



## Plastics Technology Top Shops 2021

Thank you for participating in the *Plastics Technology* Top Shops Benchmarking Survey for injection molding which highlights the attributes shared by leading facilities. By fully completing this survey, you will receive a benchmarking report customized for your facility. This survey pertains to injection molding, specifically. **Please proceed only if your facility performs injection molding.**

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 *Plastics Technology*.
- 4. Select 'Submit Responses'** on the final page once you do not intend to return to the survey again **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 to download a PDF of the survey if you want to review the questions before entering your answers.

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

\* 1. Which primary processes does your facility perform? *Select ALL that apply.*

- Injection molding
- Blow molding
- Thermoforming
- Extrusion (any type)
- None of these



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2. Of the primary processes performed, which ONE does your facility perform most? *Select ONE only.*

- Injection molding
- Blow molding
- Thermoforming
- Extrusion (any type)



## Company & Contact Information

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

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

Your Name:

Job Title/Position:

Company Name:

Address:

City/Town:

State/Province:

ZIP/Postal Code:

Country:

Company Website:

Company Phone  
Number:



## Before we begin...

Most 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 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 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. You may need to refer to company data to answer some of the following questions.

*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.*

5. Approximately how many **individual pieces** did your facility mold in 2020?

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

6. Approximately how many **active tools** did your facility have in 2020?

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

7. How many **injection molding machines** are in your facility?

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

8. What is the **average age** (in years) of the injection molding machines in your facility?

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



## Profile Information

9. Which materials does your facility process? *Select ALL that apply.*

- |   |   |
|---|---|
| <input type="checkbox"/> Polyolefins                | <input type="checkbox"/> Liquid Silicone Rubber   |
| <input type="checkbox"/> PET                        | <input type="checkbox"/> Thermoplastic Elastomers |
| <input type="checkbox"/> PVC                        | <input type="checkbox"/> Bioplastics              |
| <input type="checkbox"/> PUR                        | <input type="checkbox"/> Recycled plastics        |
| <input type="checkbox"/> Engineering Thermoplastics | <input type="checkbox"/> None of these            |

10. How many **total pounds of resin** did your facility process in 2020?

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

11. How many **different resins** (not grades) did your facility process in 2020?

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



## Profile Information

12. Which **secondary processes** does your facility perform? *Select ALL that apply.*

- |  |  |
|--|--|
| <input type="checkbox"/> Assembly                                | <input type="checkbox"/> Welding/joining |
| <input type="checkbox"/> Decoration (hot stamping, pad printing) | <input type="checkbox"/> CNC machining   |
| <input type="checkbox"/> Plating                                 | <input type="checkbox"/> Annealing       |
| <input type="checkbox"/> Painting                                | <input type="checkbox"/> None of these   |

13. Which, if any, **value-added services** did your facility offer in 2020? *Select ALL that apply.*

- |   |  |
|---|--|
| <input type="checkbox"/> Additive manufacturing       | <input type="checkbox"/> Product testing             |
| <input type="checkbox"/> Contract manufacturing       | <input type="checkbox"/> Shipping/packaging/labeling |
| <input type="checkbox"/> Inventory stocking/logistics |  |
| <input type="checkbox"/> Product design               |  |
| <input type="checkbox"/> Other (please specify)       |  |

- No value-added services offered



## Profile Information

14. Which of the following industries does your facility primarily serve? *Select ALL that apply.*

- |  |   |
|--|---|
| <input type="checkbox"/> Automotive              | <input type="checkbox"/> Industrial         |
| <input type="checkbox"/> Building & Construction | <input type="checkbox"/> Medical/Healthcare |
| <input type="checkbox"/> Consumer Goods          | <input type="checkbox"/> Military/Defense   |
| <input type="checkbox"/> Electrical/Electronic   | <input type="checkbox"/> Packaging          |
| <input type="checkbox"/> Other (please specify)  |   |

15. Which category best describes your facility's relation to its customer base? *Select ONE only.*

- Captive (component of a larger company)
- Custom/Contract (independent)

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

- Private equity owned
- Privately held
- Publicly traded





## Profile Information

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

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

18. As of the end of 2020, about how many years had your facility been in business?

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

19. 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.*



## Injection Molding

This section of the survey includes questions pertaining to practices directly involved in injection molding.

*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.*

20. What ONE type of injection molding machine does your facility use most? *Select ONE only.*

- Horizontal molding
- Vertical molding

21. Please indicate the percentage of your facility's injection molding machines that are each type. Your percentages should add up to 100.

*Enter each percent as a whole number. Percent signs, decimals and non-numeric characters are not accepted.*

Hydraulic	<input type="text"/>
All-electric	<input type="text"/>
Hybrid	<input type="text"/>
Other	<input type="text"/>



## Injection Molding

22. What is the **clamp force range** considering all of your facility's injection molding machines? Select ALL that apply.

- 0 - 100 tons
- 101 - 500 tons
- 501 - 1000 tons
- Over 1000 tons

23. Which, if any, **specialty injection molding technologies** does your facility offer? (Select ALL that apply)

- 2-shot
- Gas/water-assist
- MuCell microcellular foam
- Inmold labeling/inmold decoration
- Insert molding
- Other (please specify)

- None

24. Does your facility have an **in-house tool room**?

- Yes
- No



## Injection Molding

25. What purpose does your in-house tool room serve? *Select ALL that apply.*

- Mold building
- Mold repair
- Other (please specify)

26. What percentage of your active molds use **hot runner technology**?

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

27. What percentage of your active molds feature **more than 16 cavities**?

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

28. Does your facility use **automation**?

- Yes
- No



## Injection Molding

29. What types of automation does your facility use? *Select ALL that apply.*

- Articulated arm
- Cartesian
- Sprue picker
- Other (please specify)

30. Which types of **inspection equipment** does your facility use? *Select ALL that apply.*

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

31. Which **software** does your facility use? *Select ALL that apply.*

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



## Injection Molding

32. Which methodologies does your facility use to improve operations? *Select ALL that apply.*

- |  |   |
|--|---|
| <input type="checkbox"/> 5S workplace organization             | <input type="checkbox"/> PCI Certification                      |
| <input type="checkbox"/> Benchmarking                          | <input type="checkbox"/> Poka yoke (error prevention)           |
| <input type="checkbox"/> Continuous improvement program        | <input type="checkbox"/> Quality certs (i.e. ISO, NADCAP, etc.) |
| <input type="checkbox"/> Customer surveys                      | <input type="checkbox"/> Single-minute exchange of dies (SMED)  |
| <input type="checkbox"/> Decoupled Molding/Scientific Molding  | <input type="checkbox"/> Six sigma                              |
| <input type="checkbox"/> Design of Experiments                 | <input type="checkbox"/> Theory of constraints                  |
| <input type="checkbox"/> Just-in-time movement of materials    | <input type="checkbox"/> Total productive maintenance           |
| <input type="checkbox"/> Kaizen events/blitzes                 | <input type="checkbox"/> Total quality management               |
| <input type="checkbox"/> Kanban and pull systems               | <input type="checkbox"/> Value-stream mapping                   |
| <input type="checkbox"/> Lean Manufacturing                    | <input type="checkbox"/> No formal methodology                  |
| <input type="checkbox"/> Overall Equipment Effectiveness (OEE) |   |

33. How many **hours per week** was your facility open for production during 2020?

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

34. What was your facility's average **machine usage** in 2020, defined as the number of hours machines are in production in a 24 hour day.

*Your answer should be between 1 and 24. You may enter a decimal, but no other signs or symbols.*

*Example: For 8 hours, you would enter 8. For 8 1/2 hours, you would enter 8.5.*

35. What was your facility's average **capacity utilization** 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.

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

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



## Injection Molding

36. What was your facility's average **setup/startup time** in 2020?

*Please respond in terms of **minutes** and enter a whole number only; no decimals, commas, or other symbols.*

37. What was your facility's average **number of changeovers per day** in 2020?

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

*Example: For 6 changeovers you would enter 6. For 6 1/2 changeovers you would enter 6.5.*

38. What was your facility's average **mold-change time** in 2020?

*Please respond in terms of **minutes** and enter a whole number only; no decimals, commas, or other symbols.*

39. What was your facility's **finished product first-pass quality yield** in 2020, defined as the percentage of products passing inspection on the first attempt?

*Enter your number 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*

40. What was your facility's **scrap rate** in 2020, defined as the number of parts scrapped internally as a percentage of total parts? Enter a number between 0 and 100 without a % sign.

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

*Example: If you molded 1000 parts and 83 were scrapped, you would enter 8.3.*

41. Did your facility process in-house scrap material in 2020?

Yes

No





## Injection Molding

42. What percentage of your facility's scrap material is **reused or diverted from landfills**? Enter your number 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.*

43. Did the average price your facility paid per pound of resin increase, stay about the same, or decrease in 2020 compared to 2019?

- Increased
- Stayed about the same
- Decreased

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

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

45. What was your facility's **on-time delivery rate** in 2020, defined as the number of shipments made on or before scheduled ship date as a percentage of the total number of shipments. Enter your number 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.*

46. Did your facility have any accident incidents in 2020?

- Yes
- No



## Injection Molding

47. 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 without a % sign.

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

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



## Business Strategy & Performance

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

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

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



## Business Strategy & Performance

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.

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

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

50. Please provide your plant's 2020 **gross sales per machine** in US dollars.

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

Example: If your gross sales were \$5000 and you have 5 machines, you would enter 1000.

51. Please provide your plant's 2020 **gross sales per employee** in US dollars.

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

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

52. Please provide your plant'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.

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

Yes

No



## Business Strategy & Performance

54. 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.*

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

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

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

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

56. Please provide your plant's 2020 **overall profit margin percentage**, defined as your plant'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 net income / 2020 gross sales) \* 100]

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

57. Please provide your plant's 2020 **ROA**, defined as your plant'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 net income / 2020 total assets) \* 100]

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



## Business Strategy & Performance

58. Please use the drop down boxes to select the **machine-hour rate** for custom injection molding that applies to each machine in your facility. You may choose to provide the machine-hour rate with an operator, without an operator, or both. If your facility does not have that machine, please select N/A.

	With Operator	Without Operator
<50 ton press	<input type="text"/>	<input type="text"/>
50 – 99 tons	<input type="text"/>	<input type="text"/>
100 – 299 tons	<input type="text"/>	<input type="text"/>
300 – 499 tons	<input type="text"/>	<input type="text"/>
500 – 749 tons	<input type="text"/>	<input type="text"/>
750 – 999 tons	<input type="text"/>	<input type="text"/>
1000 – 1499 tons	<input type="text"/>	<input type="text"/>
1500 – 1999 tons	<input type="text"/>	<input type="text"/>
2000 – 2999 tons	<input type="text"/>	<input type="text"/>
3000+ tons	<input type="text"/>	<input type="text"/>



## Business Strategy & Performance

59. Do your machine-hour rates include profit margin?

- Yes
- No

60. On average, did your machine-hour rates increase, stay about the same, or decrease in 2020 compared to 2019?

- Increased
- Stayed about the same
- Decreased

61. Did your facility manufacture any proprietary products for direct resale in 2020?

- Yes
- No



## Business Strategy & Performance

62. What percentage of your facility's 2020 **revenue came from proprietary products**?

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

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

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

64. What was your **customer retention rate** for 2020? This is the number of customers in 2020 who were also customers in 2019, as a percentage of your 2019 total customer base. Enter your number without a % sign.

*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. You may enter decimals but no other signs or symbols.*

65. What percentage of **new business quoted in 2020 was actually booked**? Enter your number without a % sign.

*Example: if you quoted 80 new jobs in 2020 and booked 40, you would enter 50. You may enter decimals but no other signs or symbols.*





## Business Strategy & Performance

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

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

67. 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 facility    |
| <input type="checkbox"/> Online advertising                  | <input type="checkbox"/> Open houses                        |
| <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                  |   |

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

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





## Human Resources

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

69. Which **benefits** does your facility offer full-time employees? *Select ALL that apply.*

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

70. Which statement best describes your plant 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

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

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

72. Does your facility partner with any area schools for things like open houses or staff recruitment?

- Yes  
 No



## Human Resources

*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.*

73. 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.*

74. 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.*

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

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

76. What is the **average years of plastics processing/manufacturing experience** of your facility's plant floor employees?

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



## Human Resources

77. What was your plant'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.*

78. During 2020, did the size of your facility's full-time plant staff increase, decrease, or stay the same? *Select ONE only.*

- Increased
- Stayed the same
- Decreased

79. 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.*

80. On average, about how many **hours of operations training** did each hourly paid, non-management plant floor employee receive in 2020? *Select ONE only.*

- Less than 8 hours
- 8-20 hours
- 21-40 hours
- More than 40 hours



## 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 on March 1, 2021. Once you click **Submit Responses** on this page, you will be taken to the *Plastics Technology* website. Your survey will be locked and submitted and you will not be able to change any of your answers.