

CIAB FORM 1

Weekly Raw Product Report

Cherry Industry Administrative Board

P.O. Box 388, DeWitt, MI 48820-0388

Tel: 517/669-1070 Fax: 517/669-1260

Here is general information about the Form 1. Please input the cells marked in green on the forms.	
Note that the cells in the Form 1's with these colors:	
	Requires data input from handler
	Should calculate automatically.
Posting of information	
Week 1 -	Week ending date. Please post the first week of harvest for the entire industry.
	If your harvest began later than Week 1 of the year, use the appropriate
	week's tab for your starting production.
	Handler name, address and CIAB identifying number [H_____].
	Post production for each district from which you received tonnage.
Weeks 2 through 10	Post your weekly production by district
	NOTE: The other information should flow from the Week 1 entries
Production figures	
Weekly total	Will be calculated automatically
Year to date production	Will be calculated automatically
Total year to date production	Will be calculated automatically
Final week of Production	Please check the box with an "x" indicating the week that you finish production -
NEW in 2013	1. in each district and
	2. for the year.
Corrections:	If you need to make corrections, do so in the appropriate week, but please notify the CIAB about the week and district in which the correction is being made.
Printing week's report	File, Print, OK
Use of spreadsheet	Input data for the week
	Save to your hard drive
	Attach as e-mail to CIAB sent to www.cherryboard@voyager.net

According the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number to this information collection is 0581-0177. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing the collection of information.

CIAB
FORM #1

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Week
Ending:

Final
Report:

Report receipts of fruit starting with the first week of harvest and pack and continue until the harvest is completed. The reporting week ends on Saturday. The report is due in the CIAB office by close of business Eastern time on Monday following each week of harvest. Please indicate the completion of harvest for each district from which you receive cherries when you are done in the district and the Final Report when you have completed your harvest.

Handler: _____ Handler ID# _____

Address, City, State, Zip: _____

Telephone No.: _____

RAW PRODUCT RECEIVED By District of Production	WEEKLY PRODUCTION Total of Fruit Received	YEAR to DATE Total of Fruit Received	Harvest from District Completed
01 NW Michigan	_____	_____	☐
02 WC Michigan	_____	_____	
03 SW Michigan	_____	_____	
04 New York	_____	_____	
05 Oregon	_____	_____	
06 Pennsylvania	_____	_____	
07 Utah	_____	_____	
08 Washington	_____	_____	
09 Wisconsin	_____	_____	
TOTAL RECEIPTS:	=====	=====	

The undersigned hereby certifies to the CIAB and the Secretary of Agriculture that this is a true and correct report of product received by the Handler for the indicated period.

By: _____

Title: _____

Date: _____

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OMB No. 0581-0177

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