

<b>BLES SURVEY FORM 4 (SPOILAGE QUESTIONNAIRES):</b> This form is to be accomplished in duplicate by the Regional Supervisor for <u>each</u> 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.					
The attached ___ spoilage questionnaires (REF, STR, TCL, CBL, PCL, DUP, OSP, OTH) are for (encircle only one):					EHES OIS
Province	EIN	Status Code	Province	EIN	Status Code
Prepared by:			Noted by:		
Signature: _____			Signature: _____		
Name: _____			Name: _____		
Position: _____			Position: IMSD Chief		
Date: _____			Date: _____		