



TELEPHONE QUALITY CONTROL WORKSHEET for FRUIT CHEMICAL USE SURVEY

U.S. Department of Agriculture Rm 5829, South Building 1400 Independence Avenue, S.W. Washington, D.C. 20250-2000 1-800-727-9540 Fax: 202-690-2090 E-mail: nass-dc@nass.usda.gov

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 [] Other Bookkeeper
Current Respondent: _____ [] Operator/Mgr [] Spouse [] Accountant/ [] Partner [] Other Bookkeeper

INTRODUCTION:

[Introduce yourself, and ask for the survey respondent. Rephrase in your own words.]

Recently you should have been contacted by one of our interviewers, Mr./Ms. _____, for the Fruit Chemical Use Survey. This telephone call is part of our survey quality assurance measures to verify that personal contact was actually made with you for that purpose. Your response is voluntary and not required by law, but your cooperation will be appreciated. Facts about your farm/ranch will be kept confidential.

1. During the past few days, do you recall an interview with Mr./Ms. _____, for the purpose of obtaining information about your farming or ranching operation?

- [] 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 from the _____ Agricultural Statistics Service, NASS, or USDA, interview you to obtain information about your farm or ranch?

- [] YES - [Go to item 3.]
[] NO - [Conclude interview.]
[] DON'T REMEMBER - [Conclude interview.]

3. Did the person conducting the interview ask you to verify the spelling of your name, address and the operation name?

- 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 fruit (<i>Section A, item 4</i>)	_____	_____
b. Chemical applications to target fruit	_____ None, Positive	_____ None, Positive

5. Did Mr./Ms. _____ conduct the interview in a knowledgeable and professional manner?

YES

NO – Explain: _____

6. Do you have any additional comments you would like to make concerning our survey contact?

This concludes the interview. Thank you for your help.

Signature: _____

Date: _____