

GROUP ID								
1	2	3	4	5	6	7	8	9

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Survey Sheet 60/W

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**MARKING
INSTRUCTIONS**



Use a No. 2 Pencil

A ● C D E

Fill oval completely

A B C D E

Erase cleanly

SURVEY
NUMBER

Write comments on the back of this sheet

SURVEY NAME _____

SURVEY DATE _____

COMMENTS: _____

Sample Only
(Do Not Copy)