FM-BLES 02-2.2a Revision Code: 0 Effectivity Date: March 26, 2001	**ENUMERATOR'S CONTROL LIST: _(SURVEY ROUND)___** **REGION: _____**	Page __ of __

Name of Enumerator: _____ Total Establishments: _____

Area/s of Assignment: _____ Total Questionnaires (Workload):_____

EIN GEO PSIC ATE	Name/Address of Sample Establishment	Survey Code	Contact Person/ Position	Tel. No.	Date Delivered	Date Retrieved		Status Code	Remarks
						Expected	Actual		