

**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 (For BLES use only)

### DOLE Regional Office

**Prepared by:****Noted by:**

Signature:

Signature:

Name:

Name:

Position:

Position: IMSD Chief

Date:

Date:

### Prepared by BLES

Signature:

Position:

Name:

Date: