

COLD STORAGE CAPACITY – October 1, 2019

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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. 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 control number for this information collection is 0535-0001. The time required to complete this information collection is estimated to average 15 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.

LOCATION OF STORAGE FACILITY:

Address _____

INSTRUCTIONS: Complete this form for the refrigerated storage for the location shown above. For this survey, a separate report is requested for each storage facility location. This survey covers all refrigerated storages, public or private, where food commodities are generally stored.

1. In 2019, did the facility location listed above have refrigerated storage space?

xxx **Yes**-Go to Item 2 **No**-Continue

a. Has this facility location been demolished?

xxx **Yes**-Go to Item 6 **No**-Continue

b. In 2019, was this facility location vacant?

xxx **Yes**-Go to Item 6 **No**-Continue

c. In 2019, was this facility location used for a purpose other than refrigerated storage space?

xxx **Yes**-Go to Item 6 **No**-Go to Item 6

2. In 2019, did you manage the facility location listed above?

xxx **Yes**-Go to Item 3 **No**-Continue

a. Has the facility location been sold to another firm?

xxx **Yes**-Go to Item 6 **No**-Go to Item 6

3. **REFRIGERATED SPACE:**

Please report the 2019 capacity of your Refrigerated Storage in the 2019 column below. If capacity for this facility was reported in 2017, the information will be preprinted in the 2017 column and should be verified.

		Cooler (cannot go below 0 degrees F°)		Freezer (can go to 0 degrees F° or lower)	
		2017	2019	2017	2019
a.	Total refrigerated area (Length x width x height)		006		035
	cu. ft.				
b.	Useable refrigerated area (actual area available for storing products. Total area less space lost to aisles, refrigeration equipment, posts, ducts, etc.)..		011		031
	cu. ft.				

c. If the total refrigerated area or useable refrigerated area have changed between 2017 and 2019, please explain below:

4. **CONVERTIBLE SPACE:** (Report under freezer)

- a. How much of the (Item 3) useable freezer area can be converted to cooler rooms?
- b. How much of this (Item 4a) convertible space is now used as coolers?

Cubic Feet
049
014

5. **TYPE OF STORAGE:** Please select one choice below:

- a. Public Storage – For use by the general public 1
- b. Semi-private – Partly for private use and partly for public use 2 – Go to Item 3d
- c. Private – For exclusive use by you or others 3

Office Use
078

d. If Semi-private (Item 5b), what percent of total space is usually available for public use?

Percent
079

6. OTHER REFRIGERATED STORAGE FACILITIES:

If you manage any other refrigerated storage facilities, please list them below.

BUILDING NAME	MAIL ADDRESS	PERSON TO CONTACT	PHONE NUMBER
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. **Survey Results:** To receive the complete results of this survey on the release date, go to https://www.nass.usda.gov/Surveys/Guide_to_NASS_Surveys/.

Would you rather have a brief summary sent to you at a later date?

9990

1 **YES**3 **NO**

Respondent Name:	9911	9910 MM DD YY
	Phone: (____) ____-____	Date: ____-____-____

This completes the survey. Thank you for your help.

Office Use

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