| Put Block Cluster Bar Code here |
| *Note: Bar code is the same layout and information as on HUFU packet sheet.* |

FORM1 **D-1325** (05/03/2010)
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)
Final Housing Unit Followup (FHUFU) 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)		Completed (e)	
			Month	Day	Month	Day
1. QC Crew Leader						
2. QC Checker						
3. QC Checker						

Section C: QC Check

Followup Cases Selected for QC Check							QC Check Results	
Page # (a)	CCM			Census			Followup Code (h)	Case Correct (No Critical Errors)* (i)	Case Incorrect (One or More Critical Errors) (j)
	Block (b)	MSN (c)	WMSN (d)	Block (e)	Census ID (f)	MSN (g)			
	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 or street-type errors in address
- Incorrect or blank description
- For Question I, one of the items A through N should be marked. One of these items is marked, but not the correct one.
- For a GQ, one of the fields for facility name or description is filled and correct, but the other is either incorrect or blank.