MONTHLY HATCHERY REPORT - May 2021

OMB No. 0535-0004 Approval Expires: 3/31/2022 Project Code: 158 Surveyld: 3495



United States Department of Agriculture



NATIONAL AGRICULTURAL STATISTICS SERVICE

> Egg-Type Number

101

USDA/NASS - National

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Email: NASSRFONER@usda.gov

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

CHICK OPERATIONS - Please report "0" if answer is none

1. Chicken eggs in your incubator/hatchers May 1?

1-Comp

2-R

3-Inac

4-Office Hold

6-Inac - Est

7-Off Hold - Est

5-R - Est

S/E Name

9901

1-Op/Mgr

3-Acct/Bkpr

4-Partner

9-Oth

9902

1-PASI (Mail)

3-PAPI (Face-to-

2-PATI (Tel)

Face)

19-Other

6-Email

7-Fax

The information you provide will be used for statistical purposes only. Your response 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 and Statistical Efficiency Act of 2018, Title III of Pub. L. No. 115-435, codified in 44 U.S.C. Ch. 35 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.

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	(Ind	(Include breeding flock replacements, custom set for others. Exclude broiler-type eggs.)											
		hicks Hatched in your incubators/hatchers during April? (Include breeding flock replacements, ustom set for others. Exclude broiler-type eggs.)									102		
3.	Of :	the (question 2)) chicks hatched in	April, hov	v many were	placed	as:						
	a. Straight-run chicks?										104		
	b.	Pullet chicks?.							105				
	c. Cockerel chicks? (Exclude any given away.)								106				
	d. Other disposition? (Research, destroyed, etc.)										107		
	e. TOTAL (questions 3a + 3b + 3c + 3d) (Total should equal question 2, Chicks Hatched)										100		
		1095											
		t Information											
Oper	atior	n Email: (if different	from above)				0	peration Pho	one:				
9937							99	936					ck if hone
Resp	ond	ent Name:			Respondent P	hone: (if c	lifferent f	om above)				<u> </u>	
912					9911				check if cell phone	9910 Date:	MM	DD	YY
				This comple	etes the survey.	Thank yo	ou for you	ır help.		Date.			
					OFFICE US	SE ONLY							
		Response Respondent Mode Enum. Eval. Change							Office Use for POID				

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Optional Use

9906

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