

Form Approved OMB Number 0535-NEW Approval Expires xx/xx/xxxx Project code 904

QUALITY CONTROL WORKSHEET ARMS III

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and the operation name?

State:	Farm, Ranch, or Operation Name:
Version:	Operator's name:
ID/POID:	Address:
Enumerator:	
Interview Date & Time:	Telephone:
Survey Respondent:	Operation Mgr/ Spouse Accountant/ Other Partner Bookkeeper
Current Respondent:	Operation Mgr/ Spouse Accountant/ Other Partner Bookkeeper
	terviewers, Mr./Ms, elephone call is part of our survey quality assurance measures to that purpose. Your response is voluntary and not required by
During the past few days, do you recall an interview obtaining information about your farming or ranching.	
 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 NASS, or USDA, interview you to obtain information	
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

YES
NO
DON'T REMEMBER

[Continue on back.]

4. Now I need to verify farm operation items that are critical to our survey procedures.

			Reported	Verified		
a. Tot	al Land Operated (Section	on 1 , item 4)				
(A n	(A marketing contract is a verbal or written agreement reached before harvest of a crop or before completion of a livestock production stage, setting a price or pricing formula and market for the commodity.)					
	YES NO					
(A p for t						
(Inc	ns debt used in funding the seasonal production and YES			any loans obtained in earlier yea		
	l you use hired labor (eith YES NO	ner for wages, contract	r, or custom) in 20XX?			
YES			ew in a knowledgeable and	d professional manner?		
6. Do you 	ı have any additional co	omments you would	like to make concerning o	ur survey contact?		
	This co	ncludes the inter	view. Thank you for y	our help.		
Signature:			Date:			