

U.S. DEPARTMENT OF COMMERCE  
U.S. CENSUS BUREAU



**DEPENDENT QUALITY CHECK RECORD  
Special Census**

SCID: \_\_\_\_\_

AA: \_\_\_\_\_

Starting address line Number: \_\_\_\_\_

Date DQC Conducted: \_\_\_\_\_

(1) Consecutive addresses on the ground	Mark (X) if you identify an error with the address checked			(5) Failed Addresses Mark (X) if entry in Column (2), (3), or (4)	(6) Notes
	(2) HU, GQ, or TL missing from SC-920 and SC-921 (Mark (X) and enter listing line number)	(3) Address is on SC-920 with Action Code U, N, DCL, or CW but should have Action Code V or C (Mark (X) and enter listing line number)	(4) Address is on SC-920 with Action Code V or C, but should have Action Code U or N (Mark (X) and enter listing line number)		
1	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/>	
2	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/>	
3	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/>	
4	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/>	
5	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/>	
6	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/>	
7	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/>	
8	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/>	
9	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/>	
10	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/>	
11	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/>	
12	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/>	

**DQC OUTCOME**

If the total number of Failed Addresses is 2 or more, the AA has failed DQC  
 Mark (X) one:  AA Passed – Return materials  AA Failed – Recanvass AA

\_\_\_\_\_

← Total number of Failed Addresses