

HATCHERY CAPACITY REPORT January 2025

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 Approval Expires: 1/31/2025
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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 8 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.

Please report for both CHICKEN and TURKEY hatchery equipment and facilities owned by this operation.

CHICKENS

1. Does this operation currently have the equipment and facilities that can be used to hatch chicks?

¹¹⁰ 1 Yes - Continue 3 No - Go to question 3

2. Please report capacity for hatching CHICKS separately, as of January 1, 2025 for each hatchery in Iowa.

Report the maximum number of eggs the Setters and Hatchers can hold at one time.
 INCLUDE inactive incubator capacity.

LOCATION	CAPACITY of all SETTERS	+	CAPACITY of all HATCHERS	=	TOTAL
126	127	+	128	=	129
130	131	+	132	=	133
134	135	+	136	=	137
Total Capacity for Hatching Chicks					125

3. During 2024, were there any chicks hatched on this operation?

¹¹¹ 1 Yes - Continue 3 No - Go to Turkeys, back page

4. During 2024, how many broiler-type chicks were hatched on this operation? INCLUDE chicks destroyed.

NUMBER

112

a. In the previous 12 months for your flocks raised for meat production in Iowa, what was the average livability between the hatchery and the processor for broiler-type chicks?

Percent Livability

303 . ____ %

5. During 2024, how many egg-type chicks were hatched on this operation? INCLUDE chicks destroyed.....

NUMBER

102

6. During 2024, for all chicks sold or moved, what was the average price received for--

a. Broiler-type chicks?.....

Dollars per 100

304 \$. ____

b. Egg-type chicks?.....

305 \$. ____

Dollars per Dozen

7. During 2024, what was the average price paid for fertile broiler-type and egg-type eggs?..

307 \$. ____

TURKEYS

1. Does this operation currently have the equipment and facilities that can be used to hatch poultts?

²¹⁰ ₁ Yes - Continue ₃ No - Go to question 3

2. Please report capacity for hatching POULTS separately, as of January 1, 2025 for each hatchery in Iowa.

Report the maximum number of eggs the Setters and Hatchers can hold at one time.
 INCLUDE inactive incubator capacity.

LOCATION	CAPACITY of all SETTERS	+	CAPACITY of all HATCHERS	=	TOTAL
226 _____	227 _____	+	228 _____	=	229 _____ +
230 _____	231 _____	+	232 _____	=	233 _____ +
234 _____	235 _____	+	236 _____	=	237 _____ +
Total Capacity for Hatching Poults					225 _____ =

3. During 2024, were there any poultts hatched on this operation?

²¹¹ ₁ Yes - Continue ₃ No - Go to Conclusion

NUMBER

212

4. During 2024, how many poultts were hatched on this operation?.....

Conclusion: Contact Information

Operator Email:		Operator Phone:	
9929	Check to receive results by email <input type="checkbox"/>	9918 () _____	Check if cell phone <input type="checkbox"/>
Operation Email: (if different from above)		Operation Phone: (if different from above)	
9937	Check to receive results by email <input type="checkbox"/>	9936 () _____	Check if cell phone <input type="checkbox"/>
Respondent Name:		Respondent Phone (if different from above)	
9912	9911 () _____	Check if cell phone <input type="checkbox"/>	9910 MM DD YY Date: ____ - ____ - ____

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

Comments related to the information you reported:

OFFICE USE ONLY

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