FM-BLES 03-3.14 Revision Code: 0 Effectivity Date: March 26, 2001	**TRANSMITTAL OF SPOILAGE QUESTIONNAIRES IN ONCR**	Page __ of __

This form is to be accomplished in duplicate by the Regional Supervisor for each survey. Retain duplicate for file. Transmit the original copy together with the spoilage questionnaires. Sort the questionnaires of each survey by province and by EIN/UIN.

The attached_____ spoilage questionnaires (REF, STR, TCL, CBL, PCL, DUP, OSP, OTH) are for (encircle only one)**:**	**OWS** **BITS**

Province	EIN/UIN	Status Code	Province	EIN/UIN	Status Code

Prepared by:	**Noted by:**
Signature:	Signature:
Name:	Name:
Position:	Position: IMSD Chief
Date:	Date: