MONTHLY HATCHERY REPORT - January 2025

OMB No. 0535-0004 Approval Expires: 11/30/2027 Project Code: 158 Surveyld: 3495



United States Department of Agriculture



NATIONAL AGRICULTURAL STATISTICS SERVICE

USDA/NASS - Iowa

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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.

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 0535-0004. The time required to complete this information collection is estimated to average 12 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.

CHICK OPERATIONS - Please report "0" if answer is none							Egg-Type Number				
1.	Chicken eggs in your incubator/hatchers January 1? INCLUDE breeding flock replacements, custom set for		101								
2.	Chicks Hatched in your incubators/hatchers during D replacements, custom set for others. EXCLUDE bro		102								
3.	Of the (question 2) chicks hatched in December, how many were placed as:										
	a. Straight-run chicks?										
	b. Pullet chicks?										
	c. Cockerel chicks? (Exclude any given away.) +										
	d. Other disposition? (Research, destroyed, etc.)		+	107							
	e. TOTAL (questions 3a + 3b + 3c + 3d) (Total sho	=	108								
Со	nclusion: Contact Information										
Op	erator Email:		Opera	tor Phone:							
992	9		Check to receive results by email ☐	9918)			Check if cell phone			
Ор	eration Email: (if different from above)			Opera	ition Phone	: (if diffe	erent fror	n above)			
993	7		Check to receive results by email	9936)			Check if cell phone			
Re	spondent Name:	Respon	dent Phone (if differ	ent fron	n above)						
991	2	9911			cell phone	9910 Date:	MM 	DD YY			

This completes the survey. Thank you for your help. The results will be available on the release date at: nass.usda.gov/results

				OI	FFICE U	SE ONLY							
Response		Respondent Mode			Enum.	Eval.	Change	Office Use for POID					
1-Comp 2-R 3-Inac 4-Office Hold 5-R – 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	9903	9998	9900	9985	9989 Optional Use				
6-Inac – Est 7-Off Hold – Est				7-Fax 19-Other					9921	9907	9908	9906	9916
S/E Name	•				•								•