FORM **D-1380** (08/25/2008)
OMB No. XXXX-XXXX:
Approval Expires XX/XX/20XX

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

# Census Coverage Measurement (CCM)
## Initial Housing Unit Followup (IHUFU) Quality Control (QC) Form
2010 Census

Page XX of XX

INTRODUCTION – **Hello.  I am** (*your name*) **from the U.S. Census Bureau.  Here is my identification.  Recently, Census employees checked addresses in this area as part of the 2010 Decennial Census.  I am here to check the quality of their work.  My questions should only take 3 minutes.  This notice explains that your answers are confidential.** (*Hand the respondent a Confidentiality Notice and allow time for him or her to read it*).

## Section A: Identification

| 1. Cluster No.: XXXXXXXX | 2. LCO Name:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | 3. LCO Code:  XXXX |
|---|---|---|

## Section B: Assignment Information

| Position (a) | Name (b) | FR Code (c) | Dates Assigned (d) Month | Dates Assigned (d) Day | Dates Completed (e) Month | Dates Completed (e) Day |
|---|---|---|---|---|---|---|
| 1. QC Crew Leader | | | | | | |
| 2. QC Checker | | | | | | |
| 3. QC Checker | | | | | | |

## Section C: QC Check

| | Followup Cases Selected for QC Check | | | | | | | QC Check Results | |
|---|---|---|---|---|---|---|---|---|---|
| | CCM | | | Census | | | | Case Correct (No Critical Errors)* (i) | Case Incorrect (One or More Critical Errors) (j) |
| Page # (a) | Block (b) | MSN (c) | WMSN (d) | Block (e) | Census ID (f) | MSN (g) | Followup Code (h) | | |
| | XXXXXXX | XXXXXX | XXXX | XXXXXXX | XXXXXXXXX | XXXXX | XXXXXXXX | [ ] | [ ] |
| | XXXXXXX | XXXXXX | XXXX | XXXXXXX | XXXXXXXXX | XXXXX | XXXXXXXX | [ ] | [ ] |
| | XXXXXXX | XXXXXX | XXXX | XXXXXXX | XXXXXXXXX | XXXXX | XXXXXXXX | [ ] | [ ] |
| | XXXXXXX | XXXXXX | XXXX | XXXXXXX | XXXXXXXXX | XXXXX | XXXXXXXX | [ ] | [ ] |
| | XXXXXXX | XXXXXX | XXXX | XXXXXXX | XXXXXXXXX | XXXXX | XXXXXXXX | [ ] | [ ] |
| | XXXXXXX | XXXXXX | XXXX | XXXXXXX | XXXXXXXXX | XXXXX | XXXXXXXX | [ ] | [ ] |

*(Note: Listing of sample continues as needed, possibly causing section to scroll to second page.)*

| 1. Total Number of Cases Selected for QC Check:  XX | 2.  Acceptance Number - Cluster passes if Total Incorrect is less than or equal to:    XX | 3. Total Correct | 4. Total Incorrect |
|---|---|---|---|
| | | | |

5. QC Check Outcome *(Mark (X) one)*:                     • Pass • Fail – Rectify

6. Notes

## Section D: Rectification

| 1.  Total Number of Followup Cases in Cluster | XXXXX |
|---|---|
| 2.  Total Number of Incorrect Cases in Cluster (Cases with One or More Critical Errors) | |

*List of Noncritical Errors:
- Spelling errors
- Street-type errors
- For a GQ, one of the fields for facility name or description is filled and correct, but the other is either incorrect or blank.