . . . . . . . . . . . . . . . . . . .  | **NA = 4** | . . . . .  | **YES = 1** | 329 |
| e. control weeds, insects or disease by--- |  |  |  | **CODE** |
| (i) using beneficial organisms (*insects, nematodes or fungi*)?. . . . . . . . . . . . . . . . . . . . . . . . . . . .  | **YES = 1** | 330 |
| (ii) using biological pesticides (*BotaniGard, Conserve, Gnatrol, Nemasys, etc*.)?. . . . . . . . . . . . .  | **YES = 1** | 331 |
| (iii) using trap vegetation?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | **YES = 1** | 332 |
| (iv) using pheromones to disrupt insect mating?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | **YES = 1** | 333 |
| (v) using water management practices such as controlled drainage ortreatment of retention water? (***Exclude*** *chemigation*.). . . . . . . . . . . . . . . . . . . . .  | **NA = 4** | . . . . .  | **YES = 1** | 334 |
| (vi) pruning out or removing infected plants or plant parts?. . . . . . . . . . . . . . . . . . . . . . . . . . . .  | **YES = 1** | 335 |
| (vii) tilling, mowing, or burning of field or greenhouse borders, lanes, etc.?. . . . . . . . . . . . . . .  | **YES = 1** | 336 |
| (viii) adjusting row spacing or direction?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | **NA = 4** | . . . . .  | **YES = 1** | 337 |
| (ix) elevating plant?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | **NA = 4** | . . . . .  | **YES = 1** | 338 |
| (x) adjusting plant density?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | **YES = 1** | 339 |
| (xi) use sterilized growing media?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | **NA = 4** | . . . . .  | **YES = 1** | 340 |

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|  | **PEST MANAGEMENT PRACTICES** |  |

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| 2. **In 20XX, did your operation---**(*continued*) |  |
| e. control weeds, insect or diseases by--- |  |  |  | **CODE** |
| (xii) sanitizing benches or other platform devices between uses?. . . . . . . . . . . .  | **NA = 4** | . . . . .  | **YES = 1** | 341 |
| (xiii) sanitizing ground covers between uses?. . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | **NA = 4** | . . . . .  | **YES = 1** | 342 |
| (xiv) sanitizing containers between uses?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | **NA = 4** | . . . . .  | **YES = 1** | 343 |
| (xv) modifying temperature?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | **NA = 4** | . . . . .  | **YES = 1** | 344 |
| (xvi) modifying hothouse/greenhouse relative humidity?. . . . . . . . . . . . . . . . . . . .  | **NA = 4** | . . . . .  | **YES = 1** | 345 |
| (xvii) using greenhouse ventilation?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | **NA = 4** | . . . . .  | **YES = 1** | 346 |
| (xviii) using greenhouse screening?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | **NA = 4** | . . . . .  | **YES = 1** | 347 |
| (xix) using plant tissue dryness management such as minimizing overhead irrigation to reduce leaf wetness time?. . . . . . . . . . . . . . . . . . . . . .  | **NA = 4** | . . . . .  | **YES = 1** | 348 |
| (xx) utilizing ground covers, mulches or other physical barrierssuch as gravel, weed mats, etc.?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | **NA = 4** | . . . . .  | **YES = 1** | 349 |
| (xxi) use of insect traps?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | **NA = 4** | . . . . .  | **YES = 1** | 356 |
| f. rotate or tank mix pesticides (*use pesticides with different mechanisms of action)*for the primary purpose of keeping pests from becoming resistant to pesticides?. . . . . . . . .  | **YES = 1** | 350 |
| g. monitor weather data to assist in determining when to make pesticide application decisions?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | **YES = 1** | 351 |
|  |  |  |
| h. apply pesticidesbased **mostly** on---[*Enter one code.*]. . . . . . . . .  | 1234 | PREVENTIVE SCHEDULE?SCOUTING DATA COMPARED TO UNIVERSITYOR EXTENSION INFESTATION GUIDELINES?SCOUTING DATA AND YOUR ESTABLISHED THRESHOLDS?OTHER? (*Specify:*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | . . . . . . . . . .  | **CODE** |
| 352 |

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| 3. **In 20XX, where did your operation---** |  |
|  | 123 | CHEMICAL DEALER?CHEMICAL MANUFACTURER?OTHER? (*Specify**:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ) |  | **CODE** |
| a. obtain **most** of its pesticides---[*Enter one code.*]. . . . . . . . . . . . . . . . . . . .  | . . . . . . . . . . .  | 353 |
|  |  |
| b. **mostly** get recommendations for pest control or pesticide use--- [*Enter one code.*]. . . . . . . . . . . . . . . . . .  | 12345678 | FARM SUPPLY DEALER/CHEMICAL DEALER?UNIVERSITY/EXTENSION PERSONNEL/MATERIALS?COMMERCIAL SCOUTING SERVICE/CROP CONSULTANT/ PEST CONTROL ADVISOR?OTHER GROWERS/PRODUCERS?PRODUCER ASSOCIATION/NEWSLETTER/ TRADE MAGAZINE?EMPLOYEE PEST ADVISOR?CUSTOM APPLICATOR?OTHER? (*Specify:*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | . . . .  | **CODE** |
| 354 |
|  |
|  | **COMPLETION CODE for PEST****MANAGEMENT** |  |
|  | 13 | Incomp/RValid zero | 300 |  |

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| **CONCLUSION** |

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| 1. **SURVEY RESULTS:** The information from USDA-NASS surveys is available at http://www.nass.usda.gov/results. The results will be available under the title **"Nursery and Floriculture Chemical Use Survey**.**"** If you do not have Internet access please call 1-800-727-9540. |
| [*Thank the respondent then review this questionnaire*.] |
|  | **TOTAL****ENUMERATION****TIME** |  | **TOTAL TIME SPENT****WITH OPERATOR****or RESPONDENT** |
| 2. **Time spent collecting data----**. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | 019 | **.\_\_\_** |  | 012 | **.\_\_\_** |
|  |  |  |  |  |  |
| 3. **SUPPLEMENTS USED** | **NUMBER** |
| (*Record the total number of chemical supplements used to complete this interview.*). . . . . . . . . . . . . .  | 014 |
|  |  |
| 4. **ENUMERATOR NOTE:** *Please list names, title and contact information if other people were contacted for assistance in completing this questionnaire. Please record their name, address and phone number below.*] |
| **NAME/TITLE:**  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| **PHONE:**  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| **ADDRESS:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
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| Respondent’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Telephone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date:\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| **OFFICE USE** |
| **Response** | **Respondent** | **Mode** | **Enum.** | **Eval.** | **R. UNIT** | **DateMM DD YY** | **Office Use for POID** |
| 1-Comp2-R3-Inac4-Office Hold | 9901 | 1-Op/Mgr2-Sp3-Acct/Bkpr4-Partner9-Oth | 9902 | 2-Tel3-Face- to-Face | 9903 | 098 | 100 | 921 | 9910**\_\_ \_\_ \_\_ \_\_ \_\_ \_\_** | 789 \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ |
|  |
| **Dup Adj.** | **Optional** |
| 922 | 002 |
| **.\_\_\_ \_\_\_ \_\_\_** |
| S/E Name |  |  |

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