

SAINT LUCIA
2010 POPULATION AND HOUSING CENSUS
CENSUS DAY - MAY 10TH, 2010

 Name of Supervisor

 Signature of Supervisor

Supervisor No

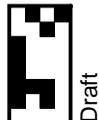
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Week: _____ to _____

SUPERVISOR'S WEEKLY CONTROL FORM

LINE	NAME OF ENUMERATOR (2)	ED NUMBER (3)	HOUSEHOLDS VISITED				REFUSALS		CALL BACK (10)	CLOSED (11)	VACANT (12)	ENUMERATOR'S SIGNATURE (13)
			TOTAL (4)	COMPLETED (5)	PARTIAL (6)	PERSONS (7)	HOUSEHOL (8)	PERSONS (9)				
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												

 Name of Area Supervisor



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