



Unified Enterprise Survey - Annual

Capital and Repair Expenditures Actual 1999

Deadline for receipt: June 9, 2000

Collected under the Authority of the *Statistics Act*, Revised Statutes of Canada, 1985, Chapter S-19
Completion of the questionnaire is a legal requirement under this Act
Confidential when completed

Si vous préférez recevoir ce questionnaire en français, veuillez cocher ou téléphoner.

FORM A2



Correct pre-printed label information if necessary using the corresponding boxes below:

Legal Name _____	Mail Contact Name _____
Business Name _____	Title _____
Location _____	c/o _____
Principal Activity _____	Address _____
Type of Ownership _____	Telephone No. (____) _____ - _____ Extension _____
(Please see Reporting Guide) _____	Fax Number (____) _____ - _____
	<input type="checkbox"/> postal (ZIP) code _____
	For Statistics Canada Use Only <input type="checkbox"/> H.R.'d <input type="checkbox"/> SMO V. <input type="checkbox"/> Corr.

A - Introduction

SURVEY PURPOSE:

This survey collects data on capital and repair expenditures in Canada. The information is used by Federal and Provincial governments and agencies, trade associations, universities and international organizations for policy development and as a measure of regional activity.

CONFIDENTIALITY:

Statistics Canada is prohibited by law from publishing any statistics which would divulge information obtained from this survey that relates to any identifiable business without the previous written consent of that business. The data reported on this questionnaire will be treated in strict confidence, used for statistical purposes and published in aggregate form only. The confidentiality provisions of the *Statistics Act* are not affected by either the *Access to Information Act* or any other legislation.

Returning your questionnaire:

Please complete a questionnaire for the operation(s) and location(s) described on the address label above. You should only report for those operations located in Canada. Please send the completed questionnaire(s) in the enclosed envelope to **Investment and Capital Stock Division, Statistics Canada, Ottawa Ontario K1A 0T6**. If you wish to send the questionnaire by facsimile, please see Reporting Guide for details. Thank you.

**Do you have any questions?
Do you need another questionnaire?**
Please call (613) 951-9815 or 1-800-345-2294
Fax (613) 951-0196 or 1-800-606-5393

REPORTING PERIOD:

For the purpose of this survey, please report information for your **12 month fiscal period** for which the **FINAL DAY** occurs on or between January 1, 1999 and December 31, 1999.

If your fiscal year ends in January, February or March, and you wish to provide information for your most recent fiscal year ending in early 2000, please do so. Please clearly indicate below the period covered by this report.

From: YYYY MM DD To: YYYY MM DD

DATA SHARING AGREEMENTS

To avoid duplicating survey activity, Statistics Canada has entered into agreements with provincial and territorial statistical agencies for the sharing of data. This is done in accordance with the Federal *Statistics Act* and corresponding provincial and territorial legislation. Details are outlined in the accompanying Reporting Guide. **Please note that Statistics Canada does not share any individual responses with Revenue Canada.**

Name of person completing this questionnaire: (please print)

First Name Family Name

Title: _____

Telephone No. _____	Ext. _____	Fax No. _____	Date completed: _____
Signature: _____			YYYY MM DD

I certify that the information contained herein is complete and correct to the best of my knowledge.

5-4600-342.1: 2000-02-28 SQC/SCT-475-60186

ACTUAL 1999

SECTION A: Capital and Repair Expenditures

Include additions to work in progress	New Assets Renovation Retrofit	Purchase of Used Canadian Assets	Total Capital Expenditures (Columns 1 + 2)	Non-Capital Repair and Maintenance Expenditures	Disposals/Sales/Write-downs of Fixed Assets		
					Selling Price	Gross Book Value	
					(5)	(6)	
(thousands of dollars)							
(1)	(2)	(3)	(4)	(5)	(6)		
1. Land	100 000.00	XXXXXXXX XXXXXXXX	XXXXXXXX XXXXXXXX	XXXXXXXX XXXXXXXX	733 000.00	114 000.00	
2. Residential Construction	101 000.00	102 000.00	XXXXXXXX XXXXXXXX	XXXXXXXX XXXXXXXX	103 000.00	115 000.00	
3. Non-Residential Construction (including for lease to others)	104 000.00	105 000.00	106 000.00	Box A 107 000.00	108 000.00	116 000.00	
4. Machinery and Equipment (including for lease to others)	109 000.00	110 000.00	111 000.00	Box B 112 000.00	113 000.00	117 000.00	
Zero					Non-Residential Construction	Machinery and Equipment	
If expenditure is zero, please check the zero box <input checked="" type="checkbox"/>					(thousands of dollars)		
5. What is the total value of your work in progress at year end?					770 000.00	Zero <input type="checkbox"/> 771 000.00	Zero <input type="checkbox"/> 000.00

SECTION B: Changes in Capital Expenditure Plans

As compared to the expenditures reported previously on the Preliminary Estimates 1999.	Non-Residential Construction Box A	Machinery and Equipment Box B
(Please check appropriate box)		
1. Abandoned plans (indefinitely)	781 <input type="checkbox"/>	782 <input type="checkbox"/>
2. Deferred plans to future year(s)	783 <input type="checkbox"/>	784 <input type="checkbox"/>
3. Reduced the size of the currently planned project(s)	785 <input type="checkbox"/>	786 <input type="checkbox"/>
4. Expanded the size of the currently planned project(s)	787 <input type="checkbox"/>	788 <input type="checkbox"/>
5. Introduced additional project(s) into current plans	789 <input type="checkbox"/>	790 <input type="checkbox"/>
6. Project(s) ahead of schedule or completed	791 <input type="checkbox"/>	792 <input type="checkbox"/>
7. Project(s) behind schedule	793 <input type="checkbox"/>	794 <input type="checkbox"/>
8. Better information or revised reporting procedures	795 <input type="checkbox"/>	796 <input type="checkbox"/>
9. Other(s) _____	797 <input type="checkbox"/>	798 <input type="checkbox"/>

SECTION C: Costs Components of Expenditures, 1999

From Section A above, transfer from box	Amounts	Expenditures by company for work performed by contractors	Total amount of own-account work	Expenditures on own account work		
				Distribution of total amount by category of costs		
				Salaries and wages	Materials and supplies	Other charges
(thousands of dollars)						
(1)	(2)	(3)	(4)	(5)	(6)	
104 New construction assets, renovation, retrofit	720 000.00	721 000.00	722 000.00	723 000.00	724 000.00	725 000.00
105 Purchase of used Canadian construction assets	726 000.00	727 000.00	728 000.00	729 000.00	730 000.00	731 000.00
107 Non-capital repair and maintenance expenditures	738 000.00	739 000.00	740 000.00	741 000.00	742 000.00	743 000.00

SECTION D: Capacity Utilization

Section "D" (field 170) applies to organizations with manufacturing operations only.

For the year 1999, this plant operated at what percentage of its capacity? %

Capacity is defined as maximum production attainable under normal conditions. With regard to normal conditions, please follow the company's operating practices with respect to the use of productive facilities, overtime, workshifts, holidays etc... When any of your facilities permit the substitution of one product for another, use a product mix at capacity which is most similar to the composition of your 1999 output.

If this plant operated at less than capacity during 1999, what is the principal reason? (Please check the appropriate box)

insufficient orders	850 <input type="checkbox"/>	plant shutdown (e.g. upgrading, equipment failure)	854 <input type="checkbox"/>
insufficient labour available	851 <input type="checkbox"/>	startup of new operation	855 <input type="checkbox"/>
lack of materials or supplies	852 <input type="checkbox"/>	sufficient inventory on hand	856 <input type="checkbox"/>
strike or work stoppage	853 <input type="checkbox"/>	other reasons - specify _____	857 <input type="checkbox"/>

If this plant operated at more than capacity during 1999, what is the principal reason? (Please check the appropriate box)

stronger demand for product	858 <input type="checkbox"/>	other reason - specify _____	860 <input type="checkbox"/>
insufficient inventory on hand	859 <input type="checkbox"/>		

Name of person responsible for reporting capacity utilization (if different from name on page 1) (print or type) _____ Telephone Number (____) _____ - _____

How much time was spent compiling data and completing this questionnaire? _____ 098 hrs. _____ 099 min.

COMMENTS

THANK YOU FOR THE INFORMATION