

Company/Organization	Date	Time Start	Time End	Issues	
Beneficiary	L	Petitioner	1,	al <u></u> 12	
Does the facility visually appear to be that of the business or organizational entity? Type of building					
If any businesses share the locations – ID					
Was contact made with the signatory or other management representative? Name & title of person interviewed					
Contact telephone number					
If no one, canvas area to learn if business is known and what hours					
Did results of site visit suggest the presence of an organization or business? What product or services provided					
# of full-time employees					
# of part-time employees	•				
# of employees on site and off-site					
# of non-immigrant aliens					
# of lawful permanent residents as a result of visa sponsorship					
How long in existence					
Other locations					
Did the individual interviewed hat the beneficiary? Familiar with beneficiary	we knowledge of	the beneficiary	and the petiti	on filed on behalf of	
Familiar with signatory if not same					
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Length of time employed
Location where employed
Hours, salary, duties of beneficiary
Immigrant or non-immigrant visa
Was the beneficiary working for the organization or business?
Obtain documents to demonstrate employment
If not employed, why and when terminated
If not employed at address, where now and why change
Were you able to identify and speak to the beneficiary? Verified ID by what document
Beneficiary ID
If absent, why
Was the beneficiary knowledgeable, cooperative and forthcoming with questions posed? Job Title
Duties
Hours
Salary
Location
Was the beneficiary being paid the salary as indicated? Type of document reviewed
Was the beneficiary performing the duties as indicated? Discrepancies between actual and section 1 duty descriptions
Do you recommend further inquiry
NOTES

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