

FLOUR MILLING PRODUCTS OPERATION PROFILE - JULY 2020

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**United States
 Department of
 Agriculture**



**NATIONAL
 AGRICULTURAL
 STATISTICS
 SERVICE**

USDA/NASS

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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. Your responses will be kept confidential and any person who willfully discloses ANY identifiable information about you or your operation is subject to a jail term, a fine, or both. This survey is conducted in accordance with the Confidential Information Protection provisions of Title V, Subtitle A, Public Law 107-347 and other applicable Federal laws. For more information on how we protect your information please visit: <https://www.nass.usda.gov/confidentiality>. 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 0535-0254. 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.

1. Will this firm **mill** any **wheat** or **rye** in 2020?

- xxx 1 **Yes** – Go to Item 2
 3 **No** – Will this firm **mill** any **wheat** or **rye** in the future?
 xxx 1 **Yes** – Go to Item 7
 3 **No** – Go to item 7

OFFICE USE

xxx

2. Will this firm mill **wheat** or **rye** in more than one location in 2020?

- xxx 1 **Yes** – List information on each separate location below. Use additional pages if necessary.
 3 **No** – Go to Item 4

MILL NAME	PHYSICAL ADDRESS	CONTACT PERSON
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3. Considering all locations reported in item 2, how would this firm prefer to report?

- xxx 1 Each location individually
 2 Headquarters reports all locations separately
 3 Other combination, Specify:

CWT

4. What is the total **maximum 24-hour milling capacity** for all locations that this firm will mill wheat or rye at in 2020?

xxx

(OVER)

5. Who will be the primary contact at this warehouse responsible for completing our monthly survey?

Name: _____
 Position: _____
 Telephone: _____
 Address: _____
 Fax: _____
 Email: _____

6. Who will be the alternate contact at this warehouse responsible for completing our monthly survey?

Name: _____
 Position: _____
 Telephone: _____
 Address: _____
 Fax: _____
 Email: _____

7. **COMMENTS:**

9912	9911	9910	MM	DD	YY
Respondent Name:	Phone:	Date:			

This completes the survey. **Thank you for your help.**

OFFICE USE ONLY

Response		Respondent		Mode		Enum.	Eval.	Change	Office Use for POID			
1-Comp 2-R 3-Inac 4. R-Est 6-Inac-Est 7-Off Hold-Est 8-Known Zero	9901	1-Op/Mgr 2-Sp 3-Acct/Bkpr 4-Partner 9-Oth	9902	1-Mail 2-Tel 3-Face-to-Face 4-CATI 5-Web 6-E-mail 7-Fax 8-CAPI 9-Other	9903	9998	9900	9985	9989			
									R. Unit			
									9921			
									Optional Use			
									9907	9908	9906	9916
S/E Name												