

REFRIGERATED STORAGE CAPACITY - October 1, 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 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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Location of Storage Facility:

Address: _____

INSTRUCTIONS: Complete this form for the refrigerated storage for the location shown above. For this survey, a separate report is requested for each storage facility location. This survey covers all refrigerated storages, public or private, where food commodities are generally stored.

1. In 2023, did the facility location listed on page one have refrigerated storage space?

025

Yes - Continue

No - Continue

2. Does the operation name on the label manage the facility location listed on page one? (If the operation name has changed, but ownership is the same, please answer Yes).

029

Yes - Go to Item 3

No - Go to Item 2a

a. Has the facility location been sold to or acquired by another firm?

030

Yes - Go to Items 2b and 2b.i.

No - Go to Item 2c

b. Please provide to whom the facility was sold or the name of the company that acquired the facility:

1089

40

i. Is this a name change only?

Yes - Go to Item 3

No - Go to Item 2c

c. Has this facility location been demolished?

026

Yes - Go to Item 6

No - Continue

d. In 2023, was this facility location vacant?

027

Yes - Go to Item 6

No - Continue

e. Has this facility location been repurposed for a use other than refrigerated storage space?

028

Yes - Go to Item 2e.i.

No - Go to Item 6

i. Please specify what happened to the facility:

41

- Go to Item 6

3. Do you typically store any food commodity (dairy, fruit, vegetables, meats, etc.) for 30 days or more?

200

Yes - Continue

No - Continue

4. Refrigerated Space: Please report the 2023 capacity of your Refrigerated Storage. If the capacity for this facility was reported in 2021, the information will be preprinted in the 2021 columns and should be verified.

205

- Please check here if all capacities in 2023 are unchanged from the preprinted capacity in the 2021 columns. (Go to Item 5 if checked). If cooler or freezer capacity has changed, please enter the information in the appropriate columns in 4a and 4b and explain changes in 4c.

	Cooler (cannot go below 0 degrees F°)		Freezer (can go to 0 degrees F° or lower)	
	2021	2023	2021	2023
a. Total refrigerated space (Length x width x height) cu. ft		006		035
b. Useable refrigerated space (actual area available for storing products. Total space less space lost to aisles, refrigeration equipment, posts, ducts, etc.) cu. ft		011		031

c. If the total refrigerated space or useable refrigerated space have changed between 2021 and 2023, please explain below:

1091

5. Type of Storage: Please select one choice below:

- a. Public Storage – For use by the general public 1
- b. Semi-private – Partly for private use and partly for public use 2
- i. If semi-private, what percent of total space is usually available for public use?..... %
- c. Private – For exclusive use by you or others 3

Office Use
078

079	%
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6. Do you manage any other refrigerated storage facilities?

300

- 1 Yes - List them below 3 No - Go to Item 7

Building Name	Mail Address	Person to Contact	Phone Number
9913	8203	8204	8207
8208	8209	8210	8211
8212	8213	8214	8215

7. Comments related to the information you reported:

8. Contact Information:

Operator Email:

Operator Phone:

9937	9917 Check to receive an emailed report <input type="checkbox"/>	9918 (____) _____	check if cell phone <input type="checkbox"/>
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Operation Email: (if different from above)

Operation Phone:(if different from above)

9937	9920 Check to receive an emailed report <input type="checkbox"/>	9936 (____) _____	check if cell phone <input type="checkbox"/>
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Respondent Name:

Respondent Phone: (if different from above)

9912	9911 (____) _____	check if cell phone <input type="checkbox"/>	9910 MM DD YY Date: ___ - ___ - ___
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This completes the survey. The results will be available on the release date at nass.usda.gov/results.
Thank you for your help.

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	9901	1-Op/Mgr 2-Spouse 3-Acct/Bkpr 4-Partner 9-Other	9902	1-PASI (Mail) 2-PATI (Tel) 3-PAPI (Face-to-Face) 6-Email 7-Fax 19-Other	9903	9998	9900	9921	9985	9989 _____ - _____ - _____			
										Optional Use			
										9907	9908	9906	9916
S/E Name													