

TELEPHONE QUALITY CONTROL WORKSHEET Form Approved OMB Number 0535-0218 Approval Expires XX/XX/XXXX Project code 136

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2013 VEGETABLE CHEMICAL USE SURVEY

State:	Farm, Ranch, or Operation Name:
Version:	Operator's name:
ID/POID:	Address:
Enumerator:	
Interview Date & Time:	Telephone:
Survey Respondent:	Operator/Mgr Spouse Accountant/ Partner Othe Bookkeeper
Current Respondent:	Operator/Mgr Spouse Accountant/ Partner Othe Bookkeeper
	our interviewers, Mr./Ms, none call is part of our survey quality assurance measures th you for that purpose. Your response is voluntary and not required
 obtaining information about your farming or rate of YES - [Go to item 3.] NO - [Go to item 2.] DON'T REMEMBER - [Go to item 2.] 2. During the past few days, did any other person NASS, or USDA, interview you to obtain inform YES - [Go to item 3.] NO - [Conclude interview.] 	n from the Agricultural Statistics Service,
DON'T REMEMBER - [Conclude interview.]3. Did the person conducting the interview ask y and the operation name?	ou to verify the spelling of your name, address
☐ YES☐ NO☐ DON'T REMEMBER	

[Continue on back.]

4.	. Now I need to verify items that are critical to our survey procedures.				
		Reported	Verified		
	a. Total acres of all vegetables (Section A, item 4)				
	b. Chemical applications to target vegetables	None, Positive	None, Positive		
5.	Did Mr./Ms conduct the intervie				
6.	Do you have any additional comments you would like to make concerning our survey contact?				
	This concludes the interv	view. Thank you for y	our help.		
Sig	gnature:	Date:			