



*Certified Public Accountants and Business Advisors*



**Metal Treating Institute**

## **2011 Operational Cost Survey**

MTI's annual Operational Cost Survey provides you valuable data to analyze your company's financial performance in 20 different metrics key to your company maximizing profitability, quality and customer service.

As a participant, you will receive a complimentary copy of the compiled results.

To participate, complete the following form and fax, mail or email it to the third party research firm conducting the survey on behalf of MTI.

### **Send All Reports to:**

**Averett, Warmus, Durkee, Osburn, Henning CPA**

**ATTN:** Fiona Hayward

**EMAIL:** [mtisurvey@awdoh-cpa.com](mailto:mtisurvey@awdoh-cpa.com)

**FAX:** 407-849-1119

**MAIL:** 1417 East Concord St. - Orlando, FL 32803

**REPORT DEADLINE:** JUNE 15, 2011

### **IMPORTANT CONFIDENTIALITY NOTICE**

Your individual report is held in strict confidence by our third party research firm. No MTI staff, volunteer leader or any member has access to individual results. The third party research firm, Averett, Warmus, Durkee, Osburn, Henning CPA is the only organization with access to member data collected in this survey. ONLY MTI Members see the final compiled report.

If you have questions regarding the survey process, you can contact the MTI Offices at 904-249-0448 or [info@heattreat.net](mailto:info@heattreat.net).



## GENERAL INFORMATION

COMPANY NAME: \_\_\_\_\_

SALES CODE: \_\_\_\_\_ DISTRICT: \_\_\_\_\_

*\*\*The Sales Code is NOT your MTI member #. Please contact MTI if you do not know what your Sales Code is. (904-249-0448 or info@heattreat.net)*

PERSON COMPLETING FORM: \_\_\_\_\_

PHONE #: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PERSON TO RECEIVE REPORT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

COUNTRY: \_\_\_\_\_ U.S. \_\_\_\_\_ CANADA

***PLEASE COMPLETE BOTH OF THE FOLLOWING PAGES OF  
OPERATIONAL COST SURVEY AND SUBMIT WITH THIS FORM.***

**METAL TREATING INSTITUTE  
MTI BUSINESS ANALYSIS REPORTING FORM  
2011**

Sales Code	District #

DUE: June 15, 2011

YOUR COMPANY CODE NUMBER:

**SPECIAL NOTE:** ONLY Fill out in Dollars.... No Cents

Submit figures based on the calendar year 2010 or your fiscal year that ended in 2010

PERIOD COVERED 00/00/00  to

**1 Form of business organization Check only ONE:**

Corporation     Partnership     Sole Proprietorship

**2 Average number of employees for the year:**

*[Number of employees (all full-time employees, salaried, hourly and commissioned) involved in the heat treat operation. NOTE: Include temporary and part-time employees based on hours worked; i.e., 2,000 hours = full time, so one part-timer working 1,000 hours, 1 temp working 500 hours and 2 temps working 250 hours each would equal one full-time employee or one part-timer working 1,000 hours would equal 0.5 employees]*

**3 Do you insure for Product Liability? (Yes - No)**

**4 Are you Union or Non-Union? (Yes - No)**

**5 Net worth of your company at the end of your fiscal year** \$   
*(total assets less total liabilities)*

**6 Accounts receivable at the end of your fiscal year:** \$

**Total Sales as of the end of your fiscal year** \$

**7 Employee Turnover Rate** %   
*Total number of employees fired or quit divided by number of employees on Jan. 1, 2011*

<b>8 Total Labor at end of Fiscal Year as a % of Sales</b>	%	<span style="border: 1px solid black; display: inline-block; width: 150px; height: 25px;"></span>
Direct as a % of Sales	%	<span style="border: 1px solid black; display: inline-block; width: 150px; height: 25px;"></span>
Indirect as a % of Sales	%	<span style="border: 1px solid black; display: inline-block; width: 150px; height: 25px;"></span>

**9 General & Administrative Costs as a % of Sales** %

*Should include Office salaries, Fringe expenses - office and officers, Office operating expense, Insurance, Professional service, Tax licenses, dues, subscriptions, donations, bad debts charged off, interest expense, miscellaneous general and administrative.*

10	Total Utilities as a % of Sales	%	
	Natural Gas	%	
	Electric	%	
	Other	%	

11	Transportation as a % of Sales	%	
----	--------------------------------	---	--

12	Maintenance as a % of Sales	%	
----	-----------------------------	---	--

13	Depreciation as a % of Sales	%	
----	------------------------------	---	--

14	Average \$ Per Order (Total Sales Divided by Total Orders)	%	
----	--	---	--

12	Total Health Benefit Premiums as a % of Sales <i>ie: health insurance, dental, disability</i>	%	
----	--	---	--

13	Total Worker's Compensation Premiums as a % of Sales	%	
----	--	---	--

14	Net Profit as a % of Sales Before Income Taxes	%	
----	--	---	--

16	Average days outstanding on Accounts Receivable: <b>Check only ONE:</b> <input type="checkbox"/> 0 - 30 <input type="checkbox"/> 31-60 <input type="checkbox"/> 61-90 <input type="checkbox"/> Over 90		
----	---	--	--

16	<b>Quality Metric</b> <i>Non-reversible spoilage (scrap) divided by total sales</i>	%	
----	--	---	--

17	<b>Delivery Metric</b> <i>Percent of orders shipped on or before original customer agreed-upon date. Agreed upon date means both parties concur on the date. Example: We receive orders with due dates before they arrive at our plants. We then call the customer with when we can ship ("Ageed Date").</i>	%	
----	---	---	--

18	<b>Productivity Metric</b> <i>Calculated from the above numbers (Sales divided by # of Employees)</i>	\$	
----	--	----	--