

Compliance Review Report

SECTION 1: Administrative Site Visit (ASV) Information			
DS #:			
Type of ASV:	Pre-Adjudication	Visa Classification:	
Petitioning Organization:			
Organization Type:			
Site Address:			
Petitioner/Signatory/Title:			
Hours of Operation:			
Number of Employees:			
Beneficiary:			
Occupation:		Salary (annual):	
Description of Duties:			
Case Specific Info:			

SECTION 2: Site Inspection			
Site Inspector Number:		Safety Issue:	
Date Received:		Date Due:	
Date Conducted:		Date Submitted:	
Arrival Time:		Departure Time:	
Item 1: Does the facility visually appear to be that of the business or organizational entity?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/D
Narrative:			
Item 2: Was contact made with the signatory or other management representative?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/D
Narrative:			
Item 3: Did results of site visit suggest the presence of an organization or business?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/D
Narrative:			
Item 4: Did the individual interviewed have knowledge of the beneficiary and the petition filed on behalf of the beneficiary?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/D
Narrative:			
Item 5: Was the beneficiary working for the organization or business?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/D
Narrative:			
Item 6: Were you able to identify and speak to the beneficiary?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/D
Narrative:			
Item 7: Was the beneficiary knowledgeable, cooperative, and forthcoming with questions posed?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/D
Narrative:			

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Item 8: Was the beneficiary being paid the salary as indicated?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/D
Narrative:			
Item 9: Was the beneficiary performing the duties as indicated?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/D
Narrative:			
Item 10: Do you recommend further inquiry?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/D
Narrative:			

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