

DDF-B:1:1A

DATA DOCUMENTATION FORM

T130070

NOAA FORM 24-13 (4-72)

U.S. DEPARTMENT OF COMMERCE
NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION
NATIONAL OCEANOGRAPHIC DATA CENTER
RECORDS SECTION
ROCKVILLE, MARYLAND 20852

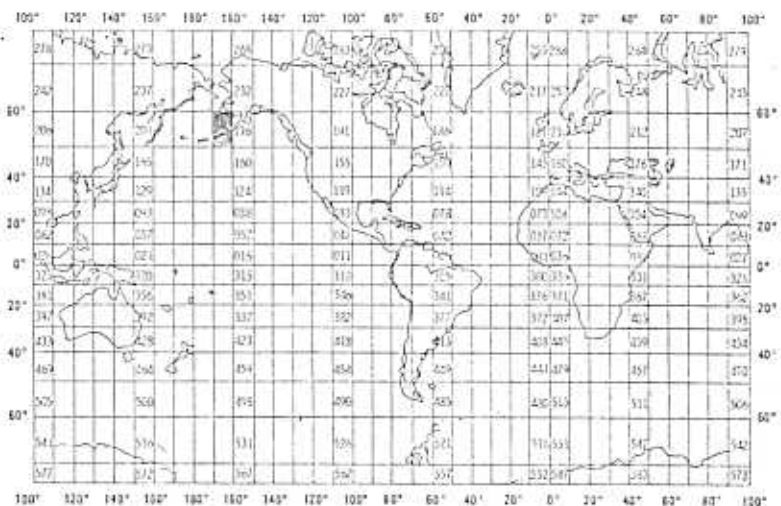
FORM APPROVED O.M.B. No. 41-R2651

F015

This form should accompany all data submissions to NODC. Section A, Originator Identification, must be completed when the data are submitted. It is highly desirable for NODC to also receive the remaining pertinent information at that time. This may be most easily accomplished by attaching reports, publications, or manuscripts which are readily available describing data collection, analysis, and format specifics. Readable, handwritten submissions are acceptable in all cases. All data shipments should be sent to the above address.

A. ORIGINATOR IDENTIFICATION

THIS SECTION MUST BE COMPLETED BY DONOR FOR ALL DATA TRANSMITTALS

1. NAME AND ADDRESS OF INSTITUTION, LABORATORY, OR ACTIVITY WITH WHICH SUBMITTED DATA ARE ASSOCIATED <i>PMEL/NOAA 3711 15th NE Seattle, Washington 98105</i>			
2. EXPEDITION, PROJECT, OR PROGRAM DURING WHICH DATA WERE COLLECTED <i>CCSeadp - Gulf of Alaska</i>		3. CRUISE NUMBER(S) USED BY ORIGINATOR TO IDENTIFY DATA IN THIS SHIPMENT <i>File ID: WGC-1B</i>	
4. PLATFORM NAME(S) <i>WGC-113</i>	5. PLATFORM TYPE(S) (E.G., SHIP, BUOY, ETC.) <i>Buoy</i>	6. PLATFORM AND OPERATOR NATIONALITY(IES) <i>U.S. U.S.</i>	7. DATES FROM: <i>MO/DAY/YR</i> TO: <i>MO/DAY/YR</i> <i>11/2/75 3/12/75</i>
8. ARE DATA PROPRIETARY? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES IF YES, WHEN CAN THEY BE RELEASED FOR GENERAL USE? YEAR _____ MONTH _____		11. PLEASE DARKEN ALL MARSDEN SQUARES IN WHICH ANY DATA CONTAINED IN YOUR SUBMISSION WERE COLLECTED. GENERAL AREA 	
9. ARE DATA DECLARED NATIONAL PROGRAM (DNP)? (I.E., SHOULD THEY BE INCLUDED IN WORLD DATA CENTERS HOLDINGS FOR INTERNATIONAL EXCHANGE?) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> PART (SPECIFY BELOW)			
10. PERSON TO WHOM INQUIRIES CONCERNING DATA SHOULD BE ADDRESSED WITH TELEPHONE NUMBER (AND ADDRESS IF OTHER THAN IN ITEM-1) <i>Pat Laurel (206) 442-4580</i>			

B. SCIENTIFIC CONTENT

NAME OF DATA FIELD	REPORTING UNITS OR CODE	METHODS OF OBSERVATION AND INSTRUMENTS USED (SPECIFY TYPE AND MODEL)	ANALYTICAL METHODS (INCLUDING MODIFICATIONS) AND LABORATORY PROCEDURES	DATA PROCESSING TECHNIQUES WITH FILTERING AND AVERAGING
Speed	cm/sec	Handerson Current Meter	N/A	N/A
Direction	°T	"	"	"
Temperature	°C	"	"	"
Conductivity	‰	"	"	"
Pressure	Dinbars	"	"	"

C. DATA FORMAT

COMPLETE THIS SECTION FOR PUNCHED CARDS OR TAPE, MAGNETIC TAPE, OR DISC SUBMISSIONS.

1. LIST RECORD TYPES CONTAINED IN THE TRANSMITTAL OF YOUR FILE
GIVE METHOD OF IDENTIFYING EACH RECORD TYPE

Three record types, text record (1), meter master record (2),
and detail record (3), differentiated by byte 12.

2. GIVE BRIEF DESCRIPTION OF FILE ORGANIZATION

[Empty box for description of file organization]

3. ATTRIBUTES AS EXPRESSED IN PL-1 ALGOL COBOL
 FORTRAN _____ LANGUAGE

4. RESPONSIBLE COMPUTER SPECIALIST:

NAME AND PHONE NUMBER Donna Bendiner (206) 543-3007
ADDRESS Dept. of Oceanography, Univ. of Wash, Seattle, W. 98105

5.
6.

D. INSTRUMENT CALIBRATION

This calibration information will be utilized by NOAA's National Oceanographic Instrumentation Center in their efforts to develop calibration standards for voluntary acceptance by the oceanographic community. Identify the instruments used by your organization to obtain the scientific content of the DDF (i.e., STD, temperature and pressure sensors, salinometers, oxygen meters, velocimeters, etc.) and furnish the calibration data requested by completing and/or checking ("✓") the appropriate spaces. Add the interval time (i.e., 3 months, 6 months, 9 months, etc.) if the fixed interval calibration cycle is checked.

INSTRUMENT TYPE (MFR., MODEL NO.)	DATE OF LAST CALIBRATION	INSTRUMENT WAS CALIBRATED BY			CHECK ONE: INSTRUMENT IS CALIBRATED					INSTRUMENT IS NOT CALI- BRATED (✓)	
		YOUR ORGANIZATION (✓)	OTHER ORGANIZATION (GIVE NAME)	AT FIXED INTERVALS (✓)	BEFORE OR AFTER USE (✓)	BEFORE AND AFTER USE (✓)	ONLY AFTER REPAIR (✓)	ONLY WHEN NEW (✓)			
<i>Alundrona Current Meter KCM-4</i>		✓		✓		✓		✓			
<i>Siime meter</i>	<i>1975</i>		<i>NOIC</i>	<i>✓</i> <i>~ 1 yr.</i>							

DATA DOCUMENTATION FORM

TR0072

NOAA FORM 24-13

U.S. DEPARTMENT OF COMMERCE
NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION
NATIONAL OCEANOGRAPHIC DATA CENTER
RECORDS SECTION
ROCKVILLE, MARYLAND 20852FORM APPROVED
O.M.B. No. 41-R2651

This form should accompany all data submissions to NODC. Section A, Originator Identification, must be completed when the data are submitted. It is highly desirable for NODC to also receive the remaining pertinent information at that time. This may be most easily accomplished by attaching reports, publications, or manuscripts which are readily available describing data collection, analysis, and format specifics. Readable, handwritten submissions are acceptable in all cases. All data shipments should be sent to the above address.

A. ORIGINATOR IDENTIFICATION

THIS SECTION MUST BE COMPLETED BY DONOR FOR ALL DATA TRANSMITTALS

1. NAME AND ADDRESS OF INSTITUTION, LABORATORY, OR ACTIVITY WITH WHICH SUBMITTED DATA ARE ASSOCIATED PMEL/NOAA 3711 15th NE Seattle, Washington 98105			
2. EXPEDITION, PROJECT, OR PROGRAM DURING WHICH DATA WERE COLLECTED OCSEAP - Gulf of Alaska		3. CRUISE NUMBER(S) USED BY ORIGINATOR TO IDENTIFY DATA IN THIS SHIPMENT File ID = WGC-2A	
4. PLATFORM NAME(S) WGC-2A	5. PLATFORM TYPE(S) (E.G., SHIP, BUOY, ETC.) Buoy	6. PLATFORM AND OPERATOR NATIONALITY(IES) U.S. U.S.	7. DATES FROM: MO/DAY/YR TO: MO/DAY/YR 9/21/75 11/29/75
8. ARE DATA PROPRIETARY? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES IF YES, WHEN CAN THEY BE RELEASED FOR GENERAL USE? YEAR _____ MONTH _____		11. PLEASE DARKEN ALL MARSDEN SQUARES IN WHICH ANY DATA CONTAINED IN YOUR SUBMISSION WERE COLLECTED. GENERAL AREA	
9. ARE DATA DECLARED NATIONAL PROGRAM (DNP)? (I.E., SHOULD THEY BE INCLUDED IN WORLD DATA CENTERS HOLDINGS FOR INTERNATIONAL EXCHANGE?) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> PART (SPECIFY BELOW)			
10. PERSON TO WHOM INQUIRIES CONCERNING DATA SHOULD BE ADDRESSED WITH TELEPHONE NUMBER (AND ADDRESS IF OTHER THAN IN ITEM-1) Pat Laird (204) 442-4540			

DATA DOCUMENTATION FORM

TR0071

NOAA FORM 24-13
(4-72)U.S. DEPARTMENT OF COMMERCE
NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION
NATIONAL OCEANOGRAPHIC DATA CENTER
RECORDS SECTION
ROCKVILLE, MARYLAND 20852FORM APPROVED
O.M.B. No. 41-42651

This form should accompany all data submissions to NODC. Section A, Originator Identification, must be completed when the data are submitted. It is highly desirable for NODC to also receive the remaining pertinent information at that time. This may be most easily accomplished by attaching reports, publications, or manuscripts which are readily available describing data collection, analysis, and format specifics. Readable, handwritten submissions are acceptable in all cases. All data shipments should be sent to the above address.

A. ORIGINATOR IDENTIFICATION

THIS SECTION MUST BE COMPLETED BY DONOR FOR ALL DATA TRANSMITTALS

1. NAME AND ADDRESS OF INSTITUTION, LABORATORY, OR ACTIVITY WITH WHICH SUBMITTED DATA ARE ASSOCIATED PIMEL/NOAA 3711 15th NE Seattle, Washington 98105			
2. EXPEDITION, PROJECT, OR PROGRAM DURING WHICH DATA WERE COLLECTED OCSEAP Gulf of Alaska		3. CRUISE NUMBER(S) USED BY ORIGINATOR TO IDENTIFY DATA IN THIS SHIPMENT File ID = <u>WGC-1A</u>	
4. PLATFORM NAME(S) WGC-1A	5. PLATFORM TYPE(S) (E.G., SHIP, BUOY, ETC.) Buoy	6. PLATFORM AND OPERATOR NATIONALITY(IES)	
		PLATFORM	OPERATOR
		FROM: MO, DAY, YR	TO: MO, DAY, YR
		U.S.	U.S. 9/5/75 11/1/75
8. ARE DATA PROPRIETARY? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES IF YES, WHEN CAN THEY BE RELEASED FOR GENERAL USE? YEAR _____ MONTH _____		11. PLEASE DARKEN ALL MARSDEN SQUARES IN WHICH ANY DATA CONTAINED IN YOUR SUBMISSION WERE COLLECTED. GENERAL AREA	
9. ARE DATA DECLARED NATIONAL PROGRAM (DNP)? (I.E., SHOULD THEY BE INCLUDED IN WORLD DATA CENTERS HOLDINGS FOR INTERNATIONAL EXCHANGE?) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> PART (SPECIFY BELOW)			
10. PERSON TO WHOM INQUIRIES CONCERNING DATA SHOULD BE ADDRESSED WITH TELEPHONE NUMBER (AND ADDRESS IF OTHER THAN IN ITEM-1) Pat Lavel (206) 442-4580			

DDF-B:2:05 DATA DOCUMENTATION FORM

BIO255
TR0470

NOAA FORM 24-13 (4-72)

U.S. DEPARTMENT OF COMMERCE
NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION
NATIONAL OCEANOGRAPHIC DATA CENTER
RECORDS SECTION
ROCKVILLE, MARYLAND 20852

FORM APPROVED
O.M.B. No. 41-R2651

76-1386

This form should accompany all data submissions to NODC. Section A, Originator Identification, must be completed when the data are submitted. It is highly desirable for NODC to also receive the remaining pertinent information at that time. This may be most easily accomplished by attaching reports, publications, or manuscripts which are readily available describing data collection, analysis, and format specifics. Readable, handwritten submissions are acceptable in all cases. All data shipments should be sent to the above address.

IN HOUSE
1890 records

A. ORIGINATOR IDENTIFICATION

THIS SECTION MUST BE COMPLETED BY DONOR FOR ALL DATA TRANSMITTALS

1. NAME AND ADDRESS OF INSTITUTION, LABORATORY, OR ACTIVITY WITH WHICH SUBMITTED DATA ARE ASSOCIATED			
Joseph J. Hickey Russell Laboratories University of Wisconsin Madison, Wisconsin			
2. EXPEDITION, PROJECT, OR PROGRAM DURING WHICH DATA WERE COLLECTED		3. CRUISE NUMBER(S) USED BY ORIGINATOR TO IDENTIFY DATA IN THIS SHIPMENT	
OCEAN - Pribilof Island Bird Census		Pribilof 1975 File ID = HICKEY	
4. PLATFORM NAME(S)	5. PLATFORM TYPE(S) (E.G., SHIP, BUOY, ETC.)	6. PLATFORM AND OPERATOR NATIONALITY(IES)	7. DATES
NONE (ON FOOT)	NONE	U.S.	U.S.
		PLATFORM	OPERATOR
		U.S.	U.S.
		FROM: MO/PAY/YR	TO: MO/DAY/YR
		6/28/75	8/8/75
8. ARE DATA PROPRIETARY? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES IF YES, WHEN CAN THEY BE RELEASED FOR GENERAL USE? YEAR _____ MONTH _____		11. PLEASE DARKEN ALL MARSDEN SQUARES IN WHICH ANY DATA CONTAINED IN YOUR SUBMISSION WERE COLLECTED.	
		GENERAL AREA	
9. ARE DATA DECLARED NATIONAL PROGRAM (DNP)? (I.E., SHOULD THEY BE INCLUDED IN WORLD DATA CENTERS HOLDINGS FOR INTERNATIONAL EXCHANGE?) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> PART (SPECIFY BELOW)		10. PERSON TO WHOM INQUIRIES CONCERNING DATA SHOULD BE ADDRESSED WITH TELEPHONE NUMBER (AND ADDRESS IF OTHER THAN IN ITEM-1)	
		J. Cary V.	

COMPLETE THIS SECTION FOR PUNCHED CARDS OR TAPE, MAGNETIC TAPE, OR DISC SUBMISSIONS.

1. LIST RECORD TYPES CONTAINED IN THE TRANSMITTAL OF YOUR FILE
GIVE METHOD OF IDENTIFYING EACH RECORD TYPE

RECORD TYPE 1	with a 1 in column 10
RECORD TYPE 2	" " 2 " " "
RECORD TYPE 4	" " 4 " " "
RECORD TYPE 5	" " 5 " " "

NO CARD TYPE 3 IN THIS DATA

2. GIVE BRIEF DESCRIPTION OF FILE ORGANIZATION

ORIG. TAPE
VOL=SER=BIRD0C, 9 TRK, DSN=IN, LABEL=(,NL), DEN=2,
DCB=(RECFM=U, LRECL=80, BLKSIZE=4400)

COPY ORIG. TAPE
VOL=SER=11879, 9 TRK, DSN=BTRD.OCSEAP, LABEL=(,SL),
DCB=(RECFM=FB, LRECL=80, BLKSIZE=4480)

3. ATTRIBUTES AS EXPRESSED IN PL-1 ALGOL COBOL
 FORTRAN _____ LANGUAGE

4. RESPONSIBLE COMPUTER SPECIALIST:

NAME AND PHONE NUMBER _____

ADDRESS _____

ORIG. TAPE

COMPLETE THIS SECTION IF DATA ARE ON MAGNETIC TAPE

<p>5. RECORDING MODE</p> <p><input type="checkbox"/> BCD <input type="checkbox"/> BINARY</p> <p><input type="checkbox"/> ASCII <input checked="" type="checkbox"/> EBCDIC</p> <p><input type="checkbox"/> _____</p>	<p>9. LENGTH OF INTER-RECORD GAP (IF KNOWN) <input type="checkbox"/> 3/4 INCH</p> <p><input type="checkbox"/> _____</p>
<p>6. NUMBER OF TRACKS (CHANNELS)</p> <p><input type="checkbox"/> SEVEN</p> <p><input checked="" type="checkbox"/> NINE</p> <p><input type="checkbox"/> _____</p>	<p>10. END OF FILE MARK</p> <p><input type="checkbox"/> OCTAL 17</p> <p><input type="checkbox"/> _____</p>
<p>7. PARITY</p> <p><input type="checkbox"/> ODD</p> <p><input type="checkbox"/> EVEN</p>	<p>11. PASTE-ON-PAPER LABEL DESCRIPTION (INCLUDE ORIGINATOR NAME AND SOME KEY SPECIFICATIONS OF DATA TYPE, VOLUME NUMBER)</p> <p><u>DR. J. J. Hickey</u> <u>Dept of Wildlife Ecology</u> <u>Univ. of Wisconsin - Madison</u> <u>Pribilofs 1975</u></p>
<p>8. DENSITY</p> <p><input type="checkbox"/> 200 BPI <input type="checkbox"/> 1600 BPI</p> <p><input type="checkbox"/> 556 BPI</p> <p><input checked="" type="checkbox"/> 800 BPI</p> <p><input type="checkbox"/> _____</p>	
	<p>12. PHYSICAL BLOCK LENGTH IN BYTES</p> <p>13. LENGTH OF BYTES IN BITS</p>

ORIG.
NOTE ON TAPE COVER:
NO TAPE LABEL, last data block followed
by 2 hardware end-of-file marks

COMPLETE THIS SECTION FOR PUNCHED CARDS OR TAPE, MAGNETIC TAPE, OR DISC SUBMISSIONS.

1. LIST RECORD TYPES CONTAINED IN THE TRANSMITTAL OF YOUR FILE
GIVE METHOD OF IDENTIFYING EACH RECORD TYPE

RECORD TYPES SAME AS ORIGINATOR TAPE

CORRECTIONS MADE TO USER TAPE:

ON THREE CARD TYPE 1 Column 29-31 13W changed to 3WF
CORRECTIONS MADE - TO ELIMINATE ALPHA CHAR (W) in Date Field

2. GIVE BRIEF DESCRIPTION OF FILE ORGANIZATION

USER (CORRECTED) TAPE

VOL=SER=005544, 9 TRK, LABEL=(L,SL), DSN=BIRD0CSP,
DCB=(RECFM=FB, BLKSIZE=4480, LRECL=80)

3. ATTRIBUTES AS EXPRESSED IN
- PL-1 ALGOL COBOL
 FORTRAN _____ LANGUAGE

4. RESPONSIBLE COMPUTER SPECIALIST:

NAME AND PHONE NUMBER _____

ADDRESS _____

COMPLETE THIS SECTION IF DATA ARE ON MAGNETIC TAPE

<p>5. RECORDING MODE</p> <p><input type="checkbox"/> BCD <input type="checkbox"/> BINARY</p> <p><input type="checkbox"/> ASCII <input checked="" type="checkbox"/> EBCDIC</p> <p><input type="checkbox"/> _____</p>	<p>9. LENGTH OF INTER-RECORD GAP (IF KNOWN) <input type="checkbox"/> 3/4 INCH</p> <p><input type="checkbox"/> _____</p>
<p>6. NUMBER OF TRACKS (CHANNELS)</p> <p><input type="checkbox"/> SEVEN</p> <p><input checked="" type="checkbox"/> NINE</p> <p><input type="checkbox"/> _____</p>	<p>10. END OF FILE MARK</p> <p><input type="checkbox"/> OCTAL 17</p> <p><input type="checkbox"/> _____</p>
<p>7. PARITY</p> <p><input type="checkbox"/> ODD</p> <p><input type="checkbox"/> EVEN</p>	<p>11. PASTE-ON-PAPER LABEL DESCRIPTION (INCLUDE ORIGINATOR NAME AND SOME KEY SPECIFICATIONS OF DATA TYPE, VOLUME NUMBER)</p>
<p>8. DENSITY</p> <p><input type="checkbox"/> 200 BPI <input type="checkbox"/> 1600 BPI</p> <p><input type="checkbox"/> 556 BPI</p> <p><input checked="" type="checkbox"/> 800 BPI</p> <p><input type="checkbox"/> _____</p>	<p>12. PHYSICAL BLOCK LENGTH IN BYTES</p> <p>13. LENGTH OF BYTES IN BITS</p>

C. DATA FORMAT

COMPLETE THIS SECTION FOR PUNCHED CARDS OR TAPE, MAGNETIC TAPE, OR DISC SUBMISSIONS.

1. LIST RECORD TYPES CONTAINED IN THE TRANSMITTAL OF YOUR FILE
GIVE METHOD OF IDENTIFYING EACH RECORD TYPE

Main File Format (Local Copy)

2. GIVE BRIEF DESCRIPTION OF FILE ORGANIZATION

3. ATTRIBUTES AS EXPRESSED IN PL-1 ALGOL COBOL
 FORTRAN _____ LANGUAGE

4. RESPONSIBLE COMPUTER SPECIALIST:

NAME AND PHONE NUMBER J. Carey - Univ. Wisconsin
ADDRESS _____

#10 TAPE LABEL

COMPLETE THIS SECTION IF DATA ARE ON MAGNETIC TAPE

<p>5. RECORDING MODE</p> <p><input type="checkbox"/> BCD <input type="checkbox"/> BINARY</p> <p><input type="checkbox"/> ASCII <input checked="" type="checkbox"/> EBCDIC</p> <p><input type="checkbox"/> _____</p>	<p>9. LENGTH OF INTER-RECORD GAP (IF KNOWN) <input type="checkbox"/> 3/4 INCH</p> <p><input type="checkbox"/> _____</p>
<p>6. NUMBER OF TRACKS (CHANNELS)</p> <p><input type="checkbox"/> SEVEN</p> <p><input checked="" type="checkbox"/> NINE</p> <p><input type="checkbox"/> _____</p>	<p>10. END OF FILE MARK</p> <p><i>last in file</i> <input type="checkbox"/> OCTAL 17</p> <p><i>by the eof</i> <input type="checkbox"/> _____</p>
<p>7. PARITY</p> <p><input type="checkbox"/> ODD</p> <p><input type="checkbox"/> EVEN</p>	<p>11. PASTE-ON-PAPER LABEL DESCRIPTION (INCLUDE ORIGINATOR NAME AND SOME LAY SPECIFICATIONS OF DATA TYPE, VOLUME NUMBER)</p> <p><i>TT 5/10/73</i></p>
<p>8. DENSITY</p> <p><input type="checkbox"/> 200 BPI <input type="checkbox"/> 1600 BPI</p> <p><input type="checkbox"/> 556 BPI</p> <p><input checked="" type="checkbox"/> 800 BPI</p> <p><input type="checkbox"/> _____</p>	<p>12. PHYSICAL BLOCK LENGTH IN BYTES</p> <p><i>110 3 1000 10 10</i></p> <p>13. LENGTH OF BYTES IN BITS</p>

COMPLETE THIS SECTION FOR PUNCHED CARDS OR TAPE, MAGNETIC TAPE, OR DISC SUBMISSIONS.

1. LIST RECORD TYPES CONTAINED IN THE TRANSMITTAL OF YOUR FILE
GIVE METHOD OF IDENTIFYING EACH RECORD TYPE

Five record types; Location (type 1), Environmental (type 2), Ice (type 3), Text (type 4) and Data (type 5) differentiated by byte 10.

2. GIVE BRIEF DESCRIPTION OF FILE ORGANIZATION

[Empty box for file organization description]

3. ATTRIBUTES AS EXPRESSED IN
- PL-1
 - FORTRAN
 - ALGOL
 - COBOL
 - _____ LANGUAGE

4. RESPONSIBLE COMPUTER SPECIALIST:

NAME AND PHONE NUMBER _____
ADDRESS _____

COMPLETE THIS SECTION IF DATA ARE ON MAGNETIC TAPE

<p>5. RECORDING MODE</p> <p><input type="checkbox"/> BCD <input type="checkbox"/> BINARY</p> <p><input type="checkbox"/> ASCII <input type="checkbox"/> EBCDIC</p> <p><input type="checkbox"/> _____</p>	<p>9. LENGTH OF INTER-RECORD GAP (IF KNOWN) <input type="checkbox"/> 3/4 INCH</p> <p><input type="checkbox"/> _____</p>
<p>6. NUMBER OF TRACKS (CHANNELS)</p> <p><input type="checkbox"/> SEVEN</p> <p><input type="checkbox"/> NINE</p> <p><input type="checkbox"/> _____</p>	<p>10. END OF FILE MARK</p> <p><input type="checkbox"/> OCTAL 17</p> <p><input type="checkbox"/> _____</p>
<p>7. PARITY</p> <p><input type="checkbox"/> ODD</p> <p><input type="checkbox"/> EVEN</p>	<p>11. PASTE-ON-PAPER LABEL DESCRIPTION (INCLUDE ORIGINATOR NAME AND SOME LAY SPECIFICATIONS OF DATA TYPE, VOLUME NUMBER)</p> <p> </p>
<p>8. DENSITY</p> <p><input type="checkbox"/> 200 BPI <input type="checkbox"/> 1600 BPI</p> <p><input type="checkbox"/> 556 BPI</p> <p><input type="checkbox"/> 800 BPI</p> <p><input type="checkbox"/> _____</p>	<p>12. PHYSICAL BLOCK LENGTH IN BYTES</p> <p> </p>
	<p>13. LENGTH OF BYTES IN BITS</p> <p> </p>



U.S. DEPARTMENT OF COMMERCE
National Oceanic and Atmospheric Administration
ENVIRONMENTAL RESEARCH LABORATORIES

Outer Continental Shelf Environmental
Assessment Program
Bering Sea-Gulf of Alaska Project Office
P. O. Box 1808
Juneau, Alaska 99802
PH: 907-586-7432

Date : September 24, 1976

To : Jim Audet
EDS Data Coordinator

From : F. M. Cava, Assistant Data Manager
NOAA/OCSEAP - Juneau Project Office

F. M. Cava

Subject: Transmittal of DDF for R.U. 38.

Enclosed please find the DDF for R.U. 38's data submitted in June 1976 by this office. If there are any discrepancies found in the data or DDF please notify me. Thank you.

cc: D. Day
M. Crane
J. Hickey

