

## Questionnaire

### SECTION 1: MANAGEMENT SYSTEMS AND TOOLS IN YOUR FACILITY

*This section contains questions related to your **facility's** general management systems and tools, as well as those which relate to the environment. If your firm has many production facilities, please answer with reference to the facility at which you are located or with which you are most familiar. This is true of all subsequent sections, except the final section which is related to the firm as a whole.*

1.1. Does your facility have at least one person with **explicit responsibility** for environmental concerns?

- Yes             1  
No              0

**If no**, please proceed to question 1.3.

1.2. Which of the following **best describes the location** of this individual within your facility? (*Please tick only one box.*)

- |  |                          |    |
|--|--------------------------|----|
| Senior management                                    | <input type="checkbox"/> | 1  |
| Production/operations                                | <input type="checkbox"/> | 2  |
| Finance/accounting                                   | <input type="checkbox"/> | 3  |
| Specialised environmental department (or equivalent) | <input type="checkbox"/> | 4  |
| External/media relations                             | <input type="checkbox"/> | 5  |
| Marketing/Sales                                      | <input type="checkbox"/> | 6  |
| Purchasing   | <input type="checkbox"/> | 7  |
| Human resources                                      | <input type="checkbox"/> | 8  |
| Product development                                  | <input type="checkbox"/> | 9  |
| Other department (please specify)_____               | <input type="checkbox"/> | 10 |

1.3. While **purchasing and/or marketing goods and services**, does your facility regularly consider the following measures? (*Please tick one box for each row.*)

- |  | Yes<br>1                 | No<br>0                  |
|--|--------------------------|--------------------------|
| Assessing the environmental performance of our suppliers       | <input type="checkbox"/> | <input type="checkbox"/> |
| Requiring suppliers to undertake environmental measures        | <input type="checkbox"/> | <input type="checkbox"/> |
| Informing buyers of ways to reduce their environmental impacts | <input type="checkbox"/> | <input type="checkbox"/> |

1.4. Which **practices** have been established in your facility in order to implement environmental management? *(Please tick one box for each row.)*

	Yes 1	No 0
Written environmental policy	<input type="checkbox"/>	<input type="checkbox"/>
Environmental criteria used in the evaluation and/or compensation of employees	<input type="checkbox"/>	<input type="checkbox"/>
Environmental training program in place for employees	<input type="checkbox"/>	<input type="checkbox"/>
Carry out external environmental audits	<input type="checkbox"/>	<input type="checkbox"/>
Carry out internal environmental audits	<input type="checkbox"/>	<input type="checkbox"/>
Benchmark environmental performance	<input type="checkbox"/>	<input type="checkbox"/>
Environmental accounting	<input type="checkbox"/>	<input type="checkbox"/>
Public environmental report	<input type="checkbox"/>	<input type="checkbox"/>
Environmental performance indicators / goals	<input type="checkbox"/>	<input type="checkbox"/>
Other practice (please specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

1.5. Has your facility **considered introducing** an environmental management system?

Yes                1  
 No                 0

**If yes**, please assess the importance of the following motivations. *(Please tick one box for each row.)*

	Not Important 1	Moderately Important 2	Very Important 3
It may help us to prevent or control our pollution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It may improve our efforts to achieve regulatory compliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It may reduce the applicability of some regulations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It may better identify future environmental liabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It may improve our relations with regulatory authorities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regulators' incentives made it attractive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It may allow for differentiation of our products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It may improve our facility's profile/image	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It may create cost savings in terms of use of inputs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It may create cost savings in terms of waste management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It may improve information about our facility's operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other facilities like ours are adopting similar systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other reasons (please specify)_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1.6. Has your facility actually **implemented** an **environmental management system**?

Yes                1                    Year \_\_\_\_\_  
 In progress       2  
 No                 0

**If no or in progress**, please proceed to Question 1.8. **If yes:** Has your facility acquired any of the following **certifications in environmental management**?

	Yes 1	No 0	Year
EMAS	<input type="checkbox"/>	<input type="checkbox"/>	_____
ISO 14001	<input type="checkbox"/>	<input type="checkbox"/>	_____

1.7. Were the expected **benefits** of adopting an environmental management system as great as had been anticipated?

Yes  1  
 No  0

1.8. Has your facility implemented any of the following **other management practices**? (*Please tick one box for each row.*)

	Yes 1	No 0
Quality management system ( <i>e.g.</i> ISO 9000)	<input type="checkbox"/>	<input type="checkbox"/>
Health and safety management system	<input type="checkbox"/>	<input type="checkbox"/>
Full-cost or activity-based accounting	<input type="checkbox"/>	<input type="checkbox"/>
Management accounting system	<input type="checkbox"/>	<input type="checkbox"/>
Process or job control system	<input type="checkbox"/>	<input type="checkbox"/>
Inventory or materials requirement planning	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)_____	<input type="checkbox"/>	<input type="checkbox"/>

1.9. To what extent are the **environmental activities** of your facility **integrated** with the following management practices? (*Please tick one box for each row.*)

	Not at all 1	Partially 2	Fully 3	Not Applicable 4
Quality management system ( <i>e.g.</i> ISO 9000)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health and safety management system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Full-cost or activity-based accounting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Management accounting system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Process or job control system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inventory or materials requirement planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## SECTION 2: ENVIRONMENTAL MEASURES, INNOVATION AND PERFORMANCE

*In this section, you are asked to provide an overall picture of how your **facility** has sought to address the environmental impacts of its production activities through technical measures and innovations.*

2.1. How important do you consider each of the following potential **negative environmental impacts** from your facility's products and production processes? *(Please tick one box for each row.)*

	No Negative Impacts 1	Moderately Negative Impacts 2	Very Negative Impacts 3	Not Applicable 4
Use of natural resources (energy, water, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solid waste generation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wastewater effluent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local or regional air pollution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Global pollutants ( <i>e.g.</i> greenhouse gases)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aesthetic effects (noise, smell, landscape)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soil contamination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of severe accidents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other impact (please specify)_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.2. Taking into consideration the negative environmental impacts stated above, which of the following **environmental performance measures** does your facility **regularly monitor**? *(Please tick one box for each row.)*

	Yes 1	No 0	Not Applicable 2
Use of natural resources (energy, water, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solid waste generation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wastewater effluent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local or regional air pollution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Global pollutants ( <i>e.g.</i> greenhouse gases)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aesthetic effects (noise, smell, landscape)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soil contamination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of severe accidents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other environmental perf. measure (please specify)_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.3. Has your facility undertaken **concrete actions to reduce environmental impacts** associated with the following? *(Please tick one box for each row.)*

	Yes 1	No 0	Not Applicable 2
Use of natural resources (energy, water, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solid waste generation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wastewater effluent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local or regional air pollution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Global pollutants ( <i>e.g.</i> greenhouse gases )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aesthetic effects (noise, smell, landscape)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Soil contamination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of severe accidents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other impacts (please specify)_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.4. If your facility has undertaken significant **measures** specifically related to its **production technologies**, which of the following most closely characterises the nature of such measures? *(Please tick only one box.)*

Changes in production processes which reduce pollution emissions and/or resource use	<input type="checkbox"/>	1
End-of-pipe technologies which reduce pollution emissions or allow for resource recovery	<input type="checkbox"/>	0

2.5. If your facility has undertaken significant **technical measures** which reduce the environmental impacts associated with its activities, which of the following most closely characterises the nature of such measures? *(Please tick only one box.)*

Changes in production technologies	<input type="checkbox"/>	1
Changes in product characteristics	<input type="checkbox"/>	0

2.6. Has your facility experienced a **change in the environmental impacts per unit of output** of its products or production processes in the last three years with respect to the following? *(Please tick one box for each row.)*

	Significant Decrease	Decrease 23	No Change 4	Increase	Significant Increase 56	Not Applicable
Use of natural resources (energy, water, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solid waste generation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wastewater effluent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local or regional air pollution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Global pollutants ( <i>e.g.</i> greenhouse gases)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aesthetic effects (noise, smell, landscape)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soil contamination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of severe accidents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other impact (please specify)_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## SECTION 3: THE INFLUENCE OF STAKEHOLDERS AND MOTIVATIONS ON ENVIRONMENTAL PRACTICES

*In this section, you are asked to provide information on the relative importance of different stakeholder groups and motivations on decisions regarding your **facility's** environmental practices.*

- 3.1. How important do you consider the **influence** of the following **groups or organisations** on the environmental practices of your facility? *(Please tick one box for each row.)*

	Not Important 1	Moderately Important 2	Very Important 3	Not Applicable 4
Public authorities (government, state, municipal)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corporate headquarters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Household consumers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commercial buyers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suppliers of goods and services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shareholders and investment funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Banks and other lenders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Management employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-management employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Labour unions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Industry or trade associations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental groups or organisations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neighbourhood/community groups & organisations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other groups or organisations (please specify)_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 3.2. How **important** do you consider the following **motivations** to have been with respect to the environmental practices of your facility? *(Please tick one box for each row.)*

	Not Important 1	Moderately Important 2	Very Important 3	Not Applicable 4
Prevent or control environmental incidents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regulatory compliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corporate profile/image	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cost savings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New technology development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New product development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facilities similar to ours are adopting similar practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other reasons (please specify)_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## SECTION 4: PUBLIC ENVIRONMENTAL POLICY

*In this section you will be asked about the nature of public environmental policy, and how it affects your **facility**. Responses should reflect the role of all relevant public authorities (municipal, state, etc...).*

- 4.1. Please assess the following **environmental policy instruments** in terms of their impacts on your facility's production activities. *(Please tick one box for each row.)*

Applicable	Not Important	Moderately Important	Very Important	Not Important
	1	2	3	4
Input bans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technology-based standards ( <i>e.g.</i> abatement equipment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance-based standards ( <i>e.g.</i> emission levels)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Input taxes (including energy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emission or effluent taxes or charges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tradable emission permits or credits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liability for environmental damages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demand information measures ( <i>e.g.</i> eco-labels)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supply information measures ( <i>e.g.</i> recognition programs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Voluntary / negotiated agreements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Subsidies / tax preferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technical assistance programmes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other policy instrument (please specify)_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 4.2. Do the **regulatory authorities** have programmes and policies in place to encourage your facility to use an environmental management system?

Yes             1  
 No              0

**If yes**, please indicate programmes which regulatory authorities have in place to encourage your facility to use an environmental management system. *(Please tick one box for each row.)*

	Yes 1	No 0
Reducing the frequency of their regulatory inspections	<input type="checkbox"/>	<input type="checkbox"/>
Expediting environmental permits	<input type="checkbox"/>	<input type="checkbox"/>
Consolidating environmental permits	<input type="checkbox"/>	<input type="checkbox"/>
Waiving environmental regulations	<input type="checkbox"/>	<input type="checkbox"/>
Reducing stringency of regulatory thresholds	<input type="checkbox"/>	<input type="checkbox"/>
Providing technical assistance	<input type="checkbox"/>	<input type="checkbox"/>
Providing financial support	<input type="checkbox"/>	<input type="checkbox"/>
Providing special recognition or award	<input type="checkbox"/>	<input type="checkbox"/>
Providing preferences for public procurement	<input type="checkbox"/>	<input type="checkbox"/>
Providing information about the value of such systems	<input type="checkbox"/>	<input type="checkbox"/>
Other incentive (please specify)_____	<input type="checkbox"/>	<input type="checkbox"/>

4.3. How would you describe the **environmental policy regime** to which your facility is subject?  
(Please tick only one box.)

- |  |                          |   |
|--|--------------------------|---|
| Not particularly stringent, obligations can be met with relative ease                | <input type="checkbox"/> | 1 |
| Moderate stringency, requires some managerial and technological responses            | <input type="checkbox"/> | 2 |
| Very stringent, has a great deal of influence on decision-making within the facility | <input type="checkbox"/> | 3 |

4.4. How many times has your **facility** been **inspected** by public environmental authorities (central, state/province and municipal governments) in the last three years? \_\_\_\_\_



## SECTION 5: FACILITY CHARACTERISTICS

*This section is intended to help us obtain a general picture of your **facility's** market, ownership structure, size and sale, as well as the nature of its commercial market.*

5.1. How would you, in general, classify the **primary customers** for your facility's products? *(Please tick only one box.)*

- |                                   |                          |   |
|-----------------------------------|--------------------------|---|
| Other manufacturing firms         | <input type="checkbox"/> | 1 |
| Wholesalers or retailers          | <input type="checkbox"/> | 2 |
| Households                        | <input type="checkbox"/> | 3 |
| Other facilities within your firm | <input type="checkbox"/> | 4 |

5.2. What **best characterises the scope** of your facility's market? *(Please tick only one box.)*

- |                                   |                          |   |
|-----------------------------------|--------------------------|---|
| Local                             | <input type="checkbox"/> | 1 |
| National                          | <input type="checkbox"/> | 2 |
| Regional (neighbouring countries) | <input type="checkbox"/> | 3 |
| Global                            | <input type="checkbox"/> | 4 |

5.3. With how many other firms did your facility **compete on the market** for its most commercially important product within the past three years? *(Please tick only one box.)*

- |                 |                          |   |
|-----------------|--------------------------|---|
| Less than 5     | <input type="checkbox"/> | 1 |
| 5-10            | <input type="checkbox"/> | 2 |
| Greater than 10 | <input type="checkbox"/> | 3 |

5.4. Please assess the following factors in your facility's **ability to compete** on the market for its most important product within the past three years. *(Please tick one box for each row.)*

- |                                       | Not<br>Important<br>1    | Moderately<br>Important<br>2 | Very<br>Important<br>3   |
|---------------------------------------|--------------------------|------------------------------|--------------------------|
| Product price                         | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> |
| Product quality                       | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> |
| Firm image                            | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> |
| Established relationships with buyers | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> |

5.5. What is the approximate **age of your facility** (in years)? \_\_\_\_\_

5.6. How many **people** were **employed full-time** by your facility on average over the last three years?  
\_\_\_\_\_

5.7. Please estimate your facility's average **annual expenditures on research and development** over the last three years? \_\_\_\_\_

5.8. Does your facility have a budget for **research and development** specifically related to **environmental matters**?

- Yes  1  
No  2

If **yes**, what percentage of your total budget for research and development has been allocated to environmental matters in the last three years? \_\_\_\_\_

5.9. Please estimate your facility's **average annual value of shipments** over the last three years. \_\_\_\_\_

5.10. How has the value of shipments from your facility **changed** in the last three years? (*Please tick only one box.*)

- They have significantly decreased  1  
They have decreased  2  
They have stayed about the same  3  
They have increased  4  
They have significantly increased  5

If you are able to do so, please estimate your facility's **change in average annual value of shipments** over the last three years (in percentage per year)? \_\_\_\_\_

5.11. How would you assess your facility's **overall business performance** over the past three years? (*Please tick only one box.*)

- Revenue has been so low as to produce large losses  1  
Revenue has been insufficient to cover costs  2  
Revenue has allowed us to break even  3  
Revenue has been sufficient to make a small profit  4  
Revenue has been well in excess of costs  5

5.12. Please indicate the industrial sector in which you would place the **main production activity** of your facility. (*Please tick only one box.*)

- Manufacture of food products and beverages  15  
Manufacture of tobacco products  16  
Manufacture of textiles  17  
Manufacture of wearing apparel, dressing and dyeing of fur  18  
Tanning and dressing of leather; manufacture of luggage, handbags, footwear, etc.  19  
Manufacture of wood and products of wood and cork, except furniture  20  
Manufacture of paper and paper products  21  
Publishing, printing and reproduction of recorded media  22  
Manufacture of coke, refined petroleum products and nuclear fuel  23  
Manufacture of chemicals and chemical products  24  
Manufacture of rubber and plastics products  25

Manufacture of other non-metallic mineral products	<input type="checkbox"/> 26
Manufacture of basic metals	<input type="checkbox"/> 27
Manufacture of fabricated metal products, except machinery and equipment	<input type="checkbox"/> 28
Manufacture of other machinery and equipment	<input type="checkbox"/> 29
Manufacture of office, accounting and computing machinery	<input type="checkbox"/> 30
Manufacture of electrical machinery and apparatus	<input type="checkbox"/> 31
Manufacture of radio, television and communication equipment	<input type="checkbox"/> 32
Manufacture of medical, precision, and optical instruments, watches and clocks	<input type="checkbox"/> 33
Manufacture of motor vehicles, trailers and semi-trailers	<input type="checkbox"/> 34
Manufacture of other transport equipment	<input type="checkbox"/> 35
Manufacture of furniture	<input type="checkbox"/> 36
Recycling	<input type="checkbox"/> 37
Other (please specify) _____	<input type="checkbox"/> 99

## SECTION 6: FIRM CHARACTERISTICS

*This section is intended to help us obtain a general picture of your **firm** of which your facility is a part. The first four questions should be completed by all respondents. The last four should be completed by firms with more than one facility.*

6.1. Is your firm listed on a **stock exchange**?

Yes  1  
No  0

6.2. Is your firm's **head office** located in a **foreign country**?

Yes  1  
No  0

**If yes**, in which country? \_\_\_\_\_

6.3. Does your firm have **an environmental department** (or equivalent such as environmental, health and safety department)?

Yes  1  
No  0

6.4. How many **different production facilities** does your firm have? \_\_\_\_\_

*Please answer the following questions if your firm has **more than one facility**.*

6.5. Please estimate your firm's average **annual expenditures on research and development** over the last three years? \_\_\_\_\_

6.6. Does your firm have a budget for **research and development** specifically related to **environmental matters**?

Yes  1  
No  0

**If yes**, what percentage of your total budget for research and development has been allocated to environmental matters in the last three years? \_\_\_\_\_

6.7. How many **people** are presently **employed full-time** by your firm? \_\_\_\_\_

6.8. Please estimate your **firm's average annual value of shipments** over the last three years.  
\_\_\_\_\_