

Cotton, Manmade Fiber Staple, and Raw Linters Operation Profile – July 2014

OMB No. 0535-XXXX
 Approval Expires:
 Project Code: QID:
 SMetaKey:



**United States
 Department of
 Agriculture**



**NATIONAL
 AGRICULTURAL
 STATISTICS
 SERVICE**

USDA/NASS

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

The information you provide will be used for statistical purposes only. In accordance with the Confidential Information Protection provisions of Title V, Subtitle A, Public Law 107–347 and other applicable Federal laws, your responses will be kept **confidential** and will not be disclosed in identifiable form to anyone other than employees or agents. By law, every employee and agent has taken an oath and is subject to a jail term, a fine, or both if he or she willfully discloses ANY identifiable information about you or your operation. 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-XXXX. The time required to complete this information collection is estimated to average 45 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.

1. Do you expect this plant to **consume** any **cotton** or **manmade fiber staple** in 2014? xxx 1 Yes – Go to Item 3
 3 No – Continue
 2 Don't Know – Continue

2. Please provide notes about the status of this operation, the respondent's contact information, and conclude interview:

3. Will this plant consume **cotton** or **manmade fiber staple** in more than one location in 2014?

- xxx 1 Yes – List information on each separate location below 3 No – Go to Item 5

| PLANT NAME | MAILING ADDRESS | CONTACT PERSON |
|------------|-----------------|----------------|
| | | |
| | | |

4. Considering all locations reported in Item 3, how would this firm prefer to report?

- xxx
 1 Each location individually
 2 Combined total for all locations
 3 Headquarters reports all locations separately
 4 Other combination – Please list which locations you would like combined for reporting purposes:

5. What is the **maximum annual production capacity** for consuming cotton and manmade fiber staple at all of the locations that will be reported for under this firm?

1,000 pounds

xxx

6. Who will be the primary contact at your plant responsible for completing our monthly survey?

Name: _____
 Position: _____
 Telephone: _____
 Address: _____
 Fax: _____
 Email: _____

7. Who will be the alternate contact at your plant responsible for completing our monthly survey?

Name: _____
 Position: _____
 Telephone: _____
 Address: _____
 Fax: _____
 Email: _____

OFFICE USE

[**ENUMERATOR ACTION:** Attempt to collect the prior month's information using the attached questionnaire or by accessing the EDR instrument.]

xxx

8. Is the overall monthly production reported by this operation higher, lower, or about the same as the average monthly production during the previous 12 months?

xxx 1 Higher 2 Lower 3 About the same

Days

9. How many days after the last day of the reference month can this operation provide the requested information about that reference month?

xxx

COMMENTS:

OFFICE USE ONLY

| Response | | Respondent | | Mode | | Enum. | Eval. | R. Unit | Change | Office Use for POID | | | |
|------------------|------|-------------|------|----------------|------|-------|-------|---------|--------|-------------------------|------|------|------|
| 1-Comp | 9901 | 1-Op/Mgr | 9902 | 1-Mail | 9903 | 9998 | 9900 | 9921 | 9985 | 9989 | | | |
| 2-R | | 2-Sp | | 2-Tel | | | | | | ----- | | | |
| 3-Inac | | 3-Acct/Bkpr | | 3-Face-to-Face | | | | | | Optional/NOC Use | | | |
| 4-Office Hold | | 4-Partner | | 4-CATI | | | | | | 9907 | 9908 | 9906 | 9916 |
| 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 _____

Respondent Name: _____ Phone: (____) _____ Date: ____ MM ____ DD ____ YY