

BLES SURVEY FORM 5 (QUESTIONNAIRES FOR ENDORSEMENT TO HEAD OFFICES IN NCR): 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 questionnaires for endorsement. Sort the questionnaires of each survey by province and by EIN.

The attached <u> </u> questionnaires are for (encircle only one):	EHES	OIS
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EIN	Name/Address of Sample Establishment	Contact Person/Position and Name/Address of Head Office in NCR

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