

FM-BLES 03-3.15
 Revision Code: 2
 Effectivity Date: May 14, 2004

**QUESTIONNAIRES FOR
 ENDORSEMENT TO HEAD
 OFFICES**

Page ___ of ___

Regional Supervisor:

Head Offices in NCR: Accomplish in duplicate for each survey. Retain duplicate for file. Transmit the original copy to BLES together with the corresponding questionnaires, sorted by province and by EIN. Exercise **care** in writing EIN.
Head Offices in ONCR That Have Not Responded to the Survey: Accomplish in duplicate for each survey. Retain duplicate for file. Forward to BLES **within 20 days after termination of field operations.** Exercise **care** in writing EIN.

NCR Supervisor: List respondents and forward accomplished form to the designated personnel for computerized status monitoring **within 10 days from the end of the period of delivery.** Exercise **care** in writing EIN.

(For ONCR only.) The attached ___ questionnaires are for (encircle only one):

(Survey/s and reference period/s)

| EIN | Name/Address of Sample Establishment | Name/Address of Head Office and Contact Person/Position/Tel. No. | GEOCODE <i>(For BLES use only)</i> |
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DOLE Regional Office

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

Prepared by BLES

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|------------|--|-----------|--|
| Signature: | | Position: | |
| Name: | | Date: | |