



U.S. DEPARTMENT OF COMMERCE  
Economics and Statistics Administration  
U.S. CENSUS BUREAU

**QUARTERLY SURVEY OF PLANT CAPACITY UTILIZATION**

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**U.S. CENSUS BUREAU**  
1201 East 10th Street  
Jeffersonville, IN 47132-0001

The fax number is:  
1-800-447-4613

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**Username:**

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**Item 1 OPERATIONAL STATUS**

Mark (X) One box that best describes the status at the end of the quarter for the facility identified in the address box above.

012  In operation

013  Temporarily idle

015  Permanently ceased operations

→ Date closed?   016

Month    Year

014  Sold or leased to another company

→ Date sold or leased?   017

Month    Year

} SOLD OR LEASED TO

Name			
Street			
City		State	ZIP Code
Country			

**CONTINUE WITH Item 2 ON PAGE 2.**

**Item 2 VALUE OF PRODUCTION**

**A. Report market value of actual production for the quarter.**

**ACTUAL PRODUCTION**

	Mil.	Thou.
023 \$		
023 \$		

**B. Estimate the market value of production of this plant as if it had been operating at full production capability for the quarter.**

Assume:

- only machinery and equipment **in place and ready to operate**.
- normal downtime.
- labor, materials, utilities, etc. **ARE FULLY AVAILABLE**.
- the number of shifts, hours of operation and overtime pay that can be **sustained** under **normal** conditions and a **realistic** work schedule in the long run.
- the **same product mix** as the actual production.

**FULL PRODUCTION CAPABILITY**

	Mil.	Thou.
034 \$		
034 \$		

**C. Divide your actual production estimate by your full production estimate. Multiply this ratio by 100 to get a percentage.**

	020	%
020		
020		

**Capacity Utilization**

Is this a reasonable estimate of your utilization rate for this quarter?

Yes  No - Review item 2A and 2B

**Item 3 ACTUAL AND FULL PRODUCTION COMPARISONS**

**A. FULL PRODUCTION CAPABILITY: CURRENT QUARTER VS. PREVIOUS QUARTER**

If your estimate of current quarter **full production capability** has changed compared to the previous quarter, mark (X) the primary reasons:

- |  |  |
|--|--|
| 35 <input type="checkbox"/> Building capital expenditures  | 41 <input type="checkbox"/> Change in method of operation                              |
| 36 <input type="checkbox"/> Machinery capital expenditures - <i>include new, replaced, or enhanced machinery</i> | 42 <input type="checkbox"/> Change in product mix or product specifications            |
| 37 <input type="checkbox"/> Building retirements   | 43 <input type="checkbox"/> Change in material input                                   |
| 38 <input type="checkbox"/> Machinery retirements  | 44 <input type="checkbox"/> Other - <i>Specify</i> <input checked="" type="checkbox"/> |
| 39 <input type="checkbox"/> Price changed but product mix is the same  |  |
| 40 <input type="checkbox"/> Revised estimation assumption with no change in plant or operations                  | 45 <input type="checkbox"/> _____  |

**B. ACTUAL OPERATIONS VS FULL PRODUCTION CAPABILITY**

If this plant's **actual** production in the current quarter was **less** than **full production capability**, mark (X) the primary reasons:

- |  |  |   |
|--|--|---|
| 51 <input type="checkbox"/> Not most profitable to operate at full production capability | 55 <input type="checkbox"/> Lack of sufficient fuel or electric energy     | 60 <input type="checkbox"/> Strike or work stoppage                     |
| 52 <input type="checkbox"/> Insufficient supply of materials                             | 56 <input type="checkbox"/> Equipment limitations                          | 61 <input type="checkbox"/> Seasonal operations                         |
| 53 <input type="checkbox"/> Insufficient orders  | 57 <input type="checkbox"/> Storage limitations                            | 62 <input type="checkbox"/> Environmental restrictions                  |
| 54 <input type="checkbox"/> Insufficient supply of local labor force/skills              | 58 <input type="checkbox"/> Logistics/transportation constraints           | 63 <input type="checkbox"/> Other - <input checked="" type="checkbox"/> |
|  | 59 <input type="checkbox"/> Sufficient inventory of finished goods on hand | 64 <input type="checkbox"/> _____                                       |
|  |  | 65 <input type="checkbox"/> _____                                       |

CONTINUE WITH **Item 4** ON PAGE 3.

**Item 4 WORK PATTERNS FOR THE QUARTER**

Report work patterns for

- If the plant did not operate a second or third shift, do not complete the corresponding columns.
- Complete ALL items for each shift reported.

	Shift 1	Shift 2	Shift 3
<b>A.</b> Days per week-in-operation	916	917	918
<b>B.</b> Plant hours per week-in-operation	926	927	928
<b>C.</b> Weeks-in-operation in the quarter	936	937	938
<b>D.</b> Number of production workers in the 2nd week of the 2nd month of the quarter (including temporary workers)	946	947	948
<b>E.</b> Temporary production workers included in line d (not on the payroll and hired through temporary agencies or as their own agent; see instructions)	956	957	958

ADD  
↓

**Item 5 NATIONAL EMERGENCY PRODUCTION**

**A.** Estimate the market value of production for this plant as if it had been operating under **national emergency** conditions for the quarter

099 \$	Mil.	Thou.
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Assume:

- full use of all your machinery and equipment, including that requiring reconditioning.
- plant production as close to 168 hours per week as possible, including extra shifts.
- minimal downtime.
- funding, labor, materials, components, utilities, etc. are fully available to you and your suppliers.
- your product mix is permitted to change.
- you can sell all of your output.

**B.** If actual operations in the quarter were less than national emergency production, how quickly could the plant increase to the national emergency production level if given emergency priority by the government? Mark (X) the shortest amount of time the plant would require.

- 82  Less than 3 months    83  3 to 6 months    84  7 to 12 months    85  More than one year

Remarks  
911

**Item 6 PERSON TO BE CONTACTED REGARDING THIS REPORT - Print name, telephone number, and email.**

Name (Please print)	Telephone →	Area code	Number
	FAX →		

EMAIL

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