

CONFIDENTIAL



THE UNITED REPUBLIC OF TANZANIA

CIP – 13 – Q2

Establishment No.

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To:

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Region Code

District Code

Ward Code

Employment Size

(For office use only)

CENSUS OF INDUSTRIAL PRODUCTION, 2013

SHORT QUESTIONNAIRE

Dear Sir/Madam,

This Census is conducted in accordance with the Statistics Act 2002. According to the Act, all information supplied in this return shall be **STRICTLY CONFIDENTIAL**. The information will be used for statistical purposes only.

Thanking you for your co-operation.

Yours truly,

.....

REGIONAL STATISTICAL MANAGER

Mobile no:.....

P. O. Box:

Signature & Stamp:

Date:



SECTION I: ESTABLISHMENT DESCRIPTION (*Information to be filled in capital letters*)

1.1 Full name of the Establishment:

1.2 Physical location of the Establishment:

Region: Village /Street:

District: Hamlet/Sub-street:

Ward: Plot No:

1.3 Contact address of the Establishment:

P. O. Box: Street/Road: Post Code:

Town/City: Tel:

Mobile: Fax No:

E-mail: Website:

1.4 Full name of contact person:

Designation: Tel./Mobile:.....

1.5 Type of the Establishment: (*Please write the correct number in the provided box*)

1. Single establishment

2. Head office (owns or controls other Establishments)

3. A branch (owned and controlled by head office)

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If the box is marked 3, please provide name and telephone number of the head office

Name: Tel/Mob:.....

1.6 Activities of the Establishment:

(For office use only)

ISIC Rev.4 Code

1.61 Main Activity.....

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1.62 Auxiliary Activity.....

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1.7 Product(s) Manufactured:

1.71 Main Product

1.72 Other product (s) (1)

(2)

(3)

1.8 Origin of Ownership (*Please write the correct number in the provided box*)

- 1. National
- 2. Foreign
- 3. Joint *If 3, please indicate % capital share of National(s):*

1.9 Form of Ownership (*Please write the correct number in the provided box*)

- 1. Public
- 2. Private
- 3. Mixed *If 3, please indicate % share of Public:*

1.10 Type of Legal Organization: (*Please write the correct number in the provided box*)

Sole proprietorship	1	Cooperative	5
Partnership	2	Private company limited by guarantee	6
Public	3	Private company limited by shares	7
Parastatal	4	Other (<i>specify</i>).....	8

1.11 Source of Finance (*Total investments and working capital during commencement*):

- 1. Personal and relatives
- 2. Loans from banks and other financial institutions
- 3. Government
- 4. Other (*Specify*).....

Amount “000”Tshs.

1.12 Year the Establishment Started Operation.....

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1.13 Period to which data in this questionnaire refers

From: Month.....Year

To: Month Year

SECTION II: EMPLOYMENT DURING THE REFERENCE PERIOD

2.1 Number of persons engaged including part time workers

Number of persons engaged as at	Code	Tanzanian	Foreigner	Sex
30 th June, 2013	2.11			Males
	2.12			Females
31 st December, 2013	2.13			Males
	2.14			Females

2.2 Average number of persons engaged including part time workers

Category	Code	Tanzanian	Foreigner	Sex
Working proprietors and partners (<i>Active owners of the legal entity</i>)	2.21			Males
	2.22			Females
Unpaid workers (<i>Members of religious institutions, family members, prisoners, J.K.T and the like</i>)	2.23			Males
	2.24			Females
Employees:				
Managerial and professional staff (<i>Managerial, technical, clerical and other office workers etc</i>)	2.25			Males
	2.26			Females
Operatives -skilled (<i>Foremen, machine operators, fitters, casual and manual workers</i>)	2.27			Males
	2.28			Females
Operatives -non skilled (<i>Foremen, machine operators, fitters, casual and manual workers</i>)	2.29			Males
	2.30			Females
Other (specify)	2.31			Males
	2.32			Females
Total Persons Engaged	(2.21+2.23+2.25+2.27+2.29+2.31)	2.33		Males
	(2.22+2.24+2.26+2.28+2.30+2.32)	2.34		Females
Number of out-sourced workers paid by sub-contractors as at 31 st December 2013	2.35			Males
	2.36			Females

SECTION III: LABOUR COSTS DURING THE REFERENCE PERIOD

3.1 Labour Costs

Description	Code	Amount in "000" Tshs
Gross wages and salaries paid to employees (<i>including bonus and gratuities</i>)	3.11	
Payments in kind, eg. medical, food, transport, housing cost, drink, fuel etc	3.12	
Employer's contribution to Social Security Schemes (e.g. <i>NSSF, PPF</i>)	3.13	
Other labour costs (<i>Specify</i>).....	3.14	
Total Labour Costs	3.15	

SECTION IV: PRODUCTION COST DURING THE REFERENCE PERIOD

4.1 Cost of production and other expenses

Description	Code	Amount in "000" Tshs.
Raw materials	4.11	
Other materials and supplies	4.12	
Fuels used	4.13	
Goods purchased for resale (trade goods)	4.14	
Services purchased	4.15	
All taxes paid	4.16	
All other expenses	4.17	
Total	4.18	

SECTION V: INCOME OF THE ESTABLISHMENT

5.1 Income of the Establishment

Description	Code	Amount in "000" Tshs.
Sales from own products and by-products	5.11	
Sales of goods bought and sold without further processing (trade goods)	5.12	
Receipts for services rendered to others	5.13	
All other receipts	5.14	
Subsidies received	5.15	
Total	5.16	

SECTION VI: VALUE OF THE INVENTORIES

Description	Code	Amount in “000”Tshs.	
		Opening balance	Closing balance
Materials and supplies (raw materials, chemicals, etc.)	6.1		
Finished products, goods purchased for re-sale, fuels and others	6.2		
Total	6.3		

SECTION VII: EXPENDITURE ON FIXED ASSETS

Description	Code	Amount in “000”Tshs.
Land	7.1	
Buildings and other construction works	7.2	
Machinery and other equipment	7.3	
Others, (<i>specify</i>).....	7.4	
Additions to fixed assets (7.1 + 7.2 + 7.3 + 7.4)	7.5	
Disposal of fixed assets	7.6	
Total annual depreciation	7.7	

SECTION VIII: OTHER INFORMATION

8.1 Registration

8.11 Does the establishment has any license? (*Please write the correct number in the provided box*)

Yes 1

No 2 → *If No, go to 8.13*

8.12 If yes, fill in the table below

<i>Date issued</i>	<i>License number</i>	<i>Issuing Authority</i>	<i>Type of license</i>
E.g 02/08/2005	41527893	Ministry of Industry and Trade	Business license

8.13 If No, why? *(Please write the correct number in the provided box)*

Reason	Code	Yes	No	Response
Financial problems	8.131	1	2	
Complicated bureaucratic procedures	8.132	1	2	
Too small business	8.133	1	2	
Does not see the need	8.134	1	2	
Other, <i>(Specify)</i>	8.135	1	2	

8.2 Tenure

8.21 Tenure of buildings occupied for own business *(Please write the correct number in the provided box)*

Wholly owned	1	
Wholly rented	2	
Partly rented	3	

8.3 Quality management

8.31 Are your products certified by: *(Please write the correct number in the provided table)*

Description	Code	Yes	No	Response
Tanzania Food and Drugs Authority (TFDA)	8.311	1	2	
International Organization for Standardization (ISO)	8.312	1	2	
Tanzania Bureau of Standards (TBS)	8.313	1	2	
Other Authority <i>(specify)</i>	8.314	1	2	

8.32 Is the quality of raw materials purchased controlled? *(Please write the correct number in the provided box)*

Yes	1	
No	2	

8.4 Main Source of Water *(Please write the correct number in the provided box)*

Public network	1	
River	2	
Underground water	3	
Other, <i>(specify)</i>	4	
Not applicable	5	

8.5 HIV/AIDS (Please write the correct number in the provided box)

8.51 Does your establishment have HIV/AIDS work place packages?

Yes 1
No 2

8.52 What are the methods that you think will reduce industrial sector vulnerability to HIV/AIDS?
(Please write the correct number in the provided box)

Methods	Code	Yes	No	Response
HIV/AIDS workplace education and prevention	8.521	1	2	
Treatment	8.522	1	2	
Counseling	8.523	1	2	
Shift towards capital intensive operations	8.524	1	2	
Other, (Specify).....	8.525	1	2	

8.6 Challenges

8.61 Major challenges facing the establishment (Circle as appropriate, multiple answers are allowed)

High cost of production	1
Inadequate technology	2
Inadequate physical infrastructure (roads, water, etc.)	3
Complicated administrative procedures	4
Shortage of qualified labour	5
Foreign currency fluctuations	6
Insufficient production capacity	7
Shortage of raw materials	8
Taxes (Specify).....	9
Insufficient demand	10
Unfair competition	11
Infant Private Sector with weak support	12
Environmental challenges	13
HIV/AIDS pandemic	14
Uncertain economic environment	15
Inadequate financial services	16
Other, please specify.....	17

SECTION IX: DECLARATION AND SIGNATURE

I HEREBY DECLARE that, the information filled in this return is complete and correct to the best of my knowledge.

Name:

Designation: Mobile number:

Official Stamp: Date:

FOR OFFICIAL USE ONLY

Name of Enumerator: Signature:

No. of visits made: Date:

Name of Supervisor: Signature: Date:

Name of data editor: Signature: Date:

Name of data entrant: Signature: Date: