## FLOUR MILLING PRODUCTS OPERATION PROFILE - JULY 2023

OMB No. 0535-0254 Approval Expires: xx/xx/20xx Project Code: 681 QID: 001242 SMetaKey: 3620 Version MQ311A



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.

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 **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 2-R 3-Inac 4. 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 9-Other	9903	9998	9900 <b>R. Unit</b> 9921	9985	9989	<b>Optio</b> 9908	nal Use 9906	9916
S/E Name												