

# Agricultural Business Questionnaire

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The Occupational Safety and Health Standards Board is engaged in rulemaking intended to address hazards related to performing outdoor agricultural work during hours of darkness (sunset to sunrise), where illumination or visibility is limited. This survey is intended to collect cost data associated with providing personal protective equipment (PPE) and additional lighting to increase visibility.

## Contact Information

*This section is optional.*

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

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**1. May we contact you to discuss this questionnaire?**

Yes

No

**2. Is your farm managed by a farm management company?**

Yes

No

**3. Are you a farm management company?**

Yes

No

If you answered yes, please answer the following question. If you answered no, please skip to question 5.

**4. How many farms do you manage? Please indicate your answer as a number. \_\_\_\_\_**

**5. Is your company considered a small business?**

*According to the Small Business Administration, in order to be considered a small business, the annual receipts must be less than \$750,000.*

- Yes
- No

**6. How many workers, including contract workers, do you employ or contract with during *peak work times for outdoor agricultural operations including but not limited to harvest?***

- Less than 10
- 11 to 20
- 21 to 30
- 31 to 40
- 41 to 50
- 51 to 70
- 71 to 100
- 101 to 150
- 151 to 200
- Over 200

**7. What percentage of your workers for outdoor agricultural operations are provided by California farm labor contractors (FLC) or farm management companies?**

- Less than 10%
- 11 to 20%
- 21 to 30%
- 31 to 40%
- 41 to 50%
- 51 to 60%
- 61 to 70%
- 71 to 80%
- 81 to 90%
- 91 to 100%

**8. Does your company perform outdoor agricultural work during hours of darkness (sunset to sunrise)?**

- Yes
- No (*If you answer no to this question do not proceed. The questionnaire is concluded.*)

**9. Please select the type of farm:**

Crops

Commodity (other than crops)

# Crops

10. Please fill out the table below.

Not Applicable. There are no animals involved in my work.

What type of crops are worked on during hours of darkness (sunset to sunrise)?	What is the typical crew size working with these crops?	How many of those workers are from FLC?	How many hours per year do you estimate workers spend on tasks for these crops?  <i>For example: (number of workers) x (number of hours) x (number of days) = total per year</i>
Bell Pepper			
Eggplant			
Garlic			
Hay			
Lettuce			
Melons			
Okra			
Onions			
Peaches			
Strawberries			
Sweet Corn			
Tomatoes			
Wine Grapes			
Other – Write In			

11. What are the type of tasks or work performed with these crops outdoors during hours of darkness (from sunset to sunrise)?

- Cultivating
- Harvesting
- Irrigation
- Pruning/thinning
- Transplanting
- Other – Write In

# Animals

12. Please fill out the table below.

Not Applicable. There are no animals involved in my work.

<b>What type of animals are involved in work during hours of darkness (sunset to sunrise)?</b>	<b>What is the typical crew size working with these animals?</b>	<b>How many of those workers are from FLC?</b>	<b>How many hours per year do you estimate workers spend on tasks for these animals?</b> <i>For example: (number of workers) x (number of hours) x (number of days) = total per year</i>
<b>Aquaculture</b>			
<b>Cattle</b>			
<b>Chickens</b>			
<b>Dairy (Cows)</b>			
<b>Sheep</b>			
<b>Other – Write In</b>			

13. What are the type of tasks or work performed outdoors during hours of darkness (from sunset to sunrise)?

*Please check all that apply*

- Egg Gathering
- Herding
- Inspection
- Pushing Cows
- Other – Write In

# Equipment

**14. What type of agricultural equipment do you use at night (tractors, specialized harvesters)? Check all that apply.**

- Industrial trucks or forklifts
- Machines for hand sorting and/or packing
- Mechanical harvesters
- Tractors
- Trucks
- Other - Write In: \_\_\_\_\_

**15. What type of controls do you currently provide (e.g. lighting / PPE / training)? Check all that apply.**

- Batteries
- Equipment lighting integrated by design with the vehicle, including packing platform lighting
- Hands-free portable personal lighting (e.g. headlamps)
- High visibility garment(s) or clothing
- Lighting powered by a generator
- Portable lighting
- Portable stadium or flood type lighting
- Training
- Other - Write In (Required): \_\_\_\_\_

## Current Costs

16. What are your current costs? Please fill out the table below.

	Quantity	Current Yearly Cost	Provided by FLC (Yes or No)	Provided by a Farm Management Company (Yes or No)
Batteries (batteries = (number of batteries per night) x (number of employees) x (number of days) = total per year)				
Equipment lighting integrated by design with the vehicle, including packing platform lighting				
Hand-free portable personal lighting (e.g. headlamps)				
High visibility garment(s) or clothing				
Lighting powered by a generator				
Portable lighting				
Portable stadium or flood type lighting				
Training (for quantity, indicate the number of employees trained)				
Other –				

17. In order to comply with the draft proposal, would your business have to purchase or rent additional lights or provide additional protective gear?

Yes

No

## Additional Costs

18. If you answered yes to the question above, please fill out the table below. If you answered no, please skip this portion.

	Quantity	Estimated First Year Costs	Estimated On-Going Costs	Provided by FLC (Yes or No)	Provided by a Farm Management Company (Yes or No)
Batteries (batteries = (number of batteries per night) x (number of employees) x (number of days) = total per year					
Equipment lighting integrated by design with the vehicle, including packing platform lighting					
Hands-free portable personal lighting (e.g. headlamps)					
High visibility garment(s) or clothing					
Lighting powered by a generator					
Portable lighting					
Portable stadium or flood type lighting					
Training (for quantity, indicate the number of employees trained)					
Other –					

**Thank You!**

**Thank you for taking our survey. Your response is very important to us.**