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| **Animal and Vegetable fats and oils OPERATION PROFILE –May 2023** | | | | | | | | |
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|  | | | | | | | OMB No. 0535-0254  Approval Expires:  Project Code: QID:  SMetaKey: | |
| **SURVEY_LOGO_1:USDA_logo_bw.gif** | **United States**  **Department of**  **Agriculture** |
|  |  | |  | | | | **http://nassnet/miso/PRIME_Center/Communication_Guidelines/Official_Logos/NASS%20Graphic/nass_logo_bw.gif** | **NATIONAL**  **AGRICULTURAL**  **STATISTICS**  **SERVICE** |
|  |  |  | |  |  |  | **USDA/NASS**  National Operations Division  9700 Page Avenue, Suite 400  St. Louis, MO 63132-1547  1-888-424-7828  FAX: 1-855-515-1328  Email: [nass@nass.usda.gov](mailto:nass-wy@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. 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 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**. | | | | | | | | |
| 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 **produce** or **consume** any **animal** or **vegetable fats** or **oils** in 2023?

**INCLUDE:**

|  |  |
| --- | --- |
| * Cottonseed– crude or once refined * Soybeans– crude, once refined, or cooking or salad oil * Linseed– raw and boiled or other than raw and boiled * Coconut– crude or refined * Corn– crude or once refined * Peanut– crude or once refined * Palm– crude or once refined * Palm kernel– crude or once refined * Sunflower– crude or once refined * Canola– crude or once refined * Safflower oil – crude or once refined * Olive oil * Babassu, oiticica, and other primary fats and oils | * Lard – such as rendered pork fat and lard stearin * Baking and frying fats (shortening) – 100% vegetable oil * Baking and frying fats (shortening) – 100% animal fat or blends with vegetable oil * Tallow – edible (including oleo stock and edible animal stearin) * Tallow – inedible (including inedible animal stearin) * Grease – yellow * Grease – other than yellow * Margarine * Fatty acids * Glycerin – crude * Glycerin – refined * Meat meal, meat and bone meal, and dry rendered tankage * Poultry fats * Poultry by-products * Feather meal * Blood meal, raw products for pet food, etc. |

xxx 1 🞏**Yes** – Go to Item 2

3 🞏**No** – Will this firm **produce** or **consume** any **animal** or **vegetable** **fats** or **oils** in

the future? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . xxx 1 🞏**Yes** – Go to Item 10

3 🞏**No –** Go to Item 10

2. Will this firm **produce** or **consume** any **animal** or **vegetable fats** or **oils** in more than one location in 2023?

|  |
| --- |
| **Office Use** |
| xxx |

xxx 1 🞏**Yes** – List information on each separate location below. Use additional pages if necessary.

3 🞏**No** – Go to Item 4

FIRM 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:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **1,000 Pounds** |
| xxx |

4. What is the **total** **production capacity** of all of the locations that this firm will produce and

consume animal or vegetable fats or oils in 2023? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

5. Is this firm solely a rendering plant that will only **produce** **edible** or **inedible** **animal** **fats** through the **rendering** process

in 2017?

xxx 1 🞏**Yes**

3 🞏**No**

6. Will this firm **crush** or **solvent process** any **vegetable oil-bearing materials** in 2023?

**INCLUDE**: Soybeans, Cottonseed, Flaxseed, Safflower seed, Corn, Sunflower seed, Canola, and Olives

xxx 1 🞏**Yes**

3 🞏**No**

7. Does this firm store fats or oils in a public or private warehouse at another location?

xxx 1 🞏**Yes**

3 🞏**No**

8. Who will be the primary contact at this firm for completing our monthly survey?

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Who will be the alternate contact at this firm for completing our monthly survey?

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. COMMENTS:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 9912 | 9911 | | | 9910 MM DD YY |
| Respondent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Phone: (\_\_\_\_\_) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Date: \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ |

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

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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  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  19-Other | 9903 | 9998 | 9900 | 9921 | 9985 | 9989  \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ | | | | |
| **Optional/NOC Use** | | | | |
| 9907 | 9908 | | 9906 | 9916 |
| S/E Name | | | | | |  |  | | |  | |  | | |