



**NATIONAL  
AGRICULTURAL  
STATISTICS  
SERVICE**

## AGRICULTURAL LABOR SURVEY QUALITY CONTROL WORKSHEET

Form Approved  
O.M.B Number 0535-0109  
Approval Expires 02/28/202x  
Project Code 180, 181, 182, 183  
QID

**USDA, NASS, " " Field Office**  
"Address"  
"City", "State" " Zip Code"  
"Phone"  
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State: \_\_\_\_\_ Operation Name: \_\_\_\_\_  
 Questionnaire ID Number: \_\_\_\_\_ Operator's Name: \_\_\_\_\_  
 Enumerator: \_\_\_\_\_ Address: \_\_\_\_\_  
 Interview Date: \_\_\_\_\_  
 Survey Month: \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_\_

Survey Respondent:  Operator   
 Other: \_\_\_\_\_  
 Current Respondent:  Operator   
 Other: \_\_\_\_\_

I am (Supervisor's Name) with the (State) Agricultural Statistics Service. You should have been contacted recently by one of our interviewers, (Mr./Ms. Enumerator's Name) to obtain information about agricultural labor on your operation. This call is part of our quality control procedures. Response is voluntary, but your cooperation would be appreciated. Your report will be kept confidential and used only to evaluate survey procedures.

1. During the past few days, were you contacted by (Enumerator's Name) for our Agricultural Labor Survey?
  - YES [Go to item 3.]
  - NO [Go to item 2.]
  - DOES NOT REMEMBER [Go to item 2.]
  
2. Did any other persons from the (State) Agricultural Statistics Service, NASS, or USDA interview you for the Agricultural Labor Survey?
  - YES [Go to item 3.]
  - NO [Go to item 2.]
  - DOES NOT REMEMBER [Go to item 2.]
  
3. Did the person conducting the interview verify or ask...
  - a. the spelling of your name?.....  YES  NO  DON'T KNOW
  - b. if we had your correct address?.....  YES  NO  DON'T KNOW

**PLEASE CONTINUE ON BACK**

4. Now I would like to verify your type of operating arrangement. Are the day-to-day decisions for this operation made by (Check appropriate answer.)

REPORTED	
<input type="checkbox"/>	One Individual
<input type="checkbox"/>	Partners
<input type="checkbox"/>	Hired Manager

VERIFIED	
<input type="checkbox"/>	One Individual
<input type="checkbox"/>	Partners
<input type="checkbox"/>	Hired Manager

5. Now I need to verify a few labor items that are critical to the survey program. [Circle correct response.]

During the week of (survey week) \_\_\_\_\_:

	REPORTED		VERIFIED	
	YES	NO	YES	NO
a. Did this operation have anyone on the payroll to do agricultural work?.....				
b. Did this operation use any contract or agricultural service workers?.				
c. [Ask only if item c is YES.] Did any of them do any field work?.....				

[NOTE: EXPLAIN ANY DIFFERENCES BETWEEN THE REPORTED AND VERIFIED RESPONSES IN NOTES BELOW.]

6. Did the enumerator conduct the interview in a knowledgeable and professional manner?

YES

NO – Please explain: \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
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Signature: \_\_\_\_\_ Date: \_\_\_\_\_