## **HATCHERY CAPACITY REPORT January 2021**

OMB No. 0535-0004 Approval Expires: 3/31/2022 Project Code: 158 Surveyld: 2575

USDA USDA A

United States Department of Agriculture



NATIONAL AGRICULTURAL STATISTICS SERVICE

USDA/NASS - Georgia

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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 0535-0004. 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.

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?

 $^{110}$  1  $\square$  Yes - Continue 3  $\square$  No - Go to question 3

2. Please report capacity for hatching CHICKS separately, as of January 1, 2021 for each hatchery in Georgia.

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[Report the maximum number of eggs the Setter and Hatchers can hold at one time. Include inactive incubator capacity.]

	LOCATION	CAPACITY of all SETTERS	т	CAPACITY of all HATCHERS	-	TOTAL
1	26	127	+	128	=	129
1	30	131	+	132	=	133
1	34	135	+	136	=	137
		Tot	al C	apacity for Hatching Chi	cks	125
3.	During 2020, were there any chick	s hatched on this operation?				
1	11 1 Yes - Continue	<sub>3</sub> 🔲 No - Go to Turkeys, bac	k pa	ge		
						Number
4.	During 2020, how many broiler-typ (Include chicks destroyed)					112
	a. In the previous 12 months for y	he	Percent Livability			
	average livability between the l (For example: a 5.0% mortality	303 %				
						Number
5.	During 2020, how many egg-type of (Include chicks destroyed)					102
6.	During 2020, for all chicks sold or r	noved, what was the average	pric	e received for		Dollars per 100
	a. Broiler-type chicks?					304 \$
	b. Egg-type chicks?					305 \$
						Dollars per Dozen
7.	During 2020, what was the averag	e price paid for fertile broiler-t	ype a	and egg-type eggs?		307 \$

## TURKEYS

- 1. Does this operation currently have the equipment and facilities that can be used to hatch poults?
- <sup>210</sup> 1 Yes Continue 3 No Go to question 3
- 2. Please report capacity for hatching POULTS separately, as of January 1, 2021 for each hatchery in Georgia.

[Report the maximum number of eggs the Setter and Hatchers can hold at one time. Include inactive incubator capacity.]

LOCATION	CAPACITY of all SETTERS	+	CAPACITY of all	HATCHERS	=	т	OTAL	
226	227	+	228		=	229		
230	231	+	232		=	233		
234	235	+	236		=	237		
	То	tal C	apacity for Hat	ching Pou	ults	225		
<ol> <li>During 2020, were there any poults</li> <li><sup>211</sup>         1 □ Yes - Continue 3     </li> </ol>	hatched on this operation?							
							umber	
4. During 2020, how many poults wer	e hatched on this operation?					212		
Conclusion								
Survey Results: To receive the comp	lete results of this survey on t	the r	elease date, go	to: nass.us	₃da.	.gov/result	s	
To have a brief summary emailed to 1095	o you, please enter your ema	il ad	dress:					
Comments related to the information y	ou reported:							
Contact Information								
Operation Email: (if different from above)			Operation Pho	ne:				
9937			9936					eck if phone
Respondent Name:	Respondent Phone:	(if dif	ferent from above)					<u> </u>
9912	9911	( un		check if	991	10 MM	DD	YY

This completes the survey. Thank you for your help.

cell phone

Date:

OFFICE USE ONLY												
Response		Respond	ent	Mode		Enum.	Eval.	Change	Office Use for POID			C
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-PASI (Mail) 2-PATI (Tel) 3-PAPI (Face-to- Face) 6-Email 7-Fax 19-Other	9903	9998	9900 R. Unit 9921	9985	9989 - - 9907	 Opti 9908	onal Use	9916
S/E Name												