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| **MUSHROOM GROWER INQUIRY – SPECIALTY MUSHROOMS** |

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|  | OMB No. 0535-0039 Approval Expires: 6/30/2013Project Code: xxx QID: xxxxxx SMetaKey: xxxx |
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| **SURVEY_LOGO_1:USDA_logo_bw.gif** |
|  |  |  | new_nass_logo_bw | **NATIONAL****AGRICULTURAL****STATISTICS****SERVICE** |

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|  |  |  |  |  |  | U.S. Department of AgricultureNOC Division9700 Page Avenue, Suite 400St. Louis, MO 63132-1547Phone: 1-888-424-7828 FAX: 314-595-9990nass@nass.usda.gov |
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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** specialty mushrooms. Report for each variety (such as Shiitake, Oysters, and other specialty mushrooms). Report White Button, Crimini, and Portabello varieties on the Agaricus Mushroom Grower Inquiry form. |
| 1. Did you grow Specialty mushrooms (Shiitake, Oysters or other Specialty) **anytime** during the year  July 1, 2012 to June 30, 2013? |
|  | [ ]  Yes, continue |
|  | [ ]  No, Go to Section 2 |

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| **SECTION 1: SPECIALTY MUSHROOMS FOR THE YEAR ENDING JUNE 30, 2013** |
| 1. What was the number of natural wood logs and square feet of other growing area from which specialty mushrooms were harvested during the year July 1, 2012 to June 30, 2013? |
|  |  | **Shiitake****(Lentinus)** | **Oysters****(Pleurotus)** | **Other****(Specify)**\_\_\_\_\_\_\_\_ | **Other****(Specify)**\_\_\_\_\_\_\_\_ |
| **Outdoors** | **Number** | 401 | 402 | 403 | 404 |
| a. Number of natural wood logs. .  |
| **Under Cover and Indoors** | **Number** | 405 | 406 | 407 | 408 |
| b. Number of natural wood logs. .  |
| c. Square feet of growing area used for all other types of production media (include area used for trays, bags, artificial bottles, logs, sawdust, etc. but exclude natural wood logs). . . .  | **Sq. ft.** | 409 | 410 | 411 | 412 |

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| 2. What were the total pounds of specialty mushrooms harvested July 1, 2012 to June 30, 2013? |
|  | **Shiitake****(Lentinus)** | **Oysters****(Pleurotus)** | **Other****(Specify)****\_\_\_\_\_\_\_** | **Other****(Specify)****\_\_\_\_\_\_\_** |
|  | **Pounds** | 413 | 414 | 415 | 416 |

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| 3. For total specialty mushrooms harvested (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.) |
|  |  | **Shiitake****(Lentinus)** | **Oysters****(Pleurotus)** | **Other****(Specify)**\_\_\_\_\_\_\_\_ | **Other****(Specify)**\_\_\_\_\_\_\_\_ |
| a. **Harvested, but not sold** (Shrinkage, cullage, dumped, etc.). . . . . . . . . .  | **Pounds** | 417 | 418 | 419 | 420 |
| b. **Total pounds harvested and sold** including mushrooms produced for fresh market and processing. . . . . . . . . . . . .  | **Pounds** | 421 | 422 | 423 | 424 |
| c. **Value of mushrooms sold**. . . . . . . . . . . . . . . . . .  | **(Whole Dollars)** | 425 | 426 | 427 | 428 |
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| **- OVER -** |

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| 4. Of the total pounds of Specialty mushrooms sold (Question 3b), how many pounds were **grown certified organic?**  | **Pounds** | 437 |

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| 4a. How many pounds (Question 4) were **sold as certified organic mushrooms?** | **Pounds** | 438 |

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| **SECTION 2: CHANGE IN OPERATOR** Complete this section only if you did not grow specialty mushrooms during July 1, 2012 to June 30, 2013 |
|  |
| 1. If change in owner or leasing arrangement: |
|  Date beds were transferred | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Name of firm\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  Operator of beds for remainder of year | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  Address | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  City, State, & Zip Code |  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Telephone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **SECTION 3: OTHER** |
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| 1. Did you produce any mushrooms under any other firm name or with any other person  during the year ending June 30, 2013? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  [ ]  Yes [ ]  No |
| a. If YES, please list the names below and check “YES” or “NO” to indicate if they are included in your report: |
|  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  [ ]  Yes [ ]  No |
|  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

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| **SECTION 4: PLEASE LIST ANY NEW MUSHROOM GROWERS IN YOUR AREA** |
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| Name of firm | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Operator | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| City, State, & Zip Code | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Phone.  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **LIST OF SOME SPECIALTY MUSHROOMS** |
| * Shiitake (Lentinus edodes) – Black Mushroom, Oak Mushroom
* Oyster Mushroom, Trumpet, Hiratake, Mukurojitake, King Oyster, or Shimeji ( Pleurotus species)
* Enoki (Flammulina velutipes) – Winter Mushroom, Golden Needles, Velvet Stem
* Nameko (Pholiota nameko) (Kuchneromyces nameko)
* Maitake (Grifola frondosa) (Polyporus frondosa) – Dancing Mushroom, Hen of the Woods
* Beech (Hypsizygus Tussulatus)
* Pom Pom (Huricium Erinaceus)
* Pioppini-Agrocybe aegerita or cylindracea
* Blewits-Lepista nuda
 | * Blazei-Agaricus blazei
* Zhu ling-Grifola umbellata
* Hon-Shimeji (Lycophyllum species) – “Real Shimeji”
* Kikurage (Auricularia species) – Wood Ears
* Shirokikurage ( Tremelia fuciformis) – Snow Fungus, Silver Ear
* Fukurotake ( Volvariella volvacea) – Paddy Straw Mushroom
* Morel Butter Mushroom (Pholiata aurivella)
* Reishi-Ganoderma spp.
* Turkey Tail – Trametes versicolor
* Caterpillar mushroom – Cordyceps spp.
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| COMMENTS:  |  |

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| **Survey Results:** To receive the complete results of this survey on the release date go to <http://www.nass.usda.gov/results> |
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| Would you rather have a brief summary mailed to you at a later date? 1 **Yes** 3 **No**This completes the survey. **Thank you for your help**. | 099 |

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

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| **OFFICE USE ONLY** |
| **Response** | **Respondent** | **Mode** | **Enum.** | **Eval.** | **Change**785 | **Office Use for POID** |
| 1-Comp2-R3-Inac4-Office Hold5-R – Est6-Inac – Est7-Off Hold – Est8-Known Zero | 9901 | 1-Op/Mgr2-Sp3-Acct/Bkpr4-Partner9-Oth | 9902 | 1-Mail2-Tel3-Face-to-Face4-CATI5-Web6-E-mail7-Fax8-CAPI19-Other | 9903 | 098 | 100 | 785 |  789 \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ |
|  |
| **R. Unit** | **Optional Use** |
| 921 | 407 | 408 | 9906 | 9916 |
| S/E Name |  |  |  |  |