

# FLOUR MILLING PRODUCTS 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 firm to **mill any wheat or rye** in 2014? . . . . .<sup>xxx</sup> <sub>1</sub> Yes – Go to Item 3  
<sub>3</sub> No – Continue  
<sub>2</sub> 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 firm mill **wheat or rye** in more than one location in 2014?

- <sup>xxx</sup> <sub>1</sub> Yes – List information on each separate location below     <sub>3</sub> No – Go to Item 5

MILL NAME	MAILING ADDRESS	CONTACT PERSON

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

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

\_\_\_\_\_

5. What is the **maximum 24-hour milling capacity** for wheat and rye flour production at all of

**CWT**

xxx

the locations that will be reported for under this firm? .....

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

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

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

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**OFFICE USE ONLY**

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

xxx
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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?

<sup>xxx</sup>  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
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**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						<b>Optional/NOC Use</b>			
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													
						9911				9910 MM DD YY			

Respondent Name: _____	Phone: (____) _____	Date: ____ ____ ____
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