



OREGON NURSERY AND GREENHOUSE SURVEY – 20XX



DRAFT

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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 to this survey 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 535-0244. The time required to complete this information collection is estimated to average 30 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.

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

Section 1 – Introduction

11. Did you produce, sell, or have growing any nursery or greenhouse crops **(including container grown)** bulbs, sod, bedding plants, cut flowers, holly and dried flowers, etc. during 20XX?

YES - Please continue with section 2 below. **NO** - Please go to Section 6.

Section 2 – Gross Sales Value

2. What were your gross **(invoice)** 20XX sales from your nursery and greenhouse operation for each of the following plant material categories.

- If calendar year data are not available, please use the most recent fiscal year period.
- Exclude plant material purchased for immediate resale.

Plant Material Categories	20XX Gross Sales (in dollars)
a. Bare Root	311 \$ _____
b. Balled and Burlapped	312 \$ _____
c. Container	313 \$ _____
d. Greenhouse	314 \$ _____
e. Other Nursery Plant Material (include sod, bulbs, tubers, holly, cut greens, etc.)	315 \$ _____
f. Total (should equal a + b + c + d+ e)	310 \$ _____

Section 3 – Nursery Acres Operated

3. What was the acreage under production, by plant material type, other nursery acreage, and total for your operation during 20XX? (Please report acres to the nearest one-tenth.)
 (Include acreage even if no sales were made.)

		Acres
a. Bare Root		
.....		
b. Balled and Burlapped		
.....		
c. Container		
	Square Feet	
d. Greenhouse (enter square footage and acreage)		
e. Other Nursery Plant Materials (include sod, bulbs, tubers, holly, cut greens, etc).		
f. Other Nursery Acreage in Operation (buildings, loading docks, parking, etc.)		
g. Total (should equal items a+b+c+d+e+f)		

Section 4 – Acres and Sales by County

4. List the Oregon county or counties where your nursery or greenhouse acreage is located.
- List each county separately
 - Record the percent of gross sales for each county
 - Exclude acreage located in other States

County	Acres in Production	20XX Gross Sales		Office Use
		Dollar Value	OR Percent	
	601	611	621	601
+	602	612	622	602
+	603	613	623	603
+	604	614	624	604
Totals =	605	615	100%	

Section 5 – Hired and Contract Workers

5. What was the total number of workers paid by this operation during 20XX?
 (Include contract workers)
- a. Of these total workers, how many were seasonal/part-time
 (Worked less than 150 days) during 20XX?

- b. Of these total workers, how many were full-time
 (Worked more than 150 days) during 20XX?

6. What were the total gross wages paid for your nursery/greenhouse operation, during
 20XX? (Include employer's cost for social security, workers compensation, insurance
 premiums, pension plans, and any other benefits provided.)

Number
500
501
502
Dollars
510

Section 6 – Change in Operation



Only complete question 7 if you answered NO to question # 1 on page 1.

7. Has this operation been sold, rented out, or turned over to someone else?

<input type="checkbox"/> Yes – please identify the new operator. Name: _____ Address: _____ City: _____ State: _____ Zip _____ Phone number: _____	<input type="checkbox"/> No – please check one reason which applies. <input type="checkbox"/> Retail sales of only. <input type="checkbox"/> New operation with no 20XX sales. <input type="checkbox"/> Other (explain) _____ <input type="checkbox"/> Landlord
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5. Would you like to receive a copy of the results of this survey?

- YES
 NO

Reported by: _____ Telephone: _____ Date: _____



Office Use							
Response		Respondent		Mode		Enum.	Eval.
1-Comp	9901	1-Op	9902	1-Mail	9903	098	100
2-Ref		2-Sp		2-Tel			
3-Inac		3-Acct		3-Face to face			
4-Hold		4-Ptr		5-Web			
		9-Oth		6-E-mail			
				7-Fax			
				19-Other			