FINAL MACADAMIA NUT PROCESSOR REPORT - CROP YEAR 2015 - 2016

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United States Department of Agriculture



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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**.

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If your operation is known by another name,	
please enter it here:	
•	

Please complete and return this questionnaire in the enclosed self-addressed, postage-paid envelope by May 23, 2016.

PART I. PRODUCTION FROM ORCHARD(S) YOU OWN OR LEASE

Instructions: The questions below refer to macadamia nuts harvested during the 2015 – 2016 season which started July 1, 2015 and ends June 30, 2016. Please make an estimate for the remaining weeks of June.

•		
	+	0121
1.	Gross pounds delivered on a wet–in–shell basis pounds	
	(Exclude husking losses from gross pounds. If nuts are delivered wet–in–husk, converged equivalent wet–in–shell pounds.)	ert to
	_	0122
2.	Total spoilage on a wet–in–shell basis pounds	
	(Include all deducts of obvious shell injury, insect damage, germination, etc. If sampli method used to determine the deducts, then enter % here and apply that perce gross wet–in–shell pounds delivered.)	•
	=	0123
3.	Net pounds processed on a wet–in–shell basis pounds (Amount should equal item 1 minus item 2.)	

4. What was the **average moisture content** of the nuts harvested?.... **percent (%)**

PART II: PURCHASES FROM GROWERS

Instructions: The questions below refer to purchases from the 2015 – 2016 macadamia nut crop which started July 1, 2015 and ends June 30, 2016. Please make an estimate of anticipated purchases for the remaining weeks of June. **DO NOT INCLUDE ANY PURCHASES FROM OTHER PROCESSORS.**

		The island from which nuts were purchased.								
		Hawaii Maui		Oahu	Total					
1.	Gross pounds delivered on a + wet–in–shell basis pounds	0401	0601	0701	0201					
	(Exclude husking losses from gross pounds. If nuts are delivered wet–in–husk, convert to equivalent wet–in–shell pounds.)									
2.	Total spoilage on a wet–in–shell – basis pounds	0402	0602	0702	0202					
	(Include all deducts of obvious shell injury, insect damage, germination, etc. If sampling is the method used to determine the deducts, then enter % here and apply that percentage to the gross wet–in–shell pounds delivered.)									
3.	Net pounds processed on a = wet–in–shell basis pounds	0403	0603	0703	0203					
	(Amount should equal item 1 minus item 2.)									
4.	Total dollars paid or expected to be paid after final payments for 2015 – 2016 crop	0404	0604	0704	0204					
5.	What was the average moisture content of the amount purchased? percent	0405	0605	0705	0205					

PART III: PURCHASES/SALES BETWEEN PROCESSORS

1. List any amount produced from orchards you **own, lease, or manage** and sold to another processor (**Exclude** sales of kernels.):

Processor sold to:	Amount Sold (Wet in-shell) (pounds)	Dollars Received (\$)		
	0802	0803		
	0812	0813		

2. List any amount **purchased** from other processors:

Processor purchased from:	Amount Purchased (Wet in-shell) (pounds)	Dollars Paid (\$)	
	0902	0903	
	0912	0913	

COMMENTS (weather, pests, crop or market conditions, etc.):

 $\begin{tabular}{ll} \textbf{SURVEY RESULTS}: To receive the complete results of this survey on the release date, go to www.nass.usda.gov/Surveys/Guide_to_NASS_Surveys/\\ \end{tabular}$

S/E Name

Would you rather have a brief summary mailed to you at a later date? 9990 1 Yes 3 No												
N 1							9910					
Name:							Date): 				
Position:	Position: Operator, Partner, Manager Accountant/Bookkeeper											
	☐ Spouse ☐ Other:											
Mailing addres	Mailing address: Phone:											
e-mail address	e-mail address:							Fax number:				
					OFFICE (ŲSE						
Respons	Response Respondent		Mode Enum.			Eval.	Change	Office Use for POID				
1-Comp 2-R 3-Inac	9901	1-Op/Mgr 2-Sp 3-Acct/Bkpr	9902	1-Mail 2-Tel 3-Face-to-Face	9903	9998	9900	9985	9989	_	_	
4-Office Hold		4-Partner		4-CATI			R. Unit		Optional Use		nal Use	
5-R – Est 6-Inac – Est 7-Off Hold – Est		9-Oth		5-Web 6-e-mail 7-Fax 8-CAPI			9921		9907	9908	9906	9916