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| **HATCHERY CAPACITY REPORT****January 1, 2019** | | | | | | | | |
|  | | | | | | | OMB No. 0535-0004  Approval Expires: 1/31/2019  Project Code: 158 QID: 110009  SMetaKey: 2575 Version 37 | |
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|  |  | |  | | | | **SURVEY_LOGO_1:USDA_logo_bw.gif** | **United States**  **Department of**  **Agriculture** |
|  |  | |  | | | |  | **NATIONAL**  **AGRICULTURAL**  **STATISTICS**  **SERVICE** |
|  |  |  | |  |  |  | **USDA/NASS -** **North Carolina**  Eastern Mountain Region  601 West Broadway, Room 645Louisville, KY 40202  Phone: 1-800-928-5277  Fax: 1-855-270-2708  E-mail: NASSRFOEMR@nass.usda.gov | |
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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.  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 0535-0004. The time required to complete this information collection is estimated to average 8 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. | | | | | | | | |

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| **Please report for both Chicken and Turkey hatchery equipment and facilities owned by this operation.** | | | | | | | | |
| **CHICKENS** | | | | | | | | |
| 1. Does this operation currently have the equipment and facilities that can be used to hatch chicks?  110  1Yes - Continue 3No - Go to item 3 | | | | | | | | |
| 2. Please report capacity for hatching **chicks** separately, as of January 1, 2019 for each hatchery in North Carolina.  [Report the maximum number of eggs the Setters and Hatchers can hold at one time. Include inactive incubator capacity.] | | | | | | | | |
|  | **LOCATION** |  | **CAPACITY of all SETTERS** | **+** | **CAPACITY of all HATCHERS** | **=** | **TOTAL** | |
|  | 126 |  | 127 | **+** | 128 | **=** | 129 | |
|  | 130 |  | 131 | **+** | 132 | **=** | 133 | |
|  | 134 |  | 135 | **+** | 136 | **=** | 137 | |
| **Total Capacity for Hatching Chicks** | | | | | | | 125 | |
| 3. During 2017, were there any chicks hatched on this operation?  111  1Yes - Continue 3No - Go to item 8 | | | | | | | | |
|  | | | | | | | **NUMBER** | |
| 4. During 2017, how many broiler-type chicks were hatched on this operation? . . . . . . . . . . . . . . . . | | | | | | | 112 | |
| a. In the previous 12 months for your flocks raised for meat production in North Carolina,  What was the average **livability** between the **hatchery** and the **processor** for **broiler-type chicks**? (For example: a 5.0% mortality rate equals 95.0% percent livability.) . . . . . . . . . . . . . | | | | | | | **PERCENT LIVABILITY** | |
| 303 | **. \_\_ %** |
|  | | | | | | | **NUMBER** | |
| 5. During 2017, how many egg-type chicks were hatched on this operation?  (Include chicks destroyed) . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | | | | | | | 102 | |
| 6. During 2017, for all chicks sold or moved, what was the average price received for -- | | | | | | | **DOLLARS PER 100** | |
| a. **Broiler-type** chicks? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | | | | | | | 304  $ | **. \_\_ \_\_** |
| b. **Egg-type** chicks? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | | | | | | | 305  $ | **. \_\_ \_\_** |
|  | | | | | | | **DOLLARS PER DOZEN** | |
| 7. During 2017, what was the average **price** paid for fertile broiler-type and egg type eggs? . . . . . | | | | | | | 307  $ | **. \_\_ \_\_** |
| **Continue on back** | | | | | | | | |
| **TURKEYS** | | | | | | | | |
| 8. Does this operation currently have the equipment and facilities that can be used to hatch **poults**?  210  1Yes - Continue 3No - Go to item 10 | | | | | | | | |
| 9. Please report capacity for hatching poults separately, as of January 1, 2019 for each hatchery in North Carolina.  [Report the maximum number of eggs the Setters and Hatchers can hold at one time. Include inactive incubator capacity.] | | | | | | | | |

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|  | **LOCATION** |  | **CAPACITY of all SETTERS** | **+** | **CAPACITY of all HATCHERS** | **=** | **TOTAL** | |
|  | 226 |  | 227 | **+** | 228 | **=** | 229 | |
|  | 230 |  | 231 | **+** | 232 | **=** | 233 | |
|  | 234 |  | 235 | **+** | 236 | **=** | 237 | |
| **Total Capacity for Hatching Poults** | | | | | | | 225 | |
|  | | | | | | | | |
| 10. During 2017, were there any poults hatched on this operation?  211  1Yes - Continue 3No - Go to Comments | | | | | | | | |
|  | | | | | | | **NUMBER** | |
| 11. During 2017, how many poults were hatched on this operation? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | | | | | | | 212 | |
| 12. During 2017, what was the average price received for all poults sold or moved from this operation? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | | | | | | | **DOLLARS PER POULT** | |
| 306  $ | **. \_\_ \_\_** |

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| **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/  Would you rather have a brief summary mailed to you at a later date? 1Yes 3No . . . . . . . . . . . . . . | | | | | | **OFFICE USE** |
| 9990 |
|  | | | | | | |
| **Comments:** | | | | | | |
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| Respondent Name: |  |  | 9911  Phone: ( ) |  | 9910 MM DD YY  Date: \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ | |

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| **THANK YOU FOR YOUR COOPERATION** |  |

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| **OFFICE USE ONLY** | | | | | | | | | | | | | | |
| **Response** | | **Respondent** | | **Mode** | | **Enum.** | **Eval.** | **R. Unit** | **Change** | **Office Use for POID** | | | | |
| 1-Comp  2-R  3-Inac  4-Office Hold  5-R – Est  6-Inac – Est  7-Off Hold – Est | 9901 | 1-Op/Mgr  2-Sp  3-Acct/Bkpr  4-Partner  9-Oth | 9902 | 1-PAPSI (Mail)  2-PATI (Tel)  3-PASI (Face-to-  Face)  6-Email  7-Fax  19-Other | 9903 | 9998 | 9900 | 9921 | 9985 | 9989  \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ | | | | |
| **Optional Use** | | | | |
| 9907 | 9908 | | 9906 | 9916 |
| S/E Name | | | | | |  |  | | |  | |  | | |

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