



CompositesWorld Top Shops 2021

Thank you for participating in *CompositesWorld's* third annual Top Shops Survey highlighting the attributes shared by leading fabricators. By fully completing this survey **before March 1**, you will receive at a later date a benchmarking report customized for your facility.

Please proceed only if your facility performs manufacturing operations that convert fiber and resin raw materials into fully consolidated and finished composite parts or structures.

To take advantage of the many benefits of participating in Top Shops, all you have to do is:

- 1. Fully complete the survey** for maximum value. It's in your best interest for benchmarking and scoring. It may take time to get some data - it's worth it. You may have reservations about answering certain questions. Don't worry, all responses will remain confidential.
- 2. Provide your email address** to receive a report customized for your facility, showing where it is strong, on track, and has opportunities.
- 3. Enter your contact info** if you want a chance to be profiled in an upcoming issue of *CompositesWorld*.
- 4. Select 'Submit Responses'** on the final page **before March 1, 2021**. If you get interrupted while completing the survey, you may close and return to it using the same device as many times as you like until you select 'Submit Responses.'

Click here if you would like to download a pdf of the questions before entering your answers online. If you want to keep a record of your responses, we suggest printing each page with your responses before selecting 'next' to advance to the next page/question.

Remember to complete the survey by March 1, 2021. If you have questions, contact Jan Schafer, Director of Market Research, at jschafer@gardnerweb.com or 513-527-8952.

* 1. Does your facility perform manufacturing operations that convert fiber and resin raw materials into fully consolidated and finished composite parts or structures?

Yes

No

Do not complete this survey if your facility does not meet the description above. The benchmarking does not apply to your facility and you would not receive a custom report.



Company & Contact Information

2. To receive a custom report of your facility's results, please fully complete the survey and provide your email address:

3. For the option to be part of the CW Top Shops Honors Program competition, please provide the following information:

Your Name

Title

Company Name

Address

City/Town

State/Province

ZIP/Postal Code

Country

Company Website

Company Phone Number



Before we get started...

Many survey questions refer to 'your facility,' and here's how we'd like you to think about it...

If your company has more than one location, please answer all survey questions in terms of the scope for which you have the most access to operations and performance data. In some cases, that is multiple locations combined. In other cases, it is just one location.

If you have equal access to data for more than one location, please answer the survey based on the one location that is most representative, or considered most typical, of your business overall.

If you are considered a captive facility, answer survey questions in the terms your facility uses to report metrics to the broader company. You may have different considerations or use tweaked formulas, but you should be able to provide the information requested.

Most important is that you be consistent throughout the survey as far as the location(s) to which your responses apply.

Please also note that all questions pertain to 2020 unless indicated otherwise.



Profile Information

This first section of the survey includes questions pertaining to the general characteristics that help describe your facility.

Please read the instructions at each question for the accepted format for responses. If you receive an error message and your format is correct, your value is likely an exception outside of the reasonable range, and won't be accepted.

4. Which **composites manufacturing processes** did your facility perform in 2020? *Select ALL that apply.*

- | | |
|---|---|
| <input type="checkbox"/> Additive manufacturing/3D printing | <input type="checkbox"/> Infusion |
| <input type="checkbox"/> Automated fiber placement (AFP) | <input type="checkbox"/> Injection molding |
| <input type="checkbox"/> Automated tape laying (ATL) | <input type="checkbox"/> Pultrusion |
| <input type="checkbox"/> Compression molding | <input type="checkbox"/> Resin transfer molding (RTM) |
| <input type="checkbox"/> Cutting/kitting | <input type="checkbox"/> Sprayup |
| <input type="checkbox"/> Filament winding | <input type="checkbox"/> Thermoforming |
| <input type="checkbox"/> Hand layup | |

5. Which **secondary processes** did your facility perform in 2020? *Select ALL that apply.*

- | | |
|--|---|
| <input type="checkbox"/> Assembly | <input type="checkbox"/> Moldmaking |
| <input type="checkbox"/> CNC machining/finishing | <input type="checkbox"/> Physical testing |
| <input type="checkbox"/> Design engineering | <input type="checkbox"/> Pre-production manufacturing |
| <input type="checkbox"/> Design simulation | <input type="checkbox"/> Prototyping |
| <input type="checkbox"/> Low-rate production manufacturing | <input type="checkbox"/> Research and development |
| <input type="checkbox"/> Materials testing | <input type="checkbox"/> None of these |



Profile Information

6. Which **fiber and format combinations** are used at your facility?

For each format listed in rows, select the fibers your facility uses with it or select *NONE*.

	Aramid	Carbon, dry	Carbon, pre-pregged	Glass, dry	Glass, pre-pregged	Natural	None
Braided fabric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chopped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multiaxial fabric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spread tow fabric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unidirectional tape	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Woven fabric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Which **resins** are used at your facility? *Select ALL that apply.*

- | | |
|--|--|
| <input type="checkbox"/> Epoxy | <input type="checkbox"/> PES |
| <input type="checkbox"/> Nano-based resins | <input type="checkbox"/> Phenolic |
| <input type="checkbox"/> PAEK | <input type="checkbox"/> Polyamide (nylon) |
| <input type="checkbox"/> PEEK | <input type="checkbox"/> Polyester |
| <input type="checkbox"/> PEI | <input type="checkbox"/> Polyimide |
| <input type="checkbox"/> PEKK | <input type="checkbox"/> Vinyl ester |

8. Which **tooling materials** are used at your facility? *Select ALL that apply.*

- | | |
|---|--|
| <input type="checkbox"/> Aluminum | <input type="checkbox"/> Soluble |
| <input type="checkbox"/> Composite | <input type="checkbox"/> Steel |
| <input type="checkbox"/> Invar | <input type="checkbox"/> Tooling board |
| <input type="checkbox"/> Nickel | <input type="checkbox"/> Wood |
| <input type="checkbox"/> Rubber/latex (bladder) | |



Profile Information

9. How many **total individual parts** did your facility fabricate in 2020?

Please enter a whole number only; no decimals, commas, or other symbols.

10. How many different **part numbers (SKUs)** did your facility fabricate in 2020?

Please enter a whole number only; no decimals, commas, or other symbols.

11. Which of the following describe your facility? *Select ALL that apply. If none of the options is exactly right, please select the one(s) that comes closest to describing your facility.*

- Contract manufacturer
- Design/engineering
- Moldmaker
- OEM
- Sub-tier supplier
- Tier supplier to OEM



Profile Information

12. Which ONE of the following best describes your facility? *Select ONE only. If none of the options is exactly right, please select the one that best describes your facility.*

- Contract manufacturer
- Design/engineering
- Moldmaker
- OEM
- Sub-tier supplier
- Tier supplier to OEM

13. Which industries does your facility primarily serve? *Select ALL that apply.*

- | | |
|--|--|
| <input type="checkbox"/> Aerospace, commercial | <input type="checkbox"/> Industrial/corrosion resistance |
| <input type="checkbox"/> Aerospace, general aviation | <input type="checkbox"/> Marine |
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Mass transit |
| <input type="checkbox"/> Automotive | <input type="checkbox"/> Medical |
| <input type="checkbox"/> Construction/infrastructure | <input type="checkbox"/> Oil and gas |
| <input type="checkbox"/> Consumer | <input type="checkbox"/> Sports and recreation |
| <input type="checkbox"/> Defense/military | <input type="checkbox"/> Wind energy |

14. Which certifications does your facility have currently? *(Select ALL that apply)*

- | | |
|--|--|
| <input type="checkbox"/> ISO 9001:2015 | <input type="checkbox"/> Nadcap |
| <input type="checkbox"/> ISO 13485:2016 | <input type="checkbox"/> AS9100D |
| <input type="checkbox"/> ISO 14001:2015 | <input type="checkbox"/> None of these |
| <input type="checkbox"/> IATF 16949:2016 | |

15. What is your company's ownership model? *Select ONE only.*

- Private equity owned
- Privately held
- Publicly traded



Profile Information

16. Which of the following, if any, describe your company? *Select ALL that apply.*

- Family owned
- Minority owned
- Veteran owned
- Woman owned
- None of these

17. As of the end of 2020, how many years has your company been in business?

Please round to the nearest whole number.

18. What is the **total square footage** of your entire building? Enter your best estimate if you do not have the measurements handy.

Please enter a whole number only; no decimals, commas or other symbols.



Technology/Equipment

This section of the survey includes questions pertaining to the technology your facility uses in composites manufacturing.

19. Which **curing methods** does your facility use? *Select ALL that apply.*

- Autoclave
- Heated mold
- Infrared/microwave
- Oven
- Room temperature

20. Which, if any, type(s) of **automation** does your facility use? *Select ALL that apply.*

- | | |
|---|---|
| <input type="checkbox"/> Automated adhesive application | <input type="checkbox"/> Automated parts transfer |
| <input type="checkbox"/> Automated cutting/kitting | <input type="checkbox"/> Automated preforming |
| <input type="checkbox"/> Automated fiber/tape placement | <input type="checkbox"/> None |
| <input type="checkbox"/> Automated part inspection | |



Technology/Equipment

21. Which types of **part measurement/assessment equipment** does your facility use? *Select ALL that apply.*

- | | |
|--|--|
| <input type="checkbox"/> CMM in quality department | <input type="checkbox"/> Plant floor CMMs |
| <input type="checkbox"/> Laser trackers | <input type="checkbox"/> Portable measuring arms |
| <input type="checkbox"/> Microscopes | <input type="checkbox"/> Vision systems |
| <input type="checkbox"/> Optical comparators | <input type="checkbox"/> None of these |

22. Which types of **non-destructive inspection (NDI) equipment** does your facility use? *Select ALL that apply.*

- | | |
|---|--|
| <input type="checkbox"/> Acoustical | <input type="checkbox"/> Thermographic |
| <input type="checkbox"/> Holographic | <input type="checkbox"/> Ultrasonic |
| <input type="checkbox"/> Manual (tapping) | <input type="checkbox"/> X-ray |
| <input type="checkbox"/> Shearographic | <input type="checkbox"/> None |

23. Which management **software** does your facility use? *Select ALL that apply or NONE only.*

- Process monitoring
- Production monitoring
- Enterprise resource planning (ERP)
- None



Operations

This section of the survey includes questions pertaining to product quality and facility efficiency.

24. To which ONE of these practices and improvement methodologies is your facility most committed? *Select ONE only.*

- | | |
|--|---|
| <input type="radio"/> 5S workplace organization | <input type="radio"/> Overall Equipment Effectiveness (OEE) monitoring and analysis |
| <input type="radio"/> Benchmarking | <input type="radio"/> Poka yoke (error prevention) |
| <input type="radio"/> Cellular manufacturing | <input type="radio"/> Quality certifications (i.e. ISO, NADCAP, etc.) |
| <input type="radio"/> Continuous improvement program | <input type="radio"/> Six Sigma |
| <input type="radio"/> Daily layered accountability | <input type="radio"/> Theory of constraints |
| <input type="radio"/> Design of experiments | <input type="radio"/> Total productive maintenance |
| <input type="radio"/> Kaizen events/blitzes | <input type="radio"/> Total quality management |
| <input type="radio"/> Kanban and pull systems | <input type="radio"/> Value-stream mapping |
| <input type="radio"/> Lean manufacturing | <input type="radio"/> None of these |

25. Does your facility measure machinery/equipment uptime?

- Yes
- No



Operations

Please read the instructions at each question for the accepted format for responses. If you receive an error message and your format is correct, your value is likely an exception outside of the reasonable range, and won't be accepted.

26. What was your facility's total machinery and equipment **uptime percentage** in 2020? Enter your number between 1 and 100 without a % sign.

You may enter a decimal, but no other signs or symbols.

27. On average, how many hours per week was your facility in operation in 2020?

Please enter a whole number only; no decimals, commas, or other symbols.

28. What was your facility's average **capacity utilization** percentage in 2020?

There is no single formula that fits how every facility figures **capacity utilization**. For this question, please think about what you consider to be at full capacity for your facility. Then enter as a percentage the degree to which your facility's capacity was typically in use relative to being at full capacity in 2020.

Enter your number between 1 and 100 without a % sign. You may enter a decimal, but no other signs or symbols.

Example: If your facility was typically using capacity that represented about 85% of full capacity in 2020, meaning your facility typically had 15% capacity available, you would enter 85 for capacity utilization.



Operations

29. What was your facility's average **order lead time** in 2020, defined as the number of days from receipt of order to delivery to customer?

Please enter a whole number only; no decimals, commas, or other symbols.

30. What was your facility's **on-time delivery rate** in 2020, defined as the percentage of goods delivered on timing committed? Enter your number between 1 and 100 without a % sign.

You may enter a decimal, but no other signs or symbols.



Operations

31. What was your facility's **finished product first-pass quality yield** in 2020, defined as the percentage of product that passed inspection on first attempt? (i.e., no re-work was required). Enter your number between 1 and 100 without a % sign.

You may enter a decimal, but no other signs or symbols.

32. What was your facility's **scrap and rework UNIT percentage**, defined as the number of 2020 scrapped or reworked parts as a percentage of 2020 total parts produced? This includes trimmings, offcuts, and non-repairable finished parts. Enter your number between 0 and 100 without a % sign.

You may enter a decimal, but no other signs or symbols.

Example: If 83 parts were scrapped or reworked, and 1000 parts were produced, you would enter 8.3.

33. What was your facility's **scrap and rework COST percentage**, defined as the cost of scrapped or reworked materials as a percentage of 2020 total dollar sales? This includes trimmings, offcuts, and non-repairable finished parts. Enter your number between 0 and 100 without a % sign.

You may enter a decimal, but no other signs or symbols.

Example: If \$550 worth of materials were scrapped and sales were \$50,000, you would enter 1.1.

34. Does your facility process in-house scrap material?

Yes

No



Operations

35. What percentage of your facility's scrap material, by volume, was **reused or diverted from landfills** in 2020? Enter your number between 1 and 100 without a % sign.

You may enter a decimal, but no other signs or symbols.

Example: For 80% you would enter 80. for 80.5% you would enter 80.5.

36. What proportion of all parts does your facility typically inspect prior to delivery to the customer? *Select ONE only.*

- All of them
- Most of them
- About half of them
- Less than half of them
- Just a few of them

37. Generally speaking, which parameters of quality are critical to the parts your facility fabricates? *Select ALL that apply.*

- | | |
|---|---|
| <input type="checkbox"/> Corrosion resistance | <input type="checkbox"/> Stiffness |
| <input type="checkbox"/> Dimension | <input type="checkbox"/> Strength |
| <input type="checkbox"/> Durability | <input type="checkbox"/> Toughness |
| <input type="checkbox"/> Mass/weight | <input type="checkbox"/> Transmissivity |
| <input type="checkbox"/> Porosity | <input type="checkbox"/> Weather resistance |



Operations

38. How, if at all, does your facility communicate overall part quality and operations efficiency to employees? *Select ALL that apply.*

- Printed reports/bulletin boards
- Digitally via television monitors
- Online
- We do not communicate part quality or operations data to employees

39. How, if at all, does your facility track and manage materials expiration? *(Select ALL that apply)*

- Manually with paper-based system
- Manually with computer-based system
- Automatically with computer-based system
- Our facility does not track materials expiration

40. On average, how many **days of inventory** did your facility have on hand in 2020?

Please enter a whole number only; no decimals, commas, or other symbols.



Business Strategy & Performance

The next section of the survey includes questions pertaining to financial, operational and customer information.

Please read the instructions at each question for the accepted format for responses. If you receive an error message and your format is correct, your value is likely an exception outside of the reasonable range, and won't be accepted.

41. Which **supply chain strategies** does your facility use? *Select ALL that apply.*

- | | |
|---|---|
| <input type="checkbox"/> Certification of major suppliers | <input type="checkbox"/> Utilizing customer forecasts |
| <input type="checkbox"/> Collaborative design with customers | <input type="checkbox"/> Vendor-managed or -owned inventories |
| <input type="checkbox"/> Collaborative design with suppliers | <input type="checkbox"/> Vendor-managed or -owned inventories for customers |
| <input type="checkbox"/> Just-in-time deliveries to customers | <input type="checkbox"/> None of these |
| <input type="checkbox"/> Just-in-time deliveries from suppliers | |

42. Were any **capital investments** made in your facility in 2020?

- Yes
- No



Business Strategy & Performance

43. How much did your facility spend (in US dollars) on **capital equipment** in 2020?

Round to the nearest dollar and enter without any signs or symbols.

44. Please provide your facility's 2020 **capital equipment expenditure as a percentage of gross sales**.

Round to the nearest whole number and enter without a % sign.

Formula = $[(2020 \text{ cap equip exp} / 2020 \text{ gross sales}) * 100]$

Example: If your capital equipment expenditure was \$500 and your gross sales were \$5000, you would enter 10.

45. Please provide your facility's 2020 **overall profit margin percentage**, defined as your facility's net income (after tax) relative to gross sales, rounded to the nearest whole number. Include a minus sign if your number is negative.

Formula = $[(2020 \text{ net income} / 2020 \text{ gross sales}) * 100]$

Example: If your 2020 net income was negative \$300 and your gross sales were \$5000, you would enter -6.

46. Please provide your facility's 2020 **ROA**, defined as your facility's net income (after tax) relative to total assets, rounded to the nearest whole number. Include a minus sign if your number is negative.

Formula = $[(2020 \text{ net income} / 2020 \text{ total assets}) * 100]$

Example: If your 2020 net income was negative \$300 and your total assets were \$10,000, you would enter -3.



Business Strategy & Performance

47. Please provide your facility's **total revenue** for 2020 in US dollars. Providing your facility's revenue confidentially enables us to perform useful calculations on your behalf.

Please enter a whole number only; no decimals, commas, or other symbols.

48. Please provide your facility's 2020 **gross sales per employee** in US dollars.

Example: If your gross sales were \$5000 and you have 20 employees, you would enter 250.

Round to the nearest dollar and enter without any signs or symbols.

49. Please provide your facility's **percent change in annual sales** from 2019 to 2020 using the following formula. Round to the nearest whole number, using a minus sign if necessary.

Formula = $[(2020 \text{ gross sales} - 2019 \text{ gross sales}) / 2019 \text{ gross sales}] * 100$

Example: If your 2019 sales were \$4000 and your 2020 sales were \$5000, you would enter 25.



Business Strategy & Performance

50. How many **active customers** did your facility have in 2020?

Please enter a whole number only; no decimals, commas, or other symbols.

51. What was your facility's **customer retention rate** for 2020? This is the number of your facility's customers in 2020, who were also customers in 2019, as a percentage of your 2019 total customer base. Enter your number between 1 and 100 without a % sign.

You may enter a decimal, but no other signs or symbols.

Example: If you had 50 customers in 2020 who were also customers in 2019, and a total of 60 customers in 2019, your customer retention rate would be 83%, and you would enter 83.



Business Strategy & Performance

52. What percentage of total orders specify the **types of raw materials** your facility must use? Enter your number between 0 and 100 without a % sign.

Please enter a whole number only; no decimals, commas, or other symbols.

53. What percentage of total orders specify that **raw materials must come from a specific supplier**? Enter your number between 0 and 100 without a % sign.

Please enter a whole number only; no decimals, commas, or other symbols.

54. What percentage of total orders specify the **type(s) of inspection equipment/methods** your facility must use? Enter your number between 0 and 100 without a % sign.

Please enter a whole number only; no decimals, commas, or other symbols.



Business Strategy & Performance

55. About how many **years** has your facility been involved in composites fabrication?

Please enter a whole number only; no decimals, commas, or other symbols.

56. As best as you can say, what percentage of your facility's revenue is **derived from composites manufacturing**? Enter your number between 0 and 100 without a % sign.

Please enter a whole number only; no decimals, commas, or other symbols.



Business Strategy & Performance

57. Below are **business practices** that your facility may or may not apply. Please select ALL that you consider to have been in place at your facility in 2020.

- | | |
|--|--|
| <input type="checkbox"/> Regularly scheduled, formal review of the state of the business | <input type="checkbox"/> Regularly scheduled management/department head meetings |
| <input type="checkbox"/> Periodic, informal review of the state of the business | <input type="checkbox"/> Occasional management/department head meetings |
| <input type="checkbox"/> Business metric goal setting | <input type="checkbox"/> Steering board/committee including outside membership |
| <input type="checkbox"/> Business strategy development | <input type="checkbox"/> None of these |

58. Which of the following **sales/marketing tools** did your company use in 2020? *Select ALL that apply.*

- | | |
|--|---|
| <input type="checkbox"/> Company website | <input type="checkbox"/> Print advertising (e.g. magazines) |
| <input type="checkbox"/> Blogs | <input type="checkbox"/> Print directory listing |
| <input type="checkbox"/> Email promotions | <input type="checkbox"/> Sales personnel |
| <input type="checkbox"/> Online videos | <input type="checkbox"/> Customer tours of your shop |
| <input type="checkbox"/> Online advertising | <input type="checkbox"/> Open house |
| <input type="checkbox"/> Online directory listing | <input type="checkbox"/> Trade shows/events |
| <input type="checkbox"/> Online keyword advertising (Google) | <input type="checkbox"/> None of these |
| <input type="checkbox"/> Brochures/catalogs | |

59. Which **social media channels** did your company use in 2020 to generate business? *Select ALL that apply.*

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Facebook | <input type="checkbox"/> Snapchat |
| <input type="checkbox"/> Instagram | <input type="checkbox"/> Twitter |
| <input type="checkbox"/> LinkedIn | <input type="checkbox"/> YouTube |
| <input type="checkbox"/> Pinterest | <input type="checkbox"/> None of these |



Human Resources

The final section of the survey pertains to employees, training, and safety.

60. Which **human resource practices/programs** did your facility use in 2020? *Select ALL that apply.*

- | | |
|--|--|
| <input type="checkbox"/> 401(k) plan | <input type="checkbox"/> Formal safety/health program |
| <input type="checkbox"/> Annual review and raise program | <input type="checkbox"/> Leader/supervisor development |
| <input type="checkbox"/> Apprenticeship program | <input type="checkbox"/> Paid medical benefits |
| <input type="checkbox"/> Bonus plan | <input type="checkbox"/> Profit- or revenue-sharing plan |
| <input type="checkbox"/> Education reimbursements | <input type="checkbox"/> Teaming/team-building practices |
| <input type="checkbox"/> Employee ownership options (ESOP) | <input type="checkbox"/> None of these |
| <input type="checkbox"/> Formal employee training program | |

61. How many **total people** did your facility employ in 2020 at the location(s) to which your answers apply?
Please enter a whole number only; no decimals, commas or other symbols.

62. How many employees were **directly involved in plant floor operations** in 2020 at the location(s) to which your answers apply?

Please enter a whole number only; no decimals, commas or other symbols.

63. What is the **average age** of your facility's plant floor employees?

Please enter a whole number only; no decimals, commas or other symbols.

64. On average, how many **years of experience working in the composites industry** do your facility's plant floor employees have?

Please enter a whole number only; no decimals, commas or other symbols.

65. Did your facility have any **accident incidents** in 2020?

- Yes
- No
- Not sure



Human Resources

66. What was your facility's **accident incident rate for plant floor employees** in 2020, defined as the number of plant floor accident incidents as a percentage of the typical number of plant floor staff. Enter your number between 0 and 100 without a % sign.

You may enter a decimal, but no other signs or symbols.

Example: if you had 2 accident incidents in 2020 and your plant floor staff typically totals 30, you would enter 6.67.

67. What was your facility's **annual labor turnover rate of plant floor employees** in 2020? This is the number of voluntary plus involuntary separations of plant floor employees as a percentage of the total usual number of plant floor staff. Enter your number between 0 and 100 without a % sign.

You may enter a decimal, but no other signs or symbols.

Example: If 6 plant floor employees left in 2020 and your usual plant floor staff totals 30, you would enter 20.

68. Which statement best describes your facility as far as **skills relative to needs** in 2020? *Select ONE only.*

- We experienced a shortage of skills needed and took action.
- We experienced a shortage of skills needed but did not take action.
- We did not experience a shortage of skills needed.



Human Resources

69. Which actions did your facility take in 2020 to address a shortage of skills your facility needs? *Select ALL that apply.*

- | | |
|--|--|
| <input type="checkbox"/> Attendance incentives | <input type="checkbox"/> Outreach program to broader populations (e.g. completed rehab; released from incarceration) |
| <input type="checkbox"/> Billboard advertising | <input type="checkbox"/> Provide, pay for, or subsidize transportation to/from plant |
| <input type="checkbox"/> Cross training | <input type="checkbox"/> Radio advertising |
| <input type="checkbox"/> 'Get paid to learn/train' program | <input type="checkbox"/> Rewards for referrals |
| <input type="checkbox"/> Increased automation | <input type="checkbox"/> Signing incentives |
| <input type="checkbox"/> Loosened hiring criteria | <input type="checkbox"/> Television advertising |
| <input type="checkbox"/> Mentor program | <input type="checkbox"/> Unlimited time off |
| <input type="checkbox"/> Outreach program at local schools | <input type="checkbox"/> Weekend only shifts |
| <input type="checkbox"/> Other (please specify) | |

70. What was the approximate **average hourly wage rate** in US dollars, without overtime, for non-management plant floor employees in 2020?

You may enter a decimal, but no other signs or symbols.



Almost finished!

This is the final page of the survey. Please double-check your responses for accuracy and completeness before you continue.

Before you click **Submit Responses**, you may close and return to the survey on this device to make changes as many times as you like until the deadline of **March 1, 2021**. Once you click **Submit Responses** on this page, you will be taken to the *CompositesWorld* website. Your survey will be locked and submitted and you will not be able to change any of your answers.