

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 -
	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 to 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	_____	_____	<input type="checkbox"/>
02 WC Michigan	_____	_____	<input type="checkbox"/>
03 SW Michigan	_____	_____	<input type="checkbox"/>
04 New York	_____	_____	<input type="checkbox"/>
05 Oregon	_____	_____	<input type="checkbox"/>
06 Pennsylvania	_____	_____	<input type="checkbox"/>
07 Utah	_____	_____	<input type="checkbox"/>
08 Washington	_____	_____	<input type="checkbox"/>
09 Wisconsin	_____	_____	<input type="checkbox"/>
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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Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. USDA is an equal opportunity provider, employer, and lender.