

Contact person: Help desk (contact centre) / Phone: 6259 300 / E-mail: klienditugi@stat.ee / Postal address: Vabaduse plats 2, 71020 Viljandi

Statistical activity code: 10503

# Sales of pesticides

| Questionnaire code: 14222024 | Submitted in: 15.02.2024, data about 2023 |       |
|------------------------------|---|-------|
| Period:                      | Periodicity: Annual                       |       |
|                              | page                                      | e 1/2 |

Statistics Estonia guarantees the full protection of data submitted.

| Economic unit<br>Registry code:<br>Name:  | E-mail:<br>Phone:                                  |
|---|--|
| Postal address<br>County:<br>City / Rural municipality:<br>Village / Town / City district:<br>Secondary address unit: | Street:<br>Building:<br>Apartment:<br>Postal code: |
| Economic activity in the sample   |  |
| Completed by<br>Personal ID code:<br>Firstname and surname:   | E-mail:<br>Phone:                                  |
| Completed on (date):  | Signature:   |

#### **1. GENERAL INFORMATION**

|  |   | Answer  |
|--|---|---------|
|  |   | 1       |
| Have you purchased pesticides from abroad? | 1 | 1 - Yes |
|  |   | 2 - No  |

Contact person: Help desk (contact centre), Phone: 6259 300, E-mail: klienditugi@stat.ee, Postal address: Vabaduse plats 2, 71020 Viljandi

# Sales of pesticides

| Questionnaire code: 14222024 | Submitted in: 15.02.2024, data about 2023 |
|------------------------------|---|
| Period:                      |   |

page 2/2

### 1.1. PESTICIDES PURCHASED FROM ABROAD AND SOLD IN ESTONIA

See the related list of pesticides with explanations https://www.stat.ee/sites/default/files/2022-12/1422\_Taimekaitsevahendite%20loend%202023.xlsxlf you cannot find the name of the correct pesticide in the list, choose code 999 or "Other pesticides" and add the name of the pesticide in the comment field.

| Record<br>no | Name of sold pesticide | Quantity of sold pesticide (kg or I) | Comment |
|--------------|------------------------|--------------------------------------|---------|
|              | 1                      | 2                                    | 3       |
| 1            |                        |                                      |         |
| 2            |                        |                                      |         |
| 3            |                        |                                      |         |
| 4            |                        |                                      |         |
| 5            |                        |                                      |         |
| 6            |                        |                                      |         |
| 7            |                        |                                      |         |
| 8            |                        |                                      |         |
| 9            |                        |                                      |         |
| 10           |                        |                                      |         |
| 11           |                        |                                      |         |
| 12           |                        |                                      |         |
| 13           |                        |                                      |         |
| 14           |                        |                                      |         |
| 15           |                        |                                      |         |

### 2. TIME SPENT ON FILLING OUT THE QUESTIONNAIRE (incl. for preparing the data)

Please estimate how much time you spent on filling out the questionnaire (incl. time spent on reading the instructions, collecting and preparing data). Record the total time spent by all employees.

|  | Hours | Minutes |
|--|-------|---------|
| Time spent   |       |         |
| Please indicate the hours and minutes separately. For example, if it |       |         |
| took 1.5 hours (i.e. 90 minutes) to complete the questionnaire, you  |       |         |
| should enter 1 in the hours field and 30 in the minutes field.       |       |         |

#### Y2. Overall assessment on the questionnaire

|  | Answer  |
|--|---|
| Please give an overall assessment on completing the questionnaire. | 10 - Very easy<br>20 - Easy<br>30 - Average<br>(neither easy nor<br>difficult)<br>40 - Difficult<br>50 - Very difficult |
|  |   |

## Y3. Suggestions and comments

#### COMMENT