

HAZELNUT OBJECTIVE YIELD SURVEY

August 1, 20xx

OMB No. 0535-0088
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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 to this survey 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 0535-0088. The time required to complete this information collection is estimated to average 3 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.

The Oregon Hazelnut Marketing Board funds this survey to obtain a yield forecast that will be released at the end of August, 20xx. Your response is very important in forecasting yields for the upcoming crop year. Individual reports are used in combination with other reports from other producers to determine the forecasted yield.

SECTION 1 OPERATOR INFORMATION

Sample No.

Name

Address

City State Zip Phone

A block of trees in your hazelnut orchard(s) was randomly selected this year to be in the Hazelnut Objective Yield Survey by the Hazelnut Marketing Board and the Oregon Agricultural Statistics Service. Our records show that the selected block is in the _____ acre orchard planted in _____ (year), and located at _____ and owned by _____.

1. Do you still operate this block of hazelnuts?

Yes - Skip to **SECTION 2: PICKING**

No - What is the name, address and phone number of the **new operator**?

Name

Address

City State Zip Phone

2. Does this person still own the orchard?

Yes

No - What is the name, address and phone number of the **new owner**?

Name

Address

City State Zip Phone

Now contact the new operator.

SECTION 2 PICKING SAMPLES

4. May we have your permission to enter this block and pick the nuts from the sampled terminal limbs on the 2 trees that we marked? We will send this sample to our Portland office to determine the number, size, weight and percent defective.

Yes - Go to item 5.

No - Conclude interview.

5. Can you tell us your plans for spraying in this block during the next week or so? This information will help us avoid unnecessary exposure to potentially harmful chemicals. (Obtain dates and chemicals being applied.)

Permission
obtained

from: _____ Da /
(Name) _____ te /

Enumerator _____ Date ____ / ____ / ____

Comments:

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	9901	1-Op/Mgr	9902	1-PASI (Mail)	9903	9998	9900	9985	9989			
2-R		2-Sp		2-PATI (Tel)								
3-Inac		3-Acct/Bkpr		3-PAPI (Face-to-Face)								
4- Office Hold		4-Partner		6-Email								
5- R - EST		9-Oth		7-Fax								
6-Inac-Est				19-Other								
7-Off Hold-Est												
									Optional Use			
									9907	9908	9906	9916
S/E Name _____												