

2001 Survey of Service Industries: Repair and Maintenance Services

This information is collected 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.

This document is confidential when completed.

Si vous préférez recevoir ce questionnaire en français, veuillez nous téléphoner au 1 888 881-3666.



If necessary, please correct pre-printed information below.

0001	Legal name		0004	Address (number and s	street)	
0002	Business name	♦ (0005	City		
0003	C/O		0006	Province or State		
8000	First name of contact		0053	Country	0007	Postal code / Zip code
0028	Last name of contact		0010	Language preference 1 E	nglish	² French

A. General Information

Survey Purpose

This survey collects the financial and operating data needed to develop national and regional economic policies and programs.

Data Sharing Agreements

In an effort to reduce reporting burden, Statistics Canada has entered into agreements with provincial and territorial statistical agencies for the sharing of data. The data are kept confidential and used for statistical purposes only. For further details, please consult the enclosed booklet entitled "Statistics Canada Business Surveys".

Confidentiality

The Statistics Act protects the confidentiality of information collected by Statistics Canada.

Fax or Other Electronic Transmission Disclosure

Statistics Canada advises you that there could be a risk of disclosure during the facsimile or other electronic transmission. However, upon receipt Statistics Canada will provide the guaranteed level of protection afforded all information collected under the authority of the *Statistics Act*.

Reporting Instructions

- Report for all operation(s) and/or location(s) described on the address label above. If it is not possible to report for the above business unit(s), please explain the reason(s) in the comments section at the end of the guestionnaire.
- When precise figures are not available, please provide your best estimates.
- For further information about this survey, definitions and examples, please consult the enclosed questionnaire guide.

Return of Questionnaire

Please mail the completed questionnaire(s) in the enclosed envelope or fax it to Statistics Canada at 1 888 883-7999 within 30 days of receipt.

Lost the return envelope or need help? Call us at **1 888 881-3666** or mail to: Statistics Canada, Operations and Integration Division, 120 Parkdale Avenue, Ottawa, Ontario K1A 0T6

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For further information, please refer to the enclosed questionnaire guide.

B. Mair	n Busin	ess Activity			
Please d	escribe ho	ow your business is organized.			
	⁰⁸¹⁵ As a repair and maintenance shop				
	0816	As a retailer			
	0817	As a wholesaler			
	0818	Other (please specify)			
		0819			
Diagram					
		nain activity (one only) at this business unit.			
Note: for		ose of this questionnaire, automotive repair and maintenance includes work done on :			
•	cars, trucks,				
•	vans,	rejet treater treitere, etc			
•	commer	cial tractor trailers, etc.			
81111	0800	General automotive mechanical and electrical repair and maintenance			
81112	0814	Automotive body, paint, interior and glass repair and maintenance			
81119	0806	Other automotive repair and maintenance (car washes, etc.)			
811210	0807	Electronic and precision equipment repair and maintenance			
811310	Commercial and industrial machinery and equipment repair and maintenance (except automotive and electronic repair and maintenance)				
811411	Home and garden equipment repair and maintenance				
811412	0810	Appliance repair and maintenance			
811420	0811	Reupholstery and furniture repair			
811430	0812	Footwear and leather goods repair			
811490	811490 Other personal and household goods repair and maintenance				
	0040	None of the above			
		Please list the main activities of this business unit and indicate the estimated percentage of total operating revenue associated with each one. If you responded none of the above,			
		For example, other types of repair and maintenance activities, retail or wholesale activities, or manufacturing activities:			
		0041			

For further information,	please refer	to the enclosed	questionnaire	guide.

C. Reporting Period Information					
Please report 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.					
1. From Year Month Day Year Month Day To To					
2. If you did not operate this business unit for a full year, please check the reason(s) below:	\				
Operation Operation Operation Operation Operations Operations	6 Temporarily Inactive				
3. Please indicate below, any change that may have occurred in the organization of this business un fiscal year:	nit during this				
oo47 1 Acquired New Units 2 Disposed of/Sold Units					
If you have had any other changes in your business within the year, please described in the year.	rihe these				
changes in the comment section at the end of the questionnaire.	Tibe tilese				
D. Business Unit Organization					
Type of organization (please check one only):					
Unincorporated sole proprietorship 2 Unincorporated partnership 3 Incorporated company					
⁴ Co-operative Joint venture ⁶ Governmentity	nment business				
	nment business				
entity	nment business				
entity Output Box Non-profit organization Figure 1. The second of the	nment business				
entity Output Box Non-profit organization Figure 1. The second of the	nment business				
F. Personnel Characteristics					
F. Personnel Characteristics A. Working proprietors / partners (unincorporated business only) If your firm is an unincorporated business, please report the number of working proprietors					
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Personnel Characteristics A. Working proprietors / partners (unincorporated business only) If your firm is an unincorporated business, please report the number of working proprietors and / or partners. 1. Working proprietors and / or partners	Number 6321				
A. Working proprietors / partners (unincorporated business only) If your firm is an unincorporated business, please report the number of working proprietors and / or partners. 1. Working proprietors and / or partners B. Please report the number of paid employees	Number 6321 Number				

For further information, please refer to the enclosed questionnaire guide.

F. Revenue \$ CDN 2041 1. Repair and Maintenance - Labour charges Repair and Maintenance - Parts and accessories 2042 (used in service and repair work only) \$ CDN 2045 3. Total repair and maintenance revenue (add amounts reported at questions 1 and 2) 2018 4. Sales of automotive fuels (only for Automotive Repair and Maintenance Services) Sales of merchandise, parts and accessories (for resale in the same condition as purchased). (Please read the guide): 2082 2096 2083 2099 **20**52 Sale of reconditioned and used equipment and merchandise (not for Automotive Repair and Maintenance Services) 2004 **7.** Sales from car wash operations 2046 Rental or leasing of goods, equipments and repair space, etc. 2060 Commission 9. 2051 10. Sales of discarded and recycled materials and supplies 11. All other revenue. (Please read the guide): 1232 1229 1233 1230 1234 1231 2098 12. Total Revenue (add amounts reported at questions 3 to 11 above)

G. Distribution of Revenue by Type of Client

Please indicate the percentage of "Total revenue" (reported in section F at question 12) by the type of client to whom the services were delivered.

1. Clients in Canada		Percentage		
a) Individuals and	d households	8100		
b) Public instituți	ons (hospitals, schools, universities, etc.)	8120		
c) Governments	c) Governments (federal, provincial, territorial and municipal administration)			
d) Financia/busi	d) Financial pusiness (including banks, trust companies, financial crown corporations)			
e) All other privat	e businesses (including non-financial crown corporations)	8115		
2. Clients outside Ca	anada (exports)	8140		
Total		100%		

H. Purchases and Inventories

	\$ CDN	\$ CDN	\$ CDN	\$ CDN
	Value of inventory opening	Purchases	Value of inventory closing	Cost of goods sold
Parts and accessories (used in service and repair work only)	5581	4001	5582	5528
Parts, accessories and other mechandise (for resale only)	5560	5507	5565	5529
Total purchases and inventories	5550	5548	5555	5534

For further information, please refer to the enclosed questionnaire guide.

I. Expenses

		\$ CDN	
1.	Salaries and wages	3010	
2.	Employer portion of employee benefits	3040	\$ CDN
3.	Total labour remuneration (sum of 1 and 2)		3041
4.	Office supplies		3301
5.	Energy and water (including fuel for vehicles)	A	4066
6.	Goods transportation, warehousing and storage		4070
7.	Postal and courier		4085
8.	Telephone and other telecommunications		4101
9.	Rental and leasing. (Please read the guide):		
	4112		4116
	4113		4117
	4114		4118
10.	Purchased maintenance and repair services)	4175
11.	Payments to employment agency or personnel supplier		3080
12.	Professional and business service fees	4225	
13.	Financial service fees (exclude interest expenses)	4325	
14.	Insurance premiums	4350	
15.	Advertising and promotion	4365	
16.	Travelling and entertainment		4366
17.	Property and business taxes, licenses and permits		4410
18.	Royalties and franchise fees		4440
19.	Sewage and refuse, sanitation and other environmental protection	on services	4483
20.	Management roes or any other service fees		4555
21.	Total depreciation and amortization		4520
22.	All other expenses. (Please read the guide):		
	4531		4534
	4532		4535
	4533		4536
23.	Total expenses (sum of 3 to 22)		4698
23.	Total expenses (sum of 3 to 22)		

J. Certification						
I certify that the information contained herein is	complete and co	rrect to th	ne best of my knowledge.			
Signature of authorized person	Title			0015 Date		
	0014			Year Month Day		
Name of person to contact for further 0013 Information						
0026						
$^{1}\bigcirc$ Mr. $^{2}\bigcirc$ Mrs. $^{3}\bigcirc$ Miss $^{4}\bigcirc$ Ms. $^{1}\bigcirc$ Las	t name					
E-mail address:			address:	\wedge		
0016		0020		\mathcal{A}		
Telephone number:	Extension:	l	Fax number:			
0017 ()	0027		0016 ()	\searrow		
How long did you spend collecting the data and com	pleting this quest	ionnaire?	9910 hour(s) 9909	minutes		
K. Comments			<u> </u>			
We invite your comments below. If necessary		a separa	te page. Please be assu	red that we review all		
comments with the intent to improve the surve	ey.	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	,			
9920						
9913))					
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Thank you for completing this questionnaire. Please retain a copy for your records.						
Thank you for completing this questionnaire. Please letain a copy for your records.						
in Statistics Cana	nada's publication Ida's regional of e visit our Web	fices and	all major libraries.			
If you need he	lp, please conta	ct us at 1	888 881-3666.			