

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

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2014 VEGETABLE CHEMICAL USE SURVEY

State:	Farm, Ranch, or Operation Name:
Version:	Operator's name:
ID/POID:	Address:
Enumerator:	<u> </u>
Interview Date & Time:	Telephone:
Survey Respondent:	Operator/Mgr Spouse Accountant/ Partner Other Bookkeeper
Current Respondent:	Operator/Mgr Spouse Accountant/ Partner Other Bookkeeper
	f our interviewers, Mr./Ms, hone call is part of our survey quality assurance measures ith you for that purpose. Your response is voluntary and not required
obtaining information about your farming or r ☐ YES - [Go to item 3.] ☐ NO - [Go to item 2.] ☐ DON'T REMEMBER - [Go to item 2.]	on from the Agricultural Statistics Service, mation about your farm or ranch?
•	you to verify the spelling of your name, address

[Continue on back.]

4.	1. Now I need to verify items that are critical to our survey procedures.			
		Reported	Verified	
	a. Total acres of all vegetables (Section	on A , item 4)		
	b. Chemical applications to target vege	etables None, Positive	None, Positive	
5.	5. Did Mr./Ms conduct the interview in a knowledgeable and professional manner? YES NO – Explain:			
6.	Do you have any additional comment	you have any additional comments you would like to make concerning our survey contact?		
	This conclude	es the interview. Thank you for y	your help.	
Sig	gnature:	Date:		