

ON-SITE VISIT FORM - INDUSTRIAL

To be filled out by the interviewer — Information is confidential

Company Information	
Company Name	Date of Visit (mm/dd/yy)
Contact Name	City/State/ZIP
Phone () -	
Interviewer(s)	
Lead Interviewer	Organization
Other Interviewer(s)	Organization

Product/Service	
1. What is your company's greatest achievement in the last three (3) years? _____ _____	DNA/K Dcl
2. Where is the company's primary product/service in its life cycle? <input type="checkbox"/> Emerging <input type="checkbox"/> Maturing <input type="checkbox"/> Growing <input type="checkbox"/> Declining	DNA/K Dcl
3. Has the company introduced new products/services/capabilities in the last five (5) years? <input type="checkbox"/> Yes <input type="checkbox"/> No	DNA/K Dcl
4. Are new products/services anticipated in the next two years? <input type="checkbox"/> Yes <input type="checkbox"/> No	DNA/K Dcl
5. As a percent of sales, how much does the company spend on R&D? <input type="checkbox"/> 0% <input type="checkbox"/> 3%–6% <input type="checkbox"/> Under 3% <input type="checkbox"/> Over 6%	DNA/K Dcl
As a percentage, approximately how is the R&D budget divided among: New product development _____% Product improvement(s) _____% Production improvement(s) _____%	DNA/K Dcl
Where is the R&D facility located? _____	

<i>Product/Service Notes</i>

Market	
6. Is the company's primary market: <input type="checkbox"/> Local <input type="checkbox"/> Regional <input type="checkbox"/> National <input type="checkbox"/> International	DNA/K Dcl
7. Are total company sales: <input type="checkbox"/> Increasing <input type="checkbox"/> Stable <input type="checkbox"/> Decreasing	DNA/K Dcl
8. Is the market share of the company's key product(s) : <input type="checkbox"/> Increasing <input type="checkbox"/> Stable <input type="checkbox"/> Decreasing	DNA/K Dcl
<i>If changing, please explain:</i> _____ _____	

DNA/K = Does not apply/know; Dcl = Decline

<p>9. Does the company plan to expand in the next three years: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If yes, estimated total investment</i> \$ _____</p> <p>Approximate percentage equipment/technology _____ %</p> <p>Approximate percentage real estate _____ %</p> <p>Estimated number of jobs added or lost (-) _____</p> <p>Estimated facility size increase _____ sq. ft.</p> <p>Approximate date of expansion _____ (mm/yy)</p> <p>Comments: _____</p>	<p>DNA/K Dcl</p>
<p>10. Are export sales as a percentage of total sales: <input type="checkbox"/> Increasing <input type="checkbox"/> Stable <input type="checkbox"/> Decreasing <input type="checkbox"/> No exports</p> <p><i>If exporting, approximately what percentage of sales comes from export sales?</i> 1-20% 41-60% 81-100%</p> <p style="text-align: right; margin-right: 100px;">21-40% 61-80%</p> <p>Where are your export markets? _____</p>	<p>DNA/K Dcl</p>
<p>11. Is the percentage of products and/or components imported by the company: <input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing</p> <p style="text-align: right; margin-right: 100px;"><input type="checkbox"/> Stable <input type="checkbox"/> No imports</p>	<p>DNA/K Dcl</p>
<p>12. Does the company have production facilities outside the country? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If yes, are they contract production or a company facility:</i> <input type="checkbox"/> Contract production <input type="checkbox"/> Company facility <input type="checkbox"/> Both</p> <p>What is the function of the overseas location(s) _____</p> <p>Where is foreign production located? _____</p>	<p>DNA/K Dcl</p>
<p><i>Market Notes</i></p>	

Industry	
<p>13. Where are primary international competitors located (City and Country)? _____</p>	<p>DNA/K Dcl</p>
<p>14. Is overseas production by domestic competitors: <input type="checkbox"/> Increasing <input type="checkbox"/> Stable <input type="checkbox"/> Decreasing</p> <p>Please explain: _____</p>	<p>DNA/K Dcl</p>
<p>15. Is merger, acquisition or divestiture activity in your industry: <input type="checkbox"/> Increasing <input type="checkbox"/> Stable <input type="checkbox"/> Decreasing</p>	<p>DNA/K Dcl</p>
<p>16. In your industry, is production: <input type="checkbox"/> Under capacity <input type="checkbox"/> Balanced <input type="checkbox"/> Over capacity</p>	<p>DNA/K Dcl</p>
<p>17. Do you anticipate any federal, state, or local legislation changes that will adversely affect your business in the next five years: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If yes, what changes?</i> _____</p> <p>How will they affect the company? _____</p>	<p>DNA/K Dcl</p>

18. Do you anticipate any federal, state, or local legislation changes that will benefit your business in the next five years: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what changes? _____ How will they affect the company? _____ _____	DNA/K Dcl
Industry Notes	

Management	
19. Has the company's ownership changed in the last 18 months, or do you anticipate a change: <input type="checkbox"/> Changed <input type="checkbox"/> Change Pending <input type="checkbox"/> No If changing, please explain: _____ _____ _____	DNA/K Dcl
Has the company's top management changed or is it expected to change in the next 18 months: <input type="checkbox"/> Changed <input type="checkbox"/> Change Pending <input type="checkbox"/> No If changing, please explain: _____ _____ If changed, what impact will this/these changes have on the local operation? _____ _____	DNA/K Dcl
20. Are the projected employment needs for this facility: <input type="checkbox"/> Increasing <input type="checkbox"/> Stable <input type="checkbox"/> Decreasing	DNA/K Dcl
21. What are the community's strengths as a place to do business? _____ _____	DNA/K Dcl
22. What are the community's weaknesses as a place to do business? _____ _____	DNA/K Dcl
23. Are there any barriers to growth in this community? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what? _____ _____	DNA/K Dcl
24. Does the attitude among executives at corporate headquarters toward this community as a place to do business differ from local management: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain? _____ _____ _____	DNA/K Dcl

25. Are there any reasons the community may not be considered for future expansion? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain? _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	DNA/K Dcl
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26. Are there suppliers or service providers that the company would like to have located closer to this facility: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, product/service, company, and current location? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	DNA/K Dcl
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Management Notes

Workforce										
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	Low	1	2	3	4	5	6	7	High	
27. How do you rate the availability of workers in this area:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DNA/K Dcl
28. How do you rate the quality of workforce in this area:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DNA/K Dcl
29. How do you rate the stability of workforce in this area:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DNA/K Dcl
30. As compared to other company facilities, how would you rate productivity in this facility:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DNA/K Dcl

31. Is the company experiencing recruitment problems with any employee positions or skills: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what problems, positions, skills? _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	DNA/K Dcl
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32. Is the number of unfilled positions: <input type="checkbox"/> Increasing <input type="checkbox"/> Stable <input type="checkbox"/> Decreasing Estimated number of unfilled positions today: _____ Approximately when will these jobs be filled? _____ (mm/yy)	<input type="checkbox"/> Increasing <input type="checkbox"/> Stable <input type="checkbox"/> Decreasing	DNA/K Dcl
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33. Have you experienced or do you anticipate any significant changes in the make-up of your workforce? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how did/will you deal with this change? _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	DNA/K Dcl
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34. Are primary recruitment problems limited to: <input type="checkbox"/> Community <input type="checkbox"/> Industry	<input type="checkbox"/> Community <input type="checkbox"/> Industry	DNA/K Dcl
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35. Is company investment in employee training: <input type="checkbox"/> Increasing <input type="checkbox"/> Stable <input type="checkbox"/> Decreasing <input type="checkbox"/> None If investing in employee training, what percentage of the training budget is for:	<input type="checkbox"/> Increasing <input type="checkbox"/> Stable <input type="checkbox"/> Decreasing <input type="checkbox"/> None	DNA/K Dcl
New job skills training _____%		
Proficiency training _____%		
Remedial skill training _____%		

Workforce Notes

Technology														
36. Is there new technology emerging that will substantially change either your company's primary product/service or how it is produced?							<input type="checkbox"/> Yes <input type="checkbox"/> No		DNA/K Dcl					
Comments: _____ _____														
37. Compared to your business segment, how would you rank your company's use of technology for:														
Use	Low							High						
Internal office operations	1	2	3	4	5	6	7	DNA/K Dcl						
Business administration	1	2	3	4	5	6	7	DNA/K Dcl						
Sales and inventory management	1	2	3	4	5	6	7	DNA/K Dcl						
Marketing	1	2	3	4	5	6	7	DNA/K Dcl						
Comments: _____ _____														
38. Compared to your business segment, rate your company's technology investment:					Low	1	2	3	4	5	6	High	7	DNA/K Dcl
Comments: _____ _____														
39. Is the community's technology infrastructure adequate for your company's growth plan?							<input type="checkbox"/> Yes <input type="checkbox"/> No		DNA/K Dcl					
Comments: _____ _____														
Technology Notes														

Utility Services														
40. How is the consumption of the following utilities changing?					41. Please rate your satisfaction with your utility providers									
<u>Type of Utility</u>	I*	S*	D*		Low	1	2	3	4	5	6	High	7	
A) Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DNA/K Dcl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DNA/K Dcl
B) Sewer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DNA/K Dcl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DNA/K Dcl
C) Natural Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DNA/K Dcl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DNA/K Dcl
D) Electric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DNA/K Dcl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DNA/K Dcl
E) Telecom (voice)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DNA/K Dcl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DNA/K Dcl
F) Cellular service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DNA/K Dcl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DNA/K Dcl
G) Internet access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DNA/K Dcl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DNA/K Dcl
H) Internet speed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DNA/K Dcl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DNA/K Dcl
* I = Increasing, S = Stable, D = Decreasing														

For any utility services with satisfaction rated 3 or below, please comment:	
Utility service issue 1 (circle one) A B C D E F G H	Low Rank Comment 1: _____ _____
Utility service issue 2 (circle one) A B C D E F G H	Low Rank Comment 2: _____ _____
Utility service issue 3 (circle one) A B C D E F G H	Low Rank Comment 3: _____ _____
Utility Notes	

Community Services								
42. Please rate the quality of the following services provided by the community on a scale of 1 to 7, 7 being high.								
	Low						High	
	1	2	3	4	5	6	7	
A) Police protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DNA/K Dcl
B) Fire protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DNA/K Dcl
C) Ambulance paramedic service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DNA/K Dcl
D) Health care services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DNA/K Dcl
E) Child care services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DNA/K Dcl
F) School (K-12)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DNA/K Dcl
G) Tech college	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DNA/K Dcl
H) Community college	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DNA/K Dcl
I) College(s) and university(ies)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DNA/K Dcl
J) Public transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DNA/K Dcl
K) Traffic control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DNA/K Dcl
L) Streets and roads (local)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DNA/K Dcl
M) Highways (State & Federal)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DNA/K Dcl
N) Airline passenger service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DNA/K Dcl
O) Air cargo service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DNA/K Dcl
P) Trucking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DNA/K Dcl

42. Continued	1	2	3	4	5	6	7	
Q) Property tax assessment (fair & equitable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DNA/K Dcl
R) Zoning changes and building permits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DNA/K Dcl
S) Regulatory enforcement (fair & equitable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DNA/K Dcl
T) Community planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DNA/K Dcl
U) Community services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DNA/K Dcl
V) County services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DNA/K Dcl
W) Chamber of Commerce or business association	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DNA/K Dcl
X) Economic development organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DNA/K Dcl

For services with satisfaction rated 3 or below, please comment:

Service issue 1 (circle one) A B C D E F G H I J K L M N O P Q R S T U V W X	Low Rank Comment 1: _____ _____ _____
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Service issue 2 (circle one) A B C D E F G H I J K L M N O P Q R S T U V W X	Low Rank Comment 2: _____ _____ _____
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Service issue 3 (circle one) A B C D E F G H I J K L M N O P Q R S T U V W X	Low Rank Comment 3: _____ _____ _____
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Community Service Notes

43. Using a scale of 1 to 7, where 1 means not at all likely and 7 means very likely, if in the future you were to expand or relocate your business, how likely would you be to select DeKalb County for your location?

1	2	3	4	5	6	7
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any other comments you would like to share?

Thank you for your assistance.