

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