

WEEKLY OLIVES RECEIVED SURVEY

OMB No. 0535-0039
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**NATIONAL
 AGRICULTURAL
 STATISTICS
 SERVICE**



**California Department
 of Food and
 Agriculture**

USDA/NASS - California

Pacific Region

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Please make corrections to name, address and ZIP Code, if necessary

We request your help in estimating the size of the olive inventory and sales for the month. To obtain accurate inventories and sales, all olive buyers throughout the state are asked to complete and return this form. Please return this form in the postage - paid envelope enclosed for you convenience, or fax it to 1-888-478-5637.

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**.

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 number is 0535-0039. The time required to complete this information collection is estimated to average 10 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.

1. Did this operation purchase any olives in the current week? Yes – Continue. No – Go to **Comments**, back page.
2. Please complete for olives received and grade distribution for this week:

WEEKLY REPORT OF OLIVES RECEIVED

SIZE AND GRADE DISTRIBUTION

FOR WEEK ENDING: -----

(TONS)

REPORT OF OLIVES RECEIVED AND GRADE DISTRIBUTION

| SIZE | SEVILLANO | ASCOJAN | MANZANILLO | MISSION | ORLIZA | BARQUINI | TOTAL |
|-----------------------|-----------|---------|------------|---------|--------|----------|-------|
| Small | | | | | | | |
| Medium | | | | | | | |
| Large | | | | | | | |
| Extra Large | | | | | | | |
| EX LARGE – SEV “C” | | | | | | | |
| Jumbo | | | | | | | |
| Colossal | | | | | | | |
| SUP Colossal | | | | | | | |
| Total Cannina | | | | | | | |
| Limited | | | | | | | |
| LIMITED/Petite | | | | | | | |
| LTD/Sub-Petite | | | | | | | |
| Undersize | | | | | | | |
| Culls | | | | | | | |
| Total Receipts | | | | | | | |

COMMENTS:

Survey Results: The report is available at the end of the week at the following website: www.nass.usda.gov/ca.

If you have any questions, please call Bonnie Spencer at 1800-851-1127, Ext.126

Email: _____ Fax: _____

| | | | | | |
|-------------------------------|-----------------------------|--------------|----|----|----|
| Respondent Name: _____ | 9911 Phone: _____ | 9910 | MM | DD | YY |
| | | Date: | __ | __ | __ |

This completes the survey. Thank you for your help.

| Response | | Respondent | | Mode | | Enum. | Eval. | Change | Office Use for POID | | | |
|------------------|------|-------------|------|----------------|------|-------|-------|--------|---------------------|------|------|------|
| 1-Comp | 9901 | 1-Op/Mgr | 9902 | 1-Mail | 9903 | 9998 | 9900 | 9985 | 9989 | | | |
| 2-R | | 2-Sp | | 2-Tel | | | | | ----- | | | |
| 3-Inac | | 3-Acct/Bkpr | | 3-Face-to-Face | | | | | | | | |
| 4-Office Hold | | 4-Partner | | 4-CATI | | | | | | | | |
| 5-R – Est | | 9-Oth | | 5-Web | | | | | | | | |
| 6-Inac – Est | | | | 6-e-mail | | | | | | | | |
| 7-Off Hold – Est | | | | 7-Fax | | | | | | | | |
| | | 8-CAPI | | | | | | | | | | |
| | | 19-Other | | | | | | | | | | |
| | | | | | | | | | Optional Use | | | |
| | | | | | | | | | 9907 | 9908 | 9906 | 9916 |
| S/E Name | | | | | | | | | | | | |