

SEPTEMBER 2008

CONFIDENTIAL

A		B		C		D		E												
IDENTIFICATION		FOR ALL PERSONS		For persons aged 6 years and above (Education)		For persons aged 10 years and above (current activity)		EMPLOYED (Those coded 1 in D1 or D2)												
Region	PSU-number	R/U	Household No.	Form No	Response Category															
Who stayed the night of 28 September in this household?	What is (name)'s relationship to head of household?	Is (name) female or male?	How old was (name) at his/her last birthday?	What is (name)'s nationality?	Does (name) expect to receive any payment in the form of a grant/pension?	What is (name)'s marital status?	What is (name)'s schooling status?	If code 2 to 4 in C1	Name at most three languages (name) speak best with understanding?	Name at most three languages (name) can write in?	During the last 7 days did you work for at least one hour for pay, profit, or family gain?	If code 2 in D1	If code 1 in D2	If code 2 in D2	If code 2 in D5	How many different jobs including as self-employed person have held during the last 7 days?	What kind of work did you do in your main job during the last 7 days?	What were your main duties at this work?	O/CODE	Did you work full time or part time in this job?
1 Head	1 Head	1 Female	Enter age in completed years	Enter code from code list 1	1 Never married	1 Never attended (Go to C3)	1 Never attended	Enter code from code list 3	Enter code from code list 4	Enter code from code list 4	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No	1 Full time 2 Part time				
2 Spouse	2 Spouse	2 Male	Enter age in completed years	Enter code from code list 1	2 Married with certificate	2 At school	2 At school	Enter code from code list 3	Enter code from code list 4	Enter code from code list 4	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No	1 Full time 2 Part time				
3 Son/Daughter in law	3 Son/Daughter in law	3 Female	Enter age in completed years	Enter code from code list 1	3 Married Traditional Union	3 Left school	3 Left school	Enter code from code list 3	Enter code from code list 4	Enter code from code list 4	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No	1 Full time 2 Part time				
4 Son/daughter in law	4 Son/daughter in law	4 Male	Enter age in completed years	Enter code from code list 1	4 Consensual Union	4 Distance learning	4 Distance learning	Enter code from code list 3	Enter code from code list 4	Enter code from code list 4	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No	1 Full time 2 Part time				
5 Grand son/daughter	5 Grand son/daughter	5 Female	Enter age in completed years	Enter code from code list 1	5 Divorced	5 Don't know	5 Don't know	Enter code from code list 3	Enter code from code list 4	Enter code from code list 4	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No	1 Full time 2 Part time				
6 Father/Mother	6 Father/Mother	6 Male	Enter age in completed years	Enter code from code list 1	6 Separated	6 Separated	6 Separated	Enter code from code list 3	Enter code from code list 4	Enter code from code list 4	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No	1 Full time 2 Part time				
7 Other relative	7 Other relative	7 Female	Enter age in completed years	Enter code from code list 1	7 Widowed	7 Widowed	7 Widowed	Enter code from code list 3	Enter code from code list 4	Enter code from code list 4	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No	1 Full time 2 Part time				
8 Other non relative	8 Other non relative	8 Male	Enter age in completed years	Enter code from code list 1	9 Don't know	9 Don't know	9 Don't know	Enter code from code list 3	Enter code from code list 4	Enter code from code list 4	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No	1 Full time 2 Part time				
9 Don't know	9 Don't know	9 Female	Enter age in completed years	Enter code from code list 1	9 Don't know	9 Don't know	9 Don't know	Enter code from code list 3	Enter code from code list 4	Enter code from code list 4	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No	1 Full time 2 Part time				
13	2 3 4 5 6 7 8 9	1 2			1 2 3	1 2 3 4 5 6 7 9	1 2 3 4 9				1 2	1 2	01 02 03 04 05 06 07 08 09 10 11 99	1 2 3	1 2	01 02 03 04 05 06 07				1 2
14	2 3 4 5 6 7 8 9	1 2			1 2 3	1 2 3 4 5 6 7 9	1 2 3 4 9				1 2	1 2	01 02 03 04 05 06 07 08 09 10 11 99	1 2 3	1 2	01 02 03 04 05 06 07				1 2
15	2 3 4 5 6 7 8 9	1 2			1 2 3	1 2 3 4 5 6 7 9	1 2 3 4 9				1 2	1 2	01 02 03 04 05 06 07 08 09 10 11 99	1 2 3	1 2	01 02 03 04 05 06 07				1 2
16	2 3 4 5 6 7 8 9	1 2			1 2 3	1 2 3 4 5 6 7 9	1 2 3 4 9				1 2	1 2	01 02 03 04 05 06 07 08 09 10 11 99	1 2 3	1 2	01 02 03 04 05 06 07				1 2
17	2 3 4 5 6 7 8 9	1 2			1 2 3	1 2 3 4 5 6 7 9	1 2 3 4 9				1 2	1 2	01 02 03 04 05 06 07 08 09 10 11 99	1 2 3	1 2	01 02 03 04 05 06 07				1 2
18	2 3 4 5 6 7 8 9	1 2			1 2 3	1 2 3 4 5 6 7 9	1 2 3 4 9				1 2	1 2	01 02 03 04 05 06 07 08 09 10 11 99	1 2 3	1 2	01 02 03 04 05 06 07				1 2

IDENTIFICATION		Region	FSU-number	E/U	Household No.	Form No.	Response Category										
EMPLOYED (who have worked the last 7 days or who had a job but did not work coded 1 in D1 or D2)																	
Before continuing with section E, transfer from section B column B1 actual names and person number for all coded 1 in D1 or D2	PERSON NUMBER	For main or only Job								For second main Job (if more than one job, E1>1)							
		What kind of activities are carried out at your work place?	What are the main products produced or services offered at your work place?	I/CODE	In your main job did you work as?	If code 5 in E9 Is your place of work.....?	If code 3 in E9 Is your business/enterprise (or the business/enterprise for which you work.....?)	How many people including yourself work in your work place?	Is your place of work.....?	Where is your place of work?	In your second main job what kind of work did you do during the last 7 days?	What were your main duties at this work?	I/CODE	What kind of activity was carried out at this work place during the last 7 days?	What were the main products produced or services offered at this work place during the last 7 days?	I/CODE	
		Describe the activities	Describe the products produced or services offered	01 Subistence/commensal farmer (with paid employees) 02 Subistence/commensal farmer (without paid employees) 03 Other employer (with paid employees) 04 Other own account worker (without paid employees) 05 Employee 06 Unpaid family worker (Subsistence/Commensal) 07 Other unpaid family worker 08 Other, specify 09 Don't know	1. Government 2. Parastatal 3. A private enterprise 4. Non-profit organization (NGO) 5 Cooperative 6. A private household 9. Don't know	1. A corporation (joint stock company, limited liability company, etc.) 2. Unincorporated (sole ownership or ordinary partnership) 9. Don't know	1. 1 2. 2-3 3. 4-5 4. 6-10 5. 11-15 6. 16-20 7. 20+	1. In the formal sector 2. In the informal sector 3. Private household 9. Don't know	01 At home (no special business space) 02 Business space inside or attached to the home 03 Factory, office, shop, workshop etc independent from home 04 Farm or individual subsidiary plot 05 Home or workplace of clients 06 Construction sites 07 Markets, trade fairs 08 Street stall 09 No fixed location (mobile) 10 Other, specify	Describe work done/ name job title	Describe the main duties		Describe the activity	Describe the products produced or services offered			
		E6	E7	E8	E9	E10	E11	E12	E13	E14	E15	E16	E17	E18	E19	E20	
				01 02 03 04 05 06 07 08 99	1 2 3 4 5 6 9	1 2 9	1 2 3 4 5 6 7	1 2 3 9	01 02 03 04 05 06 07 08 09 10								
				01 02 03 04 05 06 07 08 99	1 2 3 4 5 6 9	1 2 9	1 2 3 4 5 6 7	1 2 3 9	01 02 03 04 05 06 07 08 09 10								
				01 02 03 04 05 06 07 08 99	1 2 3 4 5 6 9	1 2 9	1 2 3 4 5 6 7	1 2 3 9	01 02 03 04 05 06 07 08 09 10								
				01 02 03 04 05 06 07 08 99	1 2 3 4 5 6 9	1 2 9	1 2 3 4 5 6 7	1 2 3 9	01 02 03 04 05 06 07 08 09 10								
				01 02 03 04 05 06 07 08 99	1 2 3 4 5 6 9	1 2 9	1 2 3 4 5 6 7	1 2 3 9	01 02 03 04 05 06 07 08 09 10								
				01 02 03 04 05 06 07 08 99	1 2 3 4 5 6 9	1 2 9	1 2 3 4 5 6 7	1 2 3 9	01 02 03 04 05 06 07 08 09 10								
				01 02 03 04 05 06 07 08 99	1 2 3 4 5 6 9	1 2 9	1 2 3 4 5 6 7	1 2 3 9	01 02 03 04 05 06 07 08 09 10								
				01 02 03 04 05 06 07 08 99	1 2 3 4 5 6 9	1 2 9	1 2 3 4 5 6 7	1 2 3 9	01 02 03 04 05 06 07 08 09 10								

A IDENTIFICATION		Region	PSU-number	R/U	Household No.	Form No	Response Category																						
E	Before starting with section G, transfer from section B column B1 actual names and person number for all who worked code 1 in D1 or D2	EMPLOYED (who have worked the last 7 days or who had a job but did not work coded 1 in D1 or D2)					F HOURS WORKED (who have worked the last 7 days or who had a job but did not work coded 1 in D1 or D2)																						
		For second main Job (if more than one job, E1>1)					For the main job								For all other jobs than the main job								The interviewer fill in this columns the total hours worked		Would you have preferred to work for more hours during the last	How many hours would you have preferred to work during the last 7 days?	Could you have worked more hours during the last 7 days?	Did you look for additional work during the last 7 days?	
		Is your place of work.....?	How many people including yourself work in your work place?	Is your place of work.....?	Where is your place of work?	Usual hours How many hours do you usually work on each day in your main job?								Usual hours How many hours in total do you usually work on each day in your other jobs?								Total Usual hours	Total Actual hours						
		1. Government 2. Parastatal 3. A private enterprise 4. Non-profit organisation (NGO) 5. A private household 6. Cooperative 9. Don't know	1. 1 2. 2-3 3. 4-5 4. 6-10 5. 11-15 6. 16-20 7. 20+	1. In the formal sector 2. In the informal sector 3. Private household 9. Don't know	01 At home (no special business space) 02 Business space inside or attached to the home 03 Factory, office, shop, workshop etc independent from house 04 Farm or individual subsidiary plot 05 Homes or workplaces of clients 06 Construction sites 07 Markets, trade fairs 08 Street stall 09 No fixed location (mobile) 10 Other, specify	Actual hours How many hours (including paid or unpaid over time but excluding meal breaks, hours paid for but not worked and time spent on travel from home to work and vice versa) did you work on each day in your main job in the last 7 days?								Actual hours How many hours (including paid or unpaid over time but excluding meal breaks, hours paid for but not worked and time spent on travel from home to work and vice versa) did you work on each day in your other jobs in the last 7 days?								Main job + All other jobs	Main job + All other jobs						
							Mo	Tu	We	Th	Fr	Sa	Su	T total	Mo	Tu	We	Th	Fr	Sa	Su	Total			If yes ask where	Record number of hours	(If no go to F21)		
		E1	E21	E22	E23	E24	F1	F2	F3	F4	F5	F6	F7	F8	F9	F10	F11	F12	F13	F14	F15	F16	F17	F18	F19	F20	F21	F22	
		1 2 3 4 5 9	1 2 3 4 5 6 7	1 2 3 9	01 02 03 04 05 06 07 08 09 10	Usual hours									Usual hours											1 2 3 4		1 2	1 2
		1 2 3 4 5 9	1 2 3 4 5 6 7	1 2 3 9	01 02 03 04 05 06 07 08 09 10	Actual hours									Actual hours														
		1 2 3 4 5 9	1 2 3 4 5 6 7	1 2 3 9	01 02 03 04 05 06 07 08 09 10	Usual hours									Usual hours											1 2 3 4		1 2	1 2
		1 2 3 4 5 9	1 2 3 4 5 6 7	1 2 3 9	01 02 03 04 05 06 07 08 09 10	Actual hours									Actual hours														
1 2 3 4 5 9	1 2 3 4 5 6 7	1 2 3 9	01 02 03 04 05 06 07 08 09 10	Usual hours									Usual hours											1 2 3 4		1 2	1 2		
1 2 3 4 5 9	1 2 3 4 5 6 7	1 2 3 9	01 02 03 04 05 06 07 08 09 10	Actual hours									Actual hours																
1 2 3 4 5 9	1 2 3 4 5 6 7	1 2 3 9	01 02 03 04 05 06 07 08 09 10	Usual hours									Usual hours											1 2 3 4		1 2	1 2		
1 2 3 4 5 9	1 2 3 4 5 6 7	1 2 3 9	01 02 03 04 05 06 07 08 09 10	Actual hours									Actual hours																
1 2 3 4 5 9	1 2 3 4 5 6 7	1 2 3 9	01 02 03 04 05 06 07 08 09 10	Usual hours									Usual hours											1 2 3 4		1 2	1 2		
1 2 3 4 5 9	1 2 3 4 5 6 7	1 2 3 9	01 02 03 04 05 06 07 08 09 10	Actual hours									Actual hours																

A	IDENTIFICATION	Region	PSU-number	R/ U	Household No.	Form No	Response Category

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G UNEMPLOYMENT (who have not worked during the last 7 days, had no job and were ready to work coded 1 in D5)														
Before starting with section G, transfer from section B column B1 actual names and person number for all coded 1 in D5	PERSON NUMBER	For how long have you been without work and available for work?	Did you look for work or try to start your own business during the last 30 days?	If yes in G2		If no in G2		If yes in G7						
				How did you look for work or try to start your own business during the last 30 days?	What sort of job were you looking for?	O/CODE	What was the main reason that you didn't look for work or try to start your own business during the last 30 days?	Have you ever worked before?	What kind of work did you do in your last job?	What were your main duties at this work?	O/CODE	What kind of activity was carried out at this work place?	What were the main products produced or services offered at this work place?	I/CODE
		1 Less than 1 month 2 1 month but under 3 months 3 3 months but under 6 months 4 6 months but under 1 year 5 1 year but under 2 years 6 2 years or more	1 Yes 2 No If no go to G6	(More than one answer possible) 01 Registration at Ministry of labour Offices 02 Registration at other employment agencies 03 Direct applications to employers 04 Checking at work sites, farms, factory gates, market or other assembly places 05 Placed or answered media advertisement 06 Seeking assistance of friends, relatives, colleagues, unions, 07 Take action to start business or subsistence farming 08 Other, specify	(Describe the type of job sought)		01 Thought no work available 02 Awaiting replies from employers 03 Got tired of seeking work 04 Already found work to start within one month 05 Awaiting busy season 06 Lack of resources to start business or subsistence farming 07 Studying 08 Other, specify	1 Yes 2 No (If no go to G15)	(Describe the type of work done)	Describe the main duties		Describe the activity	Describe the products produced or services offered	01 Retrenched 02 Dismissed 03 Resigned 04 Disabled 05 Sick 06 Closure of company 07 End of temporary activity 08 Retirement or old age 09 Other, specify
	B1	G1	G2	G3	G4	G5	G6	G7	G8	G9	G10	G11	G12	G13
		1 2 3 4 5 6	1 2	01 02 03 04 05 06 07 08			01 02 03 04 05 06 07 08	1 2						01 02 03 04 05 06 07 08 09
		1 2 3 4 5 6	1 2	01 02 03 04 05 06 07 08			01 02 03 04 05 06 07 08	1 2						01 02 03 04 05 06 07 08 09
		1 2 3 4 5 6	1 2	01 02 03 04 05 06 07 08			01 02 03 04 05 06 07 08	1 2						01 02 03 04 05 06 07 08 09
		1 2 3 4 5 6	1 2	01 02 03 04 05 06 07 08			01 02 03 04 05 06 07 08	1 2						01 02 03 04 05 06 07 08 09
		1 2 3 4 5 6	1 2	01 02 03 04 05 06 07 08			01 02 03 04 05 06 07 08	1 2						01 02 03 04 05 06 07 08 09
		1 2 3 4 5 6	1 2	01 02 03 04 05 06 07 08			01 02 03 04 05 06 07 08	1 2						01 02 03 04 05 06 07 08 09
		1 2 3 4 5 6	1 2	01 02 03 04 05 06 07 08			01 02 03 04 05 06 07 08	1 2						01 02 03 04 05 06 07 08 09

If code 1 go back to D1

IDENTIFICATION		Region	PSU-number	E/ U	Household No.	Form No	Response Category										
<div> <div> II EMPLOYEES (who have worked the last 7 days coded 05 in E9) </div> <div> I EMPLOYERS, OWN ACCOUNT WORKERS (who have worked the last 7 days and coded 01, 02, 03, and 04 in E9) </div> </div>																	
Before starting with section H, transfer from section B column B1 actual names and person number for all coded 05 in E9 For section I, transfer from section B column B1 actual names and person number for all coded 01, 02, 03 and 04 in E9	P Does your employer pay social contribution for you e.g. pension? E 1 Yes 2 No 9 Don't Know	R Do you benefit from paid annual leave or compensation for unused leave? S 1 Yes 2 No 9 Don't Know	O Would you benefit from paid sick leave in case of illness? N 1 Yes 2 No 9 Don't Know	N Does your employer deduct income tax from your salary/wage? M 1 Yes 2 No 9 Don't Know	B Have you been employed on the basis of.....? E 1 A written contract 2 A verbal agreement	R Is the contract or agreement of a? R 1 Limited duration 2 Permanent nature 3 Unspecified duration	E If code 1 in H6 What is the duration of your contract or agreement? E 1 Daily contract/agreement 2 Less than 1 month 3 1 to 2 months 4 3 to 6 months 5 7 to 12 months 6 More than 12 months 9 Don't Know	E How long have you been employed in this job? E 1 Less than 1 year 2 1 to 2 years 3 3 to 5 years 4 6 to 10 years 5 11 or more years	E How much do you earn/get paid per month in your main job? E (Write down monthly basic salary/wage in NS)	E if more than one job, E1>1 How much do you earn/get paid per month in your other job/s? E (Write down monthly basic salary/wage in NS)	E Is your business/enterprise registered as a company? E 1 Yes 2 No 3 In the process of registration 9 Don't Know	E If code 1 in II In which of the following is it registered? (More than one response possible) E 1 Social Security Commission 2 Ministry of Trade and Industry 3 Ministry of Finance 4 Other, specify	E Does your business keep accounts? E 1 Yes 2 No 9 Don't Know	E If code 1 in B What type of accounts are kept for this business? E 1 Detailed formal accounts 2 Simplified accounting format 3 Informal records for personal use 4 Other, specify	E Is the business expenditure separate from that of the owner's household? E 1 Yes 2 No	E How many employees (excluding business partners and unpaid family workers) are you employing? E (Write down number of employees)	E What is the estimated monthly income of your business? E (Write down monthly income in NS)
	1 2 9	1 2 9	1 2 9	1 2 9	1 2 9	1 2 3	1 2 3 4 5 6 9	1 2 3 4 5			1 2 3 9	1 2 3 4	1 2 9	1 2 3 4	1 2		
	1 2 9	1 2 9	1 2 9	1 2 9	1 2 9	1 2 3	1 2 3 4 5 6 9	1 2 3 4 5			1 2 3 9	1 2 3 4	1 2 9	1 2 3 4	1 2		
	1 2 9	1 2 9	1 2 9	1 2 9	1 2 9	1 2 3	1 2 3 4 5 6 9	1 2 3 4 5			1 2 3 9	1 2 3 4	1 2 9	1 2 3 4	1 2		
	1 2 9	1 2 9	1 2 9	1 2 9	1 2 9	1 2 3	1 2 3 4 5 6 9	1 2 3 4 5			1 2 3 9	1 2 3 4	1 2 9	1 2 3 4	1 2		
	1 2 9	1 2 9	1 2 9	1 2 9	1 2 9	1 2 3	1 2 3 4 5 6 9	1 2 3 4 5			1 2 3 9	1 2 3 4	1 2 9	1 2 3 4	1 2		
	1 2 9	1 2 9	1 2 9	1 2 9	1 2 9	1 2 3	1 2 3 4 5 6 9	1 2 3 4 5			1 2 3 9	1 2 3 4	1 2 9	1 2 3 4	1 2		
	1 2 9	1 2 9	1 2 9	1 2 9	1 2 9	1 2 3	1 2 3 4 5 6 9	1 2 3 4 5			1 2 3 9	1 2 3 4	1 2 9	1 2 3 4	1 2		
	1 2 9	1 2 9	1 2 9	1 2 9	1 2 9	1 2 3	1 2 3 4 5 6 9	1 2 3 4 5			1 2 3 9	1 2 3 4	1 2 9	1 2 3 4	1 2		
	1 2 9	1 2 9	1 2 9	1 2 9	1 2 9	1 2 3	1 2 3 4 5 6 7	1 2 3 4 5			1 2 3 9	1 2 3 4	1 2 9	1 2 3 4	1 2		

IDENTIFICATION		Region	PSU-number	R/ U	Household No.	Form No	Response Category

HOUSING CONDITIONS - (To be asked of each household)				CONTROL SECTION																					
TYPE OF HOUSING UNIT	TENURE	INCOME (Cash/kind)		Number of questionnaire used in the Household	TO BE COMPLETED BY INTERVIEWER	TO BE COMPLETED BY TEAM SUPERVISOR	TO BE COMPLETED BY EDITOR/CODER	TO BE COMPLETED BY REGIONAL SUPERVISOR	TO BE COMPLETED BY NATIONAL SUPERVISOR																
		What is the Household's main source of income?	What is the Household's secondary source of income?																						
01 Detached house 02 Semi-detached/ townhouse 03 Apartment/flat 04 Guest flat 05 Part commercial/ industrial 06 Mobile home (caravan, tent) 07 Single quarters 08 Traditional dwelling 09 Improvised housing unit (shack) 10 Other, specify	Is housing unit..... 01 Rented (not tied to the job) 02 Owner occupied (with mortgage) 03 Owner occupied (without mortgage) 04 Rent free (not owner occupied) 05 Provided by employer (public) with pay 06 Provided by employer (public) without pay 07 Provided by employer (private) with pay 08 Provided by employer (private) without pay 09 Other, specify	1 Subsistence farming (crop & animal) 2 Cash cropping 3 Animal rearing 4 Business activities 5 Wages and salaries 6 Pension 7 Cash remittances 8 Other means of income, specify	1 Subsistence farming (crop & animal) 2 Cash cropping 3 Animal rearing 4 Business activities 5 Wages and salaries 6 Pension 7 Cash remittances 8 None 9 Other means of income, specify	Number of persons enumerated in the Total..... Male..... Female.....	Date interview started in Household..... Date interview completed in Household..... Name of Interviewer	Has questionnaire been checked? <table border="1"> <tr><td>Yes</td><td></td></tr> <tr><td>No</td><td></td></tr> </table> Date checked.....	Yes		No		Has questionnaire been edited/coded? <table border="1"> <tr><td>Yes</td><td></td></tr> <tr><td>No</td><td></td></tr> </table> Date edited/coded.....	Yes		No		Has questionnaire been checked? <table border="1"> <tr><td>Yes</td><td></td></tr> <tr><td>No</td><td></td></tr> </table> Date checked.....	Yes		No		Has questionnaire been checked? <table border="1"> <tr><td>Yes</td><td></td></tr> <tr><td>No</td><td></td></tr> </table> Date checked.....	Yes		No	
Yes																									
No																									
Yes																									
No																									
Yes																									
No																									
Yes																									
No																									
J1	J2	J3	J4																						

K CONTROL SECTION (Continuation)		
OFFICE ACTIVITIES		
Activity	Date entry	Final validation
Date		
Signature		

Operator name