## FLOUR MILLING PRODUCTS OPERATION PROFILE - JULY 2023

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United States Department of Agriculture



NATIONAL AGRICULTURAL STATISTICS SERVICE

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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: <a href="https://www.nass.usda.gov/confidentiality.Response">https://www.nass.usda.gov/confidentiality.Response</a> is voluntary.

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1. Will this firm **mill** any **wheat** or **rye** in 2023?

| XXX 1 | Yes – Go to Item 2   |
|-------|--|
| 3     | <b>No</b> – Will this firm <b>mill</b> any <b>wheat</b> or <b>rye</b> in the future? |
|       | 1 <b>Yes</b> – Go to Item 7  |
|       | $_{3}$ No – Go to item 7   |

2. Will this firm mill **wheat** or **rye** in more than one location in 2023?

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

MILL NAME

XXX

3.

XXX <sup>^</sup>

PHYSICAL ADDRESS



xx

**OFFICE USE** 

Considering all locations reported in item 2, how would this firm prefer to report?

Each location individually Headquarters reports all locations separately

Other combination, Specify:



F

⊢

⊢

⊢

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<br>2-R<br>3-Inac<br>4. R-Est<br>6-Inac-Est<br>7-Off Hold-Est<br>8-Known Zero | 9901 | 1-Op/Mgr<br>2-Sp<br>3-Acct/Bkpr<br>4-Partner<br>9-Oth | 9902 | 1-Mail<br>2-Tel<br>3-Face-to-Face<br>4-CATI<br>5-Web<br>6-E-mail<br>7-Fax<br>8-CAPI<br>9-Other | 9903 | 9998  | 9900<br><b>R. Unit</b><br>9921 | 9985   | 9989                | <b>Optio</b><br>9908 | nal Use<br>9906 | 9916 |
| S/E Name  |      |   |      |  |      |       |                                |        |                     |                      |                 |      |