

MUSHROOM GROWER INQUIRY – AGARICUS MUSHROOMS

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NATIONAL
AGRICULTURAL
STATISTICS
SERVICE

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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 control number for this information collection is 0535-0039. 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.

INSTRUCTIONS

Report for the Mushroom Houses (Beds) you operate. Include space owned by you as well as leased from others.

Use this form to report **only** Agaricus (White Button, Crimini and Portabello) mushrooms. Information for SPECIALTIES such as Shiitake, Oysters, and other specialty mushrooms are to be reported on a separate form.

1. Did you grow Agaricus mushrooms **anytime** during the year July 1, 2012 to June 30, 2013?

Yes, Continue
 No, Go to Section 3

SECTION 1: AGARICUS MUSHROOMS FOR THE YEAR ENDING JUNE 30, 2013

1. What was the **total square feet of growing area** used for harvesting Agaricus mushrooms during the year July 1, 2012 to June 30, 2013? (Include tray system operations.)

301

2. a. How much total square footage was filled annually? (Include all fillings.)

302

2. What were the **total pounds of Agaricus mushrooms sold** July 1, 2012 to June 30, 2013 from the total square feet reported in Question 1a? (Include White Button, Crimini, and Portabello varieties.)
3. For the **total Agaricus mushrooms** sold (Question 2), please report the pounds and value of sales for the following categories. (Report grower value at point of first sale. For firms which grow and process their own mushrooms, value reported should be before processing.)

303

Pounds	Value (Whole Dollars)
304	305 \$
306	307 \$
308	309 \$
310	311 \$
312	313 \$

a. **Fresh market packed by your firm**

b. **Sold to Brokers or Repackers (Total)**

(i) For Fresh Market Use

(ii) For Processing

c. **Sold directly to Canners or Freezers**

(Note: Sum of the pounds in 3a, 3b, and 3c should equal Question 2 above.)

4. Of the total pounds of Agaricus mushrooms sold (Questions 3a, 3b, and 3c), how many pounds were **grown certified organic**?

314

5. How many pounds (Question 4) were **sold as certified organic mushrooms**?

315

6. Did this operation grow any **BROWN Agaricus** mushrooms (Portabello, Crimini) from July 1, 2012 to June 30, 2013?

- YES – Please Continue.
- NO – Go to Section 2

-OVER-

7. What were the total pounds of **BROWN Agaricus** mushrooms sold July 1, 2012 to June 30, 2013 from the total square feet reported in Question 1a? (Include Portabello and Crimini type mushrooms only).

Pounds
316

Please report by category:

a. **Fresh market packed** by your firm.

b. **Sold to Brokers or Repackers (Total)**
(Include fresh market use and processing).

c. **Sold directly to Canners or Freezers**.

None	Pounds	Value (Whole Dollars)
	317	318 \$
	319	320 \$
	325	326 \$

(Note: Sum of the pounds in 7a, 7b, and 7c should equal Question 7 above.)

SECTION 2: PLANS FOR THE COMING CROP YEAR

1. What is the total square footage of Agaricus mushrooms you intend to fill between July 1, 2013 and June 30, 2010?

a. For fresh market?	+	Square Feet
b. For the processing market?	+	327
c. Total fillings (sum of 1a + 1b)	=	328
		329

SECTION 3: CHANGE IN OPERATOR – Complete this section only if you did not grow Agaricus mushrooms during July 1, 2012 to June 30, 2013.

1. Did you change ownership or leasing arrangement during the year ending June 30, 2013? YES NO

1a. If YES, please list below the date that beds were transferred to others, and the name, address, and telephone number of the individual in charge who operated the beds during the remainder of the year:

Date beds were transferred _____ Name of Firm _____

Operator _____

Address _____

City, State, & Zip Code _____ Telephone No. _____

SECTION 4: OTHER

1. Did you produce any mushrooms under any other firm name or with any other person during the year ending June 30, 2013?

1a. If YES, please list the names below and check "YES" or "NO" to indicate if they are included in your report:

(1) _____ YES NO

(2) _____ YES NO

Location of mushroom houses: State: _____ County: _____

SECTION 5: PLEASE LIST ANY NEW MUSHROOM GROWERS IN YOUR AREA

Name of Firm _____

Operator _____

Address _____

City, State, & Zip Code _____ Telephone No. _____

COMMENTS:

Would you rather have a brief summary mailed to you at a later date?
This completes the survey. **Thank you for your help.**

1 Yes 3 No

3 **No**

099

Respondent Name:	9911	9910	MM	DD	YY
	Phone:	Date:			

OFFICE USE ONLY													
Response	Respondent			Mode		Enum.	Eval.	Change	Office Use for POID				
	9901	1-Op/Mgr	9902	1-Mail	9903	098	100	785	789				
1-Comp	2-Sp		3-Acct/Bkpr 4-Partner 9-Oth	2-Tel									
2-R	3-Inac			3-Face-to-Face									
3-Inac	4-Office Hold			4-CATI									
4-Office Hold	5-R – Est			5-Web									
5-R – Est	6-Inac – Est			6-E-mail									
6-Inac – Est	7-Off Hold – Est			7-Fax									
7-Off Hold – Est	8-Known Zero			8-CAPI									
8-Known Zero				19-Other									

S/E Name
