

Green Technologies and Practices



105 -

Please fill in your account number from the front of your survey form.

O.M.B. No. 1220-0184
Expires 09/30/2013

- Please provide information only for the location in Number 1 below, even if you have more than one location.
- Please respond within 30 days to reduce follow-up costs.
- Please respond **even if you do not use any green technologies or practices** at your location.
- Need help? Send an e-mail to BLSGREEN@ESD.WA.GOV or call 1-866-406-0165.

→ You can also respond using the Internet. For instructions please go to: www.bls.gov/respondents/gtp/forms.htm ←

1 Please provide the company name and physical location address of your establishment in the space provided.

Company Name:

Street Address:

City: State: Zip:

2 What was the total employment at this location as of September 12, 2012?

Enter total
employment
here →

Include:

- For incorporated firms – paid owners, officers, and staff
- Total number of full- and part-time paid workers
- Workers assigned temporarily to other locations

Do Not Include:

- For unincorporated firms – owners, proprietors, and partners
- Unpaid family workers
- Workers on unpaid leave
- Workers not covered by unemployment insurance
- Contractors and temporary agency employees not on your payroll

3 Please let us know what your main products or services are and continue with the rest of the survey.

4

Did your location use any of the following green technologies or practices?

Column A:

Please indicate whether this location actively used the type of green technology or practice listed during the pay period including September 12, 2012.

Column B:

For any green technologies or practices used at this location during that same pay period, please indicate whether there were any employees at this location who spent any of their time involved in:

- researching, developing, maintaining, using, or installing technologies or practices to lessen the environmental impact of their establishment, or
- training the establishment’s workers in these technologies or practices.

Please include employees on the establishment’s payroll. **Do not include contract employees or consultants when completing Column B.**

The types of employees to include are listed in Question 2 on Page 1.

			Column A	Column B
Item	Type of green technology or practice	Examples	Did your location ...?	Did any of your employees ...?
Energy from Renewable Sources and Energy Efficiency				
1	Generate electricity, heat, or fuel from renewable sources primarily <u>for use within your establishment?</u>	<ul style="list-style-type: none"> • Wind • Geothermal • Ocean • Landfill gas • Biomass • Solar • Hydropower • Municipal solid waste 	<input type="checkbox"/> Yes, If Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Use technologies or practices to improve energy efficiency <u>within your establishment?</u>	<ul style="list-style-type: none"> • Energy Star rated appliances • LEED certified building • Energy efficient lighting • Programmable thermostats • Cogeneration (combined heat and power) • Energy efficient manufacturing equipment 	<input type="checkbox"/> Yes, If Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply	<input type="checkbox"/> Yes <input type="checkbox"/> No
Greenhouse Gas Reduction and Pollution Reduction & Removal				
3	Use technologies or practices <u>in your operations</u> to reduce greenhouse gas emissions through methods other than those listed in Items 1 and 2 above (renewable energy generation and energy efficiency)?	<ul style="list-style-type: none"> • Purchase and use of carbon offsets • Promotion and/or subsidy of alternative forms of transportation for employees, such as carpools, fuel efficient vehicles, cycling, or mass transit • Implementation of a telework program for employees 	<input type="checkbox"/> Yes, If Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply	<input type="checkbox"/> Yes <input type="checkbox"/> No

			Column A	Column B
Item	Type of green technology or practice	Examples	Did your location ...?	Did any of your employees ...?
4	Use technologies or practices to either reduce the creation or release of pollutants or toxic compounds <u>as a result of operations</u> , or to remove pollutants or hazardous waste from the environment?	<ul style="list-style-type: none"> • Carbon monoxide • Sulfur dioxide • Chlorofluorocarbons (CFCs) • Nitrogen oxides • Chlorinated hydrocarbons • Herbicides or pesticides • Heavy metals • Radioactive contamination 	<input type="checkbox"/> Yes, If Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply	<input type="checkbox"/> Yes <input type="checkbox"/> No
Recycling & Reuse and Natural Resources Conservation				
5	Use technologies or practices to reduce or eliminate the creation of waste materials <u>as a result of your operations</u> ?	<ul style="list-style-type: none"> • Collecting and reusing or recycling waste • Managing wastewater • Composting solid waste • Remanufacturing 	<input type="checkbox"/> Yes, If Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Use technologies or practices <u>in your operations</u> to conserve natural resources? Please do not include using recycled inputs in your production processes.	<ul style="list-style-type: none"> • Managing land resources • Managing storm water • Conserving soil, water, or wildlife • Implementing organic agriculture or sustainable forestry practices • Implementing a paperless office or reducing paper usage and consumption 	<input type="checkbox"/> Yes, If Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other technologies or practices not included previously. Please describe.				
7			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No
8			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please complete Question 5 on the next page.

Question 6 Continued	Hourly Wages	A	B	C	D	E	F	G	H	I	J	K	L	Total
		under 9.25	\$9.25 - 11.49	\$11.50 - 14.49	\$14.50 - 18.24	\$18.25 - 22.74	\$22.75 - 28.74	\$28.75 - 35.99	\$36.00 - 45.24	\$45.25 - 56.99	\$57.00 - 71.49	\$71.50 - 89.99	\$90.00 and over	
		under \$19,240	\$19,240 - 23,919	\$23,920 - 30,159	\$30,160 - 37,959	\$37,960 - 47,319	\$47,320 - 59,799	\$59,800 - 74,879	\$74,880 - 94,119	\$94,120 - 118,559	\$118,560 - 148,719	\$148,720 - 187,199	\$187,200 and over	

Job Title 2:														
Job Description 2:														

Job Title 3:														
Job Description 3:														

Job Title 4:														
Job Description 4:														

Job Title 5:														
Job Description 5:														

Job Title 6:														
Job Description 6:														

Job Title 7:														
Job Description 7:														

If you need additional space, please copy this page and attach the completed page(s) to this form.
If done, please complete Question 7.

7

Please tell us who provided the information on this form for:

Green Technologies and Practices:

Occupations and Wages:

Check here, if the same person as green technologies & practices

Contact Name:

E-Mail:

Job Title:

Business Website:

Phone Number:

Contact Name:

E-Mail:

Job Title:

Business Website:

Phone Number:

Thank you for completing this survey.
Please save this file for your records and e-mail it to:

BLSGREEN@ESD.WA.GOV

Confidentiality Statement. The Bureau of Labor Statistics, its employees, agents, and partner statistical agencies, will use the information you provide for statistical purposes only and will hold the information in confidence to the full extent permitted by law. In accordance with the Confidential Information Protection and Statistical Efficiency Act of 2002 (Title 5 of Public Law 107-347) and other applicable Federal laws, your responses will not be disclosed in identifiable form without your informed consent. This report is authorized by law 29 U.S.C. 2. **Paperwork Reduction Act Statement.** Your voluntary cooperation is needed to make the results of this survey comprehensive, accurate, and timely. We estimate that completing this form will take an average of 30 minutes. This estimate takes into account time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information. If you have any comments regarding this survey, including suggestions for reducing the burden, send them to the Bureau of Labor Statistics, Office of Occupational Employment Statistics, Paperwork Reduction Project, 2 Massachusetts Avenue, N.E., Room 2135, Washington, DC 20212. The OMB control number for this voluntary survey is 1220-0184 and expires on September 30, 2013. Without a currently valid number BLS would not be able to conduct this survey.