Supervisor checklist

Supervisor Name:_____ Date:_____

REMINDERS

Beginning of day checklist

- Kit complete
- Turn on OSMAnd
- Survey on the Phone

End of day checklist

- Kit Complete
- Turn off OSMAnd
- Send finalized forms
- Change phones/powerbacks/batteries
- Get enumerators feedback/plan for next day

Kit Number	Enumerator 1	Enumerator 2	Check out Time	Check in Time	Forms Completed