



Service Industries Division

# Annual Survey of Engineering Services, 2001

▼ Reference number ▼

Confidential when completed

Français au verso

### Authority

The survey is conducted under the authority of the Statistics Act, Revised Statutes of Canada, 1985, chapter S19.

**Completion of this questionnaire is a legal requirement under this Act.**



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

001	Legal name	004	Number and street		
002	Business name	005	City	006	Province or State
003	C/o	053	Country	007	Postal code

### Please read carefully before completing the questionnaire

#### Coverage

Please complete the questionnaire for the Canadian business unit(s) described in the pre-printed area above. For this purpose, a "business unit" is defined as the lowest level of the firm for which separate records are kept for such details as revenue, expenses and employment.

#### Survey Objective

The survey objective is the collection and publication of data necessary for the statistical analysis of the engineering services industry. The information from the survey can be used by businesses and trade associations for market analysis and assessment of industry performance, operating characteristics and trends, by government to develop national and regional economic policies, by other users involved in research or policy making and by Statistics Canada for maintaining important data input to the preparation of the Canadian System of National Accounts.

#### Confidentiality

Statistics Canada is prohibited by law from publishing any statistics which would divulge information relating 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 by any other legislation.

#### Questions and Return Procedures

We ask that you complete and return the questionnaire within 30 days of receipt to:

**Statistics Canada  
Operations and Integration Division  
2nd floor, Jean Talon Bldg, Ottawa, Ontario K1A 0T6**

This survey questionnaire can also be faxed to Statistics Canada at: 1-888-605-2493.

Statistics Canada advises you that there could be a risk of disclosure during the facsimile communication process. However, upon receipt of your facsimile, Statistics Canada will provide the guaranteed level of protection afforded to all information collected under the authority of the Statistics Act.

If you have questions or require assistance in completing this questionnaire, please call our **toll free number: 1-800-916-9316** and a representative of Statistics Canada will gladly answer your queries.

#### Duplicate Questionnaires

If you receive more than one copy of this questionnaire for the same business, please complete the one that is correctly labelled and return it with the duplicate(s), writing "DUPLICATE" on the relevant form(s).

#### Note of Appreciation

Canada owes the success of its statistical system to a long-standing co-operation involving Statistics Canada, the citizens of Canada, its businesses, governments and other institutions. Accurate and timely statistical information could not be produced without their continued co-operation and goodwill.

5-3300-15: 2001-09-28 STC/SER-425-60131



### 3. Reporting Period

Please report information for your **fiscal year** (normal business year) ending between April 1, 2001 and March 31, 2002. Please indicate below the period covered by this questionnaire.

From 230 

YYYY	MM	DD

 To 231 

YYYY	MM	DD

**Period of Operation** If you did not operate this business for a full year, please check (✓) the reason below:

235 1  Seasonal operation 5  Ceased operation (please specify) 046 \_\_\_\_\_  
 2  New business in 2001 6  Temporarily closed (please specify) 047 \_\_\_\_\_  
 3  Change of fiscal year end  
 4  Change of ownership (please provide name and address of the other owner)  
 045 \_\_\_\_\_  
 \_\_\_\_\_  
 Effective date of change ▶ 236 

YYYY	MM	DD

**Please report only for the Canadian business units primarily engaged in Engineering Consulting services. Exclude the results of your foreign subsidiaries.**

### 4. Revenues Earned during the Reporting Period

- Please report all answers in **Canadian dollars**.
- Please exclude GST and all other taxes collected by you for remittance to a government agency.

#### 4.1 Revenue by Source

a) **Fee Income**

Total revenue generated on a fee basis for billable contracts. Exclude reimbursable expenses and sub-consultant fees.

b) **Reimbursable Expenses**

All contract-related charges for reimbursable expenses recoverable from the client. Exclude sub-consultant fees.

c) **Sub-Consultant Fees**

All contract-related fees for services rendered by the sub-consultants.

d) **Other Operating Revenue (please specify)**

050 \_\_\_\_\_

e) **Total Operating Revenue**

Sum of Boxes 301 to 304

f) **Non-Operating Revenue (please specify)**

059 \_\_\_\_\_

g) **Total Revenue**

Sum of Boxes 305 and 306. This total may differ from your financial statement if reimbursables are not included there as revenues and expenses.

Dollars (omit cents)	
	301
	302
	303
	304
	305
	306
	307

**4. Revenues Earned during the Reporting Period - concluded**

**4.2 Revenue by Type of Service**

Please estimate the percentage of **Fee Income (Box 301, Section 4.1)** generated by the following services.  
(Please see attached definitions.)

	Percentage
a) Advisory Services - Environmental	312
b) Advisory Services - Other	313
c) Design Services - Environmental	314
d) Design Services - Other	315
e) Other Environmental Services (not included in (a) and (c) above)	824
f) Construction Management	836
g) Project Management Services	316
h) Geotechnical Engineering and Materials Testing Services	400
i) Supplementary Services (e.g., preparation of cost estimates, operating manuals and technical training)	317
j) Sale of software products or custom systems development	310
k) Other (e.g., procurement, please specify, if more than 10% of total fee income) 066 _____	318
<b>l) Total</b>	<b>100%</b>

	Percentage
Turnkey Projects (Please report as a percentage of <b>Fee Income (Box 301 in Section 4.1)</b> )	401

**4.3 Revenue by Field of Specialization**

Please estimate the percentage of **Fee Income (Box 301, Section 4.1)** derived from the following fields of specialization:

	Percentage
a) Buildings (structural)	319
b) Buildings (mechanical and electrical)	320
c) Highways, Bridges, Tunnels, Railways	321
d) Transportation Facilities	322
e) Municipal (roads, streets, water supply)	323
f) Municipal (sewage treatment, waste disposal)	324
g) Other Environmental Services	325
h) Mining, Metallurgy and Primary Metals	326
i) Pulp and Paper	327
j) Oil, Petroleum and Natural Gas	328
k) Power Generation and Transmission	329
l) Other Industrial	330
m) Other (please specify) 060 _____	331
<b>n) Total</b>	<b>100%</b>

Please estimate the percentage of your revenue reported in <b>Box 301, Section 4.1</b> that was generated by new or substantially improved products or services introduced by your firm during the three-year period 1999-2001	332	%
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Please report for your 2001 fiscal year, as reported in Section 3, on page 3.

**5. Expenditures Incurred during the Reporting Period**

- Please report all answers in **Canadian dollars**.
- Please include GST and PST, except the portion that is refundable by government.
- Exclude capital expenditures.

**Project Related Expenses**

	Dollars (omit cents)
a) Direct project-related salaries and wages paid to employees for whom you issued a T4 supplementary form; include vacation pay, bonuses and commissions	350
b) Usage charge for communications (telephone, telex, facsimile, etc.)	359
c) Reproduction costs	360
d) Project travel	361
e) Sub-consultant fees paid to engineers	362
f) Other sub-consultant fees	363
g) Reimbursables (e.g. Turnkey project costs)	364
h) Project related non-reimbursables	365
i) <b>Total Project Related Expenses</b> (sum of items (a) to (h) )	<b>396</b>

**General and Administrative Expenses**

j) General and administrative salaries and wages paid to employees for whom you issued a T4 supplementary form; include vacation pay, "non-productive time", bonuses and commissions.	380
k) Employee benefits paid for all employees for whom you issued a T4 supplementary form; include employer's contributions to pension, medical/life, employment insurance and workers' compensation plans.	351
l) Occupancy costs (i.e. rent and/or lease payments for land and buildings; heat; power and water; business and property taxes; depreciation on buildings, as applicable)	352
m) Lease and rental of computer equipment	353
n) Depreciation and amortization	354
o) Purchased legal, accounting, auditing, management and other services	355
p) Professional liability insurance	356
q) Communications (telephone, facsimile, etc. Exclude that portion charged to clients in item (b) above)	357
r) Bad debt expense	358
s) Interest expense	370
t) All other general and administrative expenses. <b>Include fees</b> paid to contract workers. (Please specify major items or attach a separate sheet.)	398
061	397
<b>Total General and Administrative Expenses</b> u) (sum of items (j) to (t) )	<b>399</b>
<b>Total Operating Expenses</b> v) (sum of items (i) and (u) )	<b>399</b>

**Business Development Expense**

Please **estimate** the **percentage** of **Total General and Administrative Expenses (Box 397, Section 5)** spent on business development (proposals, advertising, entertainment, membership, promotional literature, travel, etc.).

Percentage
371

## 6. Employment

For the following categories, please report the **average number** of persons employed during the reporting period:

- |  | Number |
|--|--------|
| a) <b>Working proprietors and/or Principals of Unincorporated Businesses</b>   | 150    |
| b) <b>Full-time Employees</b> Regular employees who worked the standard work week as observed by the business.                   | 151    |
| c) <b>Part-time Employees</b> Those who worked for fewer than the standard work week hours observed by the business.             | 152    |
| d) <b>Contract Workers</b> Those who were engaged only for the duration of a specific project or term (exclude sub-consultants). | 153    |
| e) <b>Total</b>  | 154    |

Please indicate how this total (**Box 154**) breaks down into the following categories:

- |   |     |
|---|-----|
| a) Engineers - Professional                                     | 155 |
| b) Engineers - Other  | 156 |
| c) Other professionals (e.g., architects, lawyers, accountants) | 159 |
| d) Technicians and technologists                                | 160 |
| e) Administrative, clerical and other support staff             | 161 |
| f) Other ( <i>please specify</i> )<br>062                       | 162 |

## 7. Foreign Projects

- Please report all answers in **Canadian dollars**.

### A. Foreign Market Revenue

- |  | Dollars<br>(omit cents) |
|--|-------------------------|
| a) Of the Fee Income reported in Box 301 (Question 4.1), how much was generated outside Canada? (The location of the recipient of the service should be used to designate foreign projects. Do not include revenues earned by your foreign subsidiaries) | 500                     |
| b) What percentage of Foreign Revenues ( <b>Box 500</b> above) was earned from work performed for the government of Canada?  | 501                     |

### B. Foreign Revenue by Region

Please provide a breakdown of your Foreign Revenue (**Box 500**) by region. (Attach a separate sheet, if necessary.)

Omit Section 7B if you have completed Statistics Canada's "International Transactions in Services, 2001".

	Dollars (omit cents)
United States	502
Mexico	509
Central and South America	503
European Union	510
Other Europe	511
Africa	505
Middle East	507
Asia	506
Australia, New Zealand	512
Other	513

## 8. Provincial/Territorial Distribution

- Please report all answers in **Canadian dollars**
- "Business unit" is defined as the lowest level of the firm for which separate records are kept for such details as revenues, expenses and employment.

Number
024

- a) Please report the number of permanent business units operated in Canada during the reporting period.
- b) Do you have permanent business units in **more** than one province or territory?

300  No – **Please go to Section 9**

1  Yes – **Please complete Section 8 (c)**

↓

- c) Please report the following data for the provinces or territories in which you have units.

Province or Territory	Business Units (Number)	Total Revenue \$ (omit cents)	Salaries, Wages and Employee Benefits \$ (omit cents)	Employees (Number)	Total Operating Expenses \$ (omit cents)
Nfld.	601	614	627	653	670
P.E.I.	602	615	628	654	671
N.S.	603	616	629	655	672
N.B.	604	617	630	656	673
Que.	605	618	631	657	674
Ont.	606	619	632	658	675
Man.	607	620	633	659	676
Sask.	608	621	634	660	677
Alta.	609	622	635	661	678
B.C.	610	623	636	662	679
Nunavut	666	667	668	669	680
N.W.T.	611	624	637	663	681
Yukon	612	625	638	664	682
<b>Total</b>	<b>613</b>	<b>626</b>	<b>639</b>	<b>665</b>	<b>683</b>

Should equal Box 024, Section 8	Should equal Box 307, Section 4.1	Should equal the sum of Boxes 350, 351 and 380, Section 5	Should equal the sum of Boxes 151 and 152, Section 6	Should equal Box 399, Section 5
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## 9. Certification

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

Signature of authorized person	Title
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Name of person to contact for further information (please print)		Last Name	
054 <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	First Name	056	
<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	055	056	

E-mail address 057	Company's Home Web page address (URL) 058
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Date	Year	Month	Day	Area code	Telephone number	Ext.	Fax

How long did you spend collecting the data and completing this form? 801  hours

