

DATA DOCUMENTATION FORM

TR1269

FORM 24-13
(4-77)

U.S. DEPARTMENT OF COMMERCE
NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION
NATIONAL OCEANOGRAPHIC DATA CENTER
RECORDS SECTION
WASHINGTON, DC 20235

FORM APPROVED
O.M.F. No. 41-R2651
EXPIRES 1-81

(While you are not required to use this form, it is the most desirable mechanism for providing the required ancillary information enabling the NODC and users to obtain the greatest benefit from your data.)

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 Ken Pitcher, Don Calkins Alaska Dept. of Fish and Game 333 Raspberry Rd. Anchorage, Alaska 99501			
2. EXPEDITION, PROJECT, OR PROGRAM DURING WHICH DATA WERE COLLECTED CSIEAP RV 243		3. CRUISE NUMBER(S) USED BY ORIGINATOR TO IDENTIFY DATA IN THIS SHIPMENT File ID W75 L10	
4. PLATFORM NAME(S) RV "Montague"	5. PLATFORM TYPE(S) (E.G., SHIP, BUOY, ETC.) Ship	6. PLATFORM AND OPERATOR NATIONALITY(IES) U.S. U.S.	7. DATES FROM: MO/DAY/YR TO: MO/DAY/YR 10/28/75 11/04/75
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. Prince William sd 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) Ken Pitcher, Don Calkins Ft 6 333 Raspberry Rd. Anchorage, AK 99501			

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

Record types # 1, 2, 3, 4, 5, 6, 7 & 8 are being submitted

2. GIVE BRIEF DESCRIPTION OF FILE ORGANIZATION

The file is sequenced 52-1-75 through 52-14-75 in continuous ascending order

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

4. RESPONSIBLE COMPUTER SPECIALIST:

NAME AND PHONE NUMBER Mike Crane 907-279-4523
ADDRESS 707 A Street CAEIDL Anchorage, AK. 99501.

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 checked="" 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>243 025 W75L10 MONTAGUE 75-10-28 75-11-04 CALKINS 9 TRK, 800BPI, ODD, EBCDIC</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>

DATA DOCUMENTATION FORM

TR1270

FORM 24-13 (4-77)

U.S. DEPARTMENT OF COMMERCE
NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION
NATIONAL OCEANOGRAPHIC DATA CENTER
RECORDS SECTION
WASHINGTON, DC 20235

FORM APPROVED
O.M.B. No. 41-R2651
EXPIRES 1-81

(While you are not required to use this form, it is the most desirable mechanism for providing the required ancillary information enabling the NODC and users to obtain the greatest benefit from your data.)

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 Ken Pitcher, Don Calkins Alaska Dept. of Fish and Game 333 Raspberry Rd. Anchorage, Alaska 99501			
2. EXPEDITION, PROJECT, OR PROGRAM DURING WHICH DATA WERE COLLECTED CSEAP RU 243		3. CRUISE NUMBER(S) USED BY ORIGINATOR TO IDENTIFY DATA IN THIS SHIPMENT File ID 276110	
4. PLATFORM NAME(S) Resolution	5. PLATFORM TYPE(S) (E.G., SHIP, BUOY, ETC.) Ship	6. PLATFORM AND OPERATOR NATIONALITY(IES) U.S. U.S.	7. DATES FROM: MO/DAY/YR TO: MO/DAY/YR 02/03/76 02/13/76
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. Prince Wm. Sound + KODIAK IS. GENERAL AREA	
9. ARE DATA DECLARED NATIONAL PROGRAM (DNP)? (I.E., SHOULD THEY BE INCLUDED IN WORLD DATA CENTERS HOLDINGS FOR INTERNATIONAL DATA EXCHANGE?) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> PART (SPECIFY BELOW)		<p>A Marsden square grid map of the North Pacific Ocean, specifically the area around Alaska. The grid covers 100°W to 100°E longitude and 60°N to 50°S latitude. A dark shaded area is present in the Prince William Sound region, approximately between 150°W and 140°W longitude and 58°N and 62°N latitude. The map includes latitude and longitude markings and various numerical values within the squares.</p>	
10. PERSON TO WHOM INQUIRIES CONCERNING DATA SHOULD BE ADDRESSED WITH TELEPHONE NUMBER (AND ADDRESS IF OTHER THAN IN ITEM-1) Ken Pitcher, Don Calkins PO Box 6 333 Raspberry Rd. Anchorage, AK 99501			

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

Record types # 1, 2, 3, 4, 5, 6, 7 & 8 are being submitted

2. GIVE BRIEF DESCRIPTION OF FILE ORGANIZATION

The file is sequenced SL-1-76 through SL-5-76 in continuous ascending order

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

4. RESPONSIBLE COMPUTER SPECIALIST:

NAME AND PHONE NUMBER Mike Crane 907-279-4523
ADDRESS 707 A Street (AEIDC) Anchorage, AK. 99501

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 checked="" 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>243 025 276L10 RESOLUTION 76-02-03 76-02-13 CALKINS 9 TRK, 800BPI, ODD, EBCDIC</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>	

DATA DOCUMENTATION FORM

TR1271

FORM 24-13 (4-77)

U.S. DEPARTMENT OF COMMERCE
NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION
NATIONAL OCEANOGRAPHIC DATA CENTER
RECORDS SECTION
WASHINGTON, DC 20235

FORM APPROVED
O.M.B. No. 41-R2651
EXPIRES 1-81

(While you are not required to use this form, it is the most desirable mechanism for providing the required ancillary information enabling the NODC and users to obtain the greatest benefit from your data.)

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 Ken Pitcher, Don Calkins Alaska Dept. of Fish and Game 333 Raspberry Rd. Anchorage, Alaska 99501			
2. EXPEDITION, PROJECT, OR PROGRAM DURING WHICH DATA WERE COLLECTED OCSEAP RU 243 ✓		3. CRUISE NUMBER(S) USED BY ORIGINATOR TO IDENTIFY DATA IN THIS SHIPMENT 376210 File ID ✓	
4. PLATFORM NAME(S) Big Valley ✓	5. PLATFORM TYPE(S) (E.G., SHIP, BUOY, ETC.) Ship ✓	6. PLATFORM AND OPERATOR NATIONALITY(IES) U.S. U.S.	7. DATES FROM: MO/DAY/YR TO: MO/DAY/YR 3/17/76 3/22/76 ✓
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. KENAI GENERAL AREA PENINSULA ✓	
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) Ken Pitcher, Don Calkins DFG 333 Raspberry Rd. Anchorage, AK 99501			

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

Record types # 1, 2, 3, 4, 5, 6, 7 & 8 are being submitted

2. GIVE BRIEF DESCRIPTION OF FILE ORGANIZATION

The file is sequenced SL-6-76 through SL-13-76 in continuous ascending order

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

4. RESPONSIBLE COMPUTER SPECIALIST:

NAME AND PHONE NUMBER Mike Crane 907-279-4523
ADDRESS 707 A Street CAEIDC Anchorage, AK 99501

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 checked="" 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>243 025 376L10 BIG VALLEY 76-03-17 76-03-22 CALKINS 9 TRK, 800BPI, ODD, EBCDIC</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>	

DATA DOCUMENTATION FORM

TR1272

FORM 24-13 (4-77)

U.S. DEPARTMENT OF COMMERCE
NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION
NATIONAL OCEANOGRAPHIC DATA CENTER
RECORDS SECTION
WASHINGTON, DC 20235

FORM APPROVED
O.M.B. No. 41-R2651
EXPIRES 1-81

(While you are not required to use this form, it is the most desirable mechanism for providing the required ancillary information enabling the NODC and users to obtain the greatest benefit from your data.)

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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 Ken Pitcher, Don Calkins Alaska Dept. of Fish and Game 333 Raspberry Rd. Anchorage, Alaska 99501			
2. EXPEDITION, PROJECT, OR PROGRAM DURING WHICH DATA WERE COLLECTED CSEAP RU 243		3. CRUISE NUMBER(S) USED BY ORIGINATOR TO IDENTIFY DATA IN THIS SHIPMENT 476210 File ID	
4. PLATFORM NAME(S) Resolution	5. PLATFORM TYPE(S) (E.G., SHIP, BUOY, ETC.) ship	6. PLATFORM AND OPERATOR NATIONALITY(IES) U.S. U.S.	7. DATES FROM: MO/DAY/YR TO: MO/DAY/YR 04/12/76 04/24/76
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. Prince Wm Id. + GENERAL AREA KENAI PENINSULA	
9. ARE DATA DECLARED NATIONAL PROGRAM (DNP)? (I.E., SHOULD THEY BE INCLUDED IN WORLD DATA CENTERS HOLDINGS FOR INTERNATIONAL DATA 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) Ken Pitcher, Don Calkins NO Fd G 333 Raspberry Rd. Anchorage, AK 99501			

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

Record types # 1, 2, 3, 4, 5, 6, 7 & 8 are being submitted

2. GIVE BRIEF DESCRIPTION OF FILE ORGANIZATION

The file is sequenced SL-14-76 through SL-39-76 in continuous ascending order

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

4. RESPONSIBLE COMPUTER SPECIALIST:

NAME AND PHONE NUMBER Mike Crane 907-279-4523
ADDRESS 707 A Street CAEIDC Anchorage, AK 99501

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 checked="" 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>243 025 476L10 RESOLUTION 76-04-12 76-04-24 CALKINS 9 TRK, 800BPI, ODD, EBCDIC</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>

DATA DOCUMENTATION FORM

TR1213

FORM 24-13 (4-77)

U.S. DEPARTMENT OF COMMERCE
NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION
NATIONAL OCEANOGRAPHIC DATA CENTER
RECORDS SECTION
WASHINGTON, DC 20235

FORM APPROVED
O.M.B. No. 41-R2651
EXPIRES 1-81

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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 Ken Pitcher, Don Calkins Alaska Dept. of Fish and Game 333 Raspberry Rd. Anchorage, Alaska 99501			
2. EXPEDITION, PROJECT, OR PROGRAM DURING WHICH DATA WERE COLLECTED CSEAP RU 243 ✓		3. CRUISE NUMBER(S) USED BY ORIGINATOR TO IDENTIFY DATA IN THIS SHIPMENT File ID 576 L10 ✓	
4. PLATFORM NAME(S) Surveyor ✓	5. PLATFORM TYPE(S) (E.G., SHIP, BUOY, ETC.) Ship ✓	6. PLATFORM AND OPERATOR NATIONALITY(IES) U.S. U.S.	7. DATES FROM: MO/DAY/YR TO: MO/DAY/YR 05/25/76 06/03/76 ✓
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 MIDDLETON IS.	
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) Ken Pitcher, Don Calkins NO F26 333 Raspberry Rd. Anchorage, AK 99501			

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

Record types # 1, 2, 3, 4, 5, 6, 7 & 8 are being submitted

2. GIVE BRIEF DESCRIPTION OF FILE ORGANIZATION

The file is sequenced SL-40-76 through SL-45-76 in continuous ascending order

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

4. RESPONSIBLE COMPUTER SPECIALIST:

NAME AND PHONE NUMBER Mike Crane 907-279-4523
ADDRESS 707 A Street CAEIOC Anchorage, AK 99501

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 checked="" 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>243 025 576L10 SURVEYOR IV A 76-05-25 76-06-03 CALKINS 9 TRK, 800BPI, ODD, EBCDIC</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>	

DATA DOCUMENTATION FORM

TR1274

NO. 1 FORM 24-13 (4-77)

U.S. DEPARTMENT OF COMMERCE
NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION
NATIONAL OCEANOGRAPHIC DATA CENTER
RECORDS SECTION
WASHINGTON, DC 20235

FORM APPROVED
O.M.B. No. 41-R2651
EXPIRES 1-81

(While you are not required to use this form, it is the most desirable mechanism for providing the required ancillary information enabling the NODC and users to obtain the greatest benefit from your data.)

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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>Ken Pitcher, Don Calkins Alaska Dept. of Fish and Game 333 Raspberry Rd. Anchorage, Alaska 99501</i>			
2. EXPEDITION, PROJECT, OR PROGRAM DURING WHICH DATA WERE COLLECTED <i>CSEAP</i>		3. CRUISE NUMBER(S) USED BY ORIGINATOR TO IDENTIFY DATA IN THIS SHIPMENT <i>File ID W 76210</i>	
4. PLATFORM NAME(S) <i>Surveyor</i>	5. PLATFORM TYPE(S) (E.G., SHIP, BUOY, ETC.) <i>Ship</i>	6. PLATFORM AND OPERATOR NATIONALITY(IES) <i>U.S.</i>	7. DATES FROM: <i>10/05/76</i> TO: <i>10/14/76</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. <i>KODIAK GENERAL AREA</i>	
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>Ken Pitcher, Don Calkins AD FT 6 333 Raspberry Rd. Anchorage, AK 99501</i>			

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

Record types # 1, 2, 3, 4, 5, 6, 7 & 8 are being submitted

2. GIVE BRIEF DESCRIPTION OF FILE ORGANIZATION

The file is sequenced SL-46-77 through SL-~~67~~-77⁶⁷ in continuous ascending order

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

4. RESPONSIBLE COMPUTER SPECIALIST:

NAME AND PHONE NUMBER Mike Crane 907-279-4523
ADDRESS 707 A Street (AEIOL) Anchorage, AK. 99501

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 checked="" 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>243 025 W76LI0 SURVEYOR 76-10-05 76-10-14 CALKINS 9 TRK, 800BPI, ODD, EBCDIC</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>	

DATA DOCUMENTATION FORM

TR 1277

FORM 24-13 (4-77)

U.S. DEPARTMENT OF COMMERCE
NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION
NATIONAL OCEANOGRAPHIC DATA CENTER
RECORDS SECTION
WASHINGTON, DC 20235

FORM APPROVED
O.M.B. No. 41-R2651
EXPIRES 1-81

(While you are not required to use this form, it is the most desirable mechanism for providing the required ancillary information enabling the NOCD and users to obtain the greatest benefit from your data.)

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 Ken Pitcher, Don Calkins Alaska Dept. of Fish and Game 333 Raspberry Rd. Anchorage, Alaska 99501						
2. EXPEDITION, PROJECT, OR PROGRAM DURING WHICH DATA WERE COLLECTED CSEAP RU 229 ✓				3. CRUISE NUMBER(S) USED BY ORIGINATOR TO IDENTIFY DATA IN THIS SHIPMENT File ID W 75 PWS ✓		
4. PLATFORM NAME(S) Montague ✓		5. PLATFORM TYPE(S) (E.G., SHIP, BUOY, ETC.) Ship ✓		6. PLATFORM AND OPERATOR NATIONALITY(IES) U.S. U.S.		7. DATES FROM: MO/DAY/YR TO: MO/DAY/YR 10/28/75 11/04/75 ✓
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. Prince William Id. ✓ 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) Ken Pitcher, Don Calkins AD FG 6 333 Raspberry Rd. Anchorage, AK 99501						

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

Record types # 1, 2, 3, 4, 5, 6, 7 & 8 are being submitted

2. GIVE BRIEF DESCRIPTION OF FILE ORGANIZATION

The file is sequenced PWS-108-75 through PWS-132-75 in continuous ascending order

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

4. RESPONSIBLE COMPUTER SPECIALIST:

NAME AND PHONE NUMBER Mike Crane 907-279-4523
ADDRESS 707 A Street (AEIDC) Anchorage, AK. 99501

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 <input type="checkbox"/> OCTAL 17</p> <p><input type="checkbox"/> _____</p>
<p>7. PARITY</p> <p><input checked="" 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>229 025 W75PWS MONTAGUE 75-10-28 75-11-04 PITCHER 9 TRK, 800BPI, ODD, EBCDIC</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>_____</p>	
<p>13. LENGTH OF BYTES IN BITS</p> <p>_____</p>	

DATA DOCUMENTATION FORM

TR1278

FORM 24-13 (4-77)

U.S. DEPARTMENT OF COMMERCE
NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION
NATIONAL OCEANOGRAPHIC DATA CENTER
RECORDS SECTION
WASHINGTON, DC 20235

FORM APPROVED
O.M.B. No. 41-R2651
EXPIRES 1-81

(While you are not required to use this form, it is the most desirable mechanism for providing the required ancillary information enabling the NODC and users to obtain the greatest benefit from your data.)

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 Ken Pitcher, Don Calkins Alaska Dept. of Fish and Game 333 Raspberry Rd. Anchorage, Alaska 99501			
2. EXPEDITION, PROJECT, OR PROGRAM DURING WHICH DATA WERE COLLECTED CSEAP RU 229 ✓		3. CRUISE NUMBER(S) USED BY ORIGINATOR TO IDENTIFY DATA IN THIS SHIPMENT File ID 676 YAK ✓	
4. PLATFORM NAME(S) RS "Sunneycor" ✓	5. PLATFORM TYPE(S) (E.G., SHIP, BUOY, ETC.) Ship ✓	6. PLATFORM AND OPERATOR NATIONALITY(IES) U.S. U.S.	7. DATES FROM: MO, DAY, YR TO: MO, DAY, YR 5/25/76 6/03/76 ✓
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. ✓ YAKUTAT 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) Pitcher, Don Calkins FD 6 333 Raspberry Rd. Anchorage, AK 99501			

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

Record types # 1, 2, 3, 4, 5, 6, 7 & 8 are being submitted

2. GIVE BRIEF DESCRIPTION OF FILE ORGANIZATION

The file is sequenced YAK-1-76 through YAK-4A-76 in continuous ascending order

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

4. RESPONSIBLE COMPUTER SPECIALIST:

NAME AND PHONE NUMBER Mike Crane 907-279-4523
ADDRESS 707 A Street (AEIDC) Anchorage, AK 99501

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 checked="" 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>229 025 676YAK SURVEYOR 76-05-25 76-06-03 PITCHER 9 TRK, 800BPI, ODD, EBCDIC</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>_____</p>	
<p>13. LENGTH OF BYTES IN BITS</p> <p>_____</p>	

DATA DOCUMENTATION FORM

TR1279

NOAA FORM 24-13 (4-77)

U.S. DEPARTMENT OF COMMERCE
NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION
NATIONAL OCEANOGRAPHIC DATA CENTER
RECORDS SECTION
WASHINGTON, DC 20235

FORM APPROVED
O.M.B. No. 41-R2651
EXPIRES 1-81

(While you are not required to use this form, it is the most desirable mechanism for providing the required ancillary information enabling the NODC and users to obtain the greatest benefit from your data.)

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 Ken Pitcher, Don Calkins Alaska Dept. of Fish and Game 333 Raspberry Rd. Anchorage, Alaska 99501			
2. EXPEDITION, PROJECT, OR PROGRAM DURING WHICH DATA WERE COLLECTED CSEAP RU 229 ✓		3. CRUISE NUMBER(S) USED BY ORIGINATOR TO IDENTIFY DATA IN THIS SHIPMENT File ID 576 mid ✓	
4. PLATFORM NAME(S) AS "Surveyor" ✓	5. PLATFORM TYPE(S) (E.G., SHIP, BUOY, ETC.) ship ✓	6. PLATFORM AND OPERATOR NATIONALITY(IES) U.S. U.S.	7. DATES FROM: MO/DAY/YR TO: MO/DAY/YR 5/25/76 6/03/76 ✓
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. ✓ MIDDLETON ISLAND 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)	<p>The map is a Marsden square grid covering the area from 100°W to 100°W and 60°N to 60°N. A shaded area is marked in the upper left quadrant, labeled 'MIDDLETON ISLAND GENERAL AREA'. The grid lines are spaced every 2 degrees. Latitude lines are labeled on the left and right sides, and longitude lines are labeled on the top and bottom sides.</p>		
10. PERSON TO WHOM INQUIRIES CONCERNING DATA SHOULD BE ADDRESSED WITH TELEPHONE NUMBER (AND ADDRESS IF OTHER THAN IN ITEM-1) Ken Pitcher, Don Calkins NO Fd 6 333 Raspberry Rd. Anchorage, AK 99501			

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

Record types # 1, 2, 3, 4, 5, 6, 7 & 8 are being submitted

2. GIVE BRIEF DESCRIPTION OF FILE ORGANIZATION

The file is sequenced mid-1-76 through mid-5-76 in continuous ascending order

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

4. RESPONSIBLE COMPUTER SPECIALIST:

NAME AND PHONE NUMBER Mike Crane 907-279-4523
ADDRESS 707 A Street (AEIDC) Anchorage, AK. 99501

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 checked="" 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>229 025 576MID SURVEYOR 76-05-25 76-06-03 PITCHER 9 TRK, 800BPI, ODD, EBCDIC</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>

DATA DOCUMENTATION FORM

TR 1280

NODC FORM 24-13 (4-77)

U.S. DEPARTMENT OF COMMERCE
NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION
NATIONAL OCEANOGRAPHIC DATA CENTER
RECORDS SECTION
WASHINGTON, DC 20235

FORM APPROVED
O.M.B. No. 41-R2651
EXPIRES 1-81

(While you are not required to use this form, it is the most desirable mechanism for providing the required ancillary information enabling the NODC and users to obtain the greatest benefit from your data.)

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 Ken Pitcher, Don Calkins Alaska Dept. of Fish and Game 333 Raspberry Rd. Anchorage, Alaska 99501			
2. EXPEDITION, PROJECT, OR PROGRAM DURING WHICH DATA WERE COLLECTED CSEAP RU 229 ✓		3. CRUISE NUMBER(S) USED BY ORIGINATOR TO IDENTIFY DATA IN THIS SHIPMENT File ID 576 KAY ✓	
4. PLATFORM NAME(S) RS "Sunveger" ✓	5. PLATFORM TYPE(S) (E.G., SHIP, BUOY, ETC.) Ship ✓	6. PLATFORM AND OPERATOR NATIONALITY(IES) U.S. U.S.	7. DATES FROM: MO/DAY/YR TO: MO/DAY/YR 5/25/76 6/03/76 ✓
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. ✓ KAYAK IS. 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) Ken Pitcher, Don Calkins ND F&G 333 Raspberry Rd. Anchorage, AK 99501			

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

Record types # 1, 2, 3, 4, 5, 6, 7 & 8 are being submitted

2. GIVE BRIEF DESCRIPTION OF FILE ORGANIZATION

The file is sequenced Kay-1-76 through Kay-2-76 in continuous ascending order

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

4. RESPONSIBLE COMPUTER SPECIALIST:

NAME AND PHONE NUMBER Mike Crane 907-279-4523
ADDRESS 707 A Street (AEIDC) Anchorage, AK. 99501

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 checked="" 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>229 025 576KAY SURVEYOR 76-05-25 76-06-03 PITCHER, 9 TRK, 800BPI, ODD, EBCDIC</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>13. LENGTH OF BYTES IN BITS</p> <p>_____</p>	

DATA DOCUMENTATION FORM

TR1281

FORM 24-13 (4-77)

U.S. DEPARTMENT OF COMMERCE
NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION
NATIONAL OCEANOGRAPHIC DATA CENTER
RECORDS SECTION
WASHINGTON, DC 20235

FORM APPROVED
O.M.B. No. 41-R2651
EXPIRES 1-81

(While you are not required to use this form, it is the most desirable mechanism for providing the required ancillary information enabling the NODC and users to obtain the greatest benefit from your data.)

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 Ken Pitcher, Don Calkins Alaska Dept. of Fish and Game 333 Raspberry Rd. Anchorage, Alaska 99501			
2. EXPEDITION, PROJECT, OR PROGRAM DURING WHICH DATA WERE COLLECTED CSEAP RU 229 ✓		3. CRUISE NUMBER(S) USED BY ORIGINATOR TO IDENTIFY DATA IN THIS SHIPMENT File ID 576ICY ✓	
4. PLATFORM NAME(S) RS "Suncoast" ✓	5. PLATFORM TYPE(S) (E.G., SHIP, BUOY, ETC.) Ship ✓	6. PLATFORM AND OPERATOR NATIONALITY(IES) U.S. U.S.	7. DATES FROM: MO, DAY, YR TO: MO, DAY, YR 5-25-76 6-03-76 ✓
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. ✓ ICY BAY 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) Ken Pitcher, Don Calkins NO F-6 333 Raspberry Rd. Anchorage, AK 99501			

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

Record types # 1, 2, 3, 4, 5, 6, 7 + 8 are being submitted

2. GIVE BRIEF DESCRIPTION OF FILE ORGANIZATION

The file is sequenced ICY-1-76 through ICY-11A-76 in continuous ascending order

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

4. RESPONSIBLE COMPUTER SPECIALIST:

NAME AND PHONE NUMBER Mike Crane 907-279-4523
ADDRESS 707 A Street (AEIDC) Anchorage, AK. 99501

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 checked="" 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>229 025 576ICY SURVEYOR 76-05-25 76-06-03 PITCHER 9 TRK, 800BPI, ODD, EBCDIC</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>	

DATA DOCUMENTATION FORM

TR1283

FORM 24-13

U.S. DEPARTMENT OF COMMERCE
NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION
NATIONAL OCEANOGRAPHIC DATA CENTER
RECORDS SECTION
WASHINGTON, DC 20235

FORM APPROVED
O.M.B. No. 41-R2651
EXPIRES 1-81

(While you are not required to use this form, it is the most desirable mechanism for providing the required ancillary information enabling the NODC and users to obtain the greatest benefit from your data.)

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 Ken Pitcher, Don Calkins Alaska Dept. of Fish and Game 333 Raspberry Rd. Anchorage, Alaska 99501			
2. EXPEDITION, PROJECT, OR PROGRAM DURING WHICH DATA WERE COLLECTED OCSIEAP RU 229		3. CRUISE NUMBER(S) USED BY ORIGINATOR TO IDENTIFY DATA IN THIS SHIPMENT File ID 7 76 TUG	
4. PLATFORM NAME(S) OAI Foot	5. PLATFORM TYPE(S) (E.G., SHIP, BUOY, ETC.) Tugidak Island	6. PLATFORM AND OPERATOR NATIONALITY(IES) U.S.	7. DATES FROM: 7/68/77 TO: 7/12/77
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. TUGIDAK ISLAND 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) Ken Pitcher, Don Calkins FD 6 333 Raspberry Rd. Anchorage, AK 99501			

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

Record types # 1, 2, 3, 4, 5, 6, 7 & 8 are being submitted

2. GIVE BRIEF DESCRIPTION OF FILE ORGANIZATION

The file contains station # TUG-1-76

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

4. RESPONSIBLE COMPUTER SPECIALIST:

NAME AND PHONE NUMBER Mike Crane 907-279-4523
ADDRESS 707 A Street (AEIDC) Anchorage, AK. 99501

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 checked="" 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>229 025 776TUG ON FOOT 76-07-08 76-07-12 PITCHER 9 TRK, 800BPI, ODD, EBCDIC</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>	

DATA DOCUMENTATION FORM

TR1284

FORM 24-13

U.S. DEPARTMENT OF COMMERCE
 NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION
 NATIONAL OCEANOGRAPHIC DATA CENTER
 RECORDS SECTION
 WASHINGTON, DC 20235

FORM APPROVED
 O.M.B. No. 41-R2651
 EXPIRES 1-81

(While you are not required to use this form, it is the most desirable mechanism for providing the required ancillary information enabling the NODC and users to obtain the greatest benefit from your data.)

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 Ken Pitcher, Don Calkins Alaska Dept. of Fish and Game 333 Raspberry Rd. Anchorage, Alaska 99501			
2. EXPEDITION, PROJECT, OR PROGRAM DURING WHICH DATA WERE COLLECTED OCSIEAP RU 229 ✓		3. CRUISE NUMBER(S) USED BY ORIGINATOR TO IDENTIFY DATA IN THIS SHIPMENT File ID 376KEN ✓	
4. PLATFORM NAME(S) Big Valley ✓	5. PLATFORM TYPE(S) (E.G., SHIP, BUOY, ETC.) ship ✓	6. PLATFORM AND OPERATOR NATIONALITY(IES) U.S. U.S.	7. DATES FROM: MO/DAY/YR TO: MO/DAY/YR 3/17/77 3/22/77 ✓
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. KENAI ✓ PENINSULA 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) Ken Pitcher, Don Calkins FT 6 333 Raspberry Rd. Anchorage, AK 99501			

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

Record types # 1, 2, 3, 4, 5, 6, 7 & 8 are being submitted

2. GIVE BRIEF DESCRIPTION OF FILE ORGANIZATION

The file is sequenced Ken-1-76 through Ken-18-76 in continuous ascending order

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

4. RESPONSIBLE COMPUTER SPECIALIST:

NAME AND PHONE NUMBER Mike Crane 907-279-4523
ADDRESS 707 A Street (CAEIDC) Anchorage, AK. 99501

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 checked="" 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>229 025 376KEN BIG VALLEY 76-03-17 76-03-22 PITCHER 9 TRK, 800BPI, ODD, EBCDIC</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>13. LENGTH OF BYTES IN BITS</p>	

DATA DOCUMENTATION FORM

TR1285

FORM 24-13

U.S. DEPARTMENT OF COMMERCE
NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION
NATIONAL OCEANOGRAPHIC DATA CENTER
RECORDS SECTION
WASHINGTON, DC 20235

FORM APPROVED
O.M.B. No. 41-R2651
EXPIRES 1-81

(While you are not required to use this form, it is the most desirable mechanism for providing the required ancillary information enabling the NODC and users to obtain the greatest benefit from your data.)

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 Ken Pitcher, Don Calkins Alaska Dept. of Fish and Game 333 Raspberry Rd. Anchorage, Alaska 99501			
2. EXPEDITION, PROJECT, OR PROGRAM DURING WHICH DATA WERE COLLECTED OCSEAP RU 229 ✓		3. CRUISE NUMBER(S) USED BY ORIGINATOR TO IDENTIFY DATA IN THIS SHIPMENT File ID 476 Ken ✓	
4. PLATFORM NAME(S) RV "Resolution" ✓	5. PLATFORM TYPE(S) (E.G., SHIP, BUOY, ETC.) Ship motor vessel ✓	6. PLATFORM AND OPERATOR NATIONALITY(IES) U.S. U.S.	7. DATES FROM: MO, DAY, YR TO: MO, DAY, YR 4/12/76 ✓ 4/24/76 ✓
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. KENAI PENINSULA 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) Ken Pitcher, Don Calkins Ft 6 333 Raspberry Rd. Anchorage, AK 99501			

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

Record types # 1, 2, 3, 4, 5, 6, 7 & 8 are being submitted

2. GIVE BRIEF DESCRIPTION OF FILE ORGANIZATION

The file is sequenced Ken-19-76 through Ken-26-76 in continuous ascending order.

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

4. RESPONSIBLE COMPUTER SPECIALIST:

NAME AND PHONE NUMBER Mike Crane 907-279-4523
ADDRESS 707 A Street (AEIDC) Anchorage, AK. 99501

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 checked="" 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>229 025 476KEN RESOLUTION 76-04-12 76-04-24 PITCHER 9 TRK, 800BPI, ODD, EBCDIC</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>	

DATA DOCUMENTATION FORM

TR 1286

FORM 24-13

U.S. DEPARTMENT OF COMMERCE
NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION
NATIONAL OCEANOGRAPHIC DATA CENTER
RECORDS SECTION
WASHINGTON, DC 20235

FORM APPROVED
O.M.B. No. 41-R2651
EXPIRES 1-81

(While you are not required to use this form, it is the most desirable mechanism for providing the required ancillary information enabling the NODC and users to obtain the greatest benefit from your data.)

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 Ken Pitcher, Don Calkins Alaska Dept. of Fish and Game 333 Raspberry Rd. Anchorage, Alaska 99501			
2. EXPEDITION, PROJECT, OR PROGRAM DURING WHICH DATA WERE COLLECTED OCSEAP RU 229 ✓		3. CRUISE NUMBER(S) USED BY ORIGINATOR TO IDENTIFY DATA IN THIS SHIPMENT File ID 276 KOD ✓	
4. PLATFORM NAME(S) MV "Resolution" ✓	5. PLATFORM TYPE(S) (E.G., SHIP, BUOY, ETC.) Ship ✓	6. PLATFORM AND OPERATOR NATIONALITY(IES) U.S. U.S.	7. DATES FROM: MO/DAY/YR TO: MO/DAY/YR 2/03/76 2/13/76 ✓
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. KODIAK ✓ 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) Ken Pitcher, Don Calkins Ft 6 333 Raspberry Rd. Anchorage, AK 99501			

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

Record types # 1, 2, 3, 4, 5, 6, 7 & 8 are being submitted

2. GIVE BRIEF DESCRIPTION OF FILE ORGANIZATION

The file is sequenced Kod-1-76 through Kod-4-71 in continuous ascending order

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

4. RESPONSIBLE COMPUTER SPECIALIST:

NAME AND PHONE NUMBER Mike Crane 907-279-4523
ADDRESS 707 A Street (AEIDC) Anchorage, AK. 99501

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 checked="" 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>229 025 276KOD RESOLUTION 76-02-03 76-02-13 PITCHER 9 TRK, 800BPI, ODD, EBCDIC</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>13. LENGTH OF BYTES IN BITS</p>	

DATA DOCUMENTATION FORM

TR1287

FORM 24-13

U.S. DEPARTMENT OF COMMERCE
NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION
NATIONAL OCEANOGRAPHIC DATA CENTER
RECORDS SECTION
WASHINGTON, DC 20235

FORM APPROVED
O.M.B. No. 41-R2651
EXPIRES 1-81

(While you are not required to use this form, it is the most desirable mechanism for providing the required ancillary information enabling the NODC and users to obtain the greatest benefit from your data.)

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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 Ken Pitcher, Don Calkins Alaska Dept. of Fish and Game 333 Raspberry Rd. Anchorage, Alaska 99501			
2. EXPEDITION, PROJECT, OR PROGRAM DURING WHICH DATA WERE COLLECTED DCSEAP RU 229 ✓		3. CRUISE NUMBER(S) USED BY ORIGINATOR TO IDENTIFY DATA IN THIS SHIPMENT File ID 476 KOD ✓	
4. PLATFORM NAME(S) Resolution ✓	5. PLATFORM TYPE(S) (E.G., SHIP, BUOY, ETC.) Ship ✓	6. PLATFORM AND OPERATOR NATIONALITY(IES) U.S. U.S.	7. DATES FROM: MO/DAY/YR TO: MO/DAY/YR 4/12/76 4/24/76 ✓
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. ✓ KODIAK 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) Ken Pitcher, Don Calkins Ft 6 333 Raspberry Rd. Anchorage, AK 99501			

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

Record types # 1, 2, 3, 4, 5, 6, 7 & 8 are being submitted

2. GIVE BRIEF DESCRIPTION OF FILE ORGANIZATION

The file is sequenced Kod-5-74 through Kod-24-74 in continuous ascending order

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

4. RESPONSIBLE COMPUTER SPECIALIST:

NAME AND PHONE NUMBER Mike Crane 907-279-4523
ADDRESS 707 A Street (AEIDC) Anchorage, AK. 99501

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 <input type="checkbox"/> OCTAL 17</p> <p><input type="checkbox"/> _____</p>
<p>7. PARITY</p> <p><input checked="" 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>229 025 476 KOD RESOLUTION 76-04-12 76-04-24 PITCHER 9 TRK, 800BPI, ODD, EBCDIC</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>

DATA DOCUMENTATION FORM

TR 1288

FORM 24-13

U.S. DEPARTMENT OF COMMERCE
NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION
NATIONAL OCEANOGRAPHIC DATA CENTER
RECORDS SECTION
WASHINGTON, DC 20235

FORM APPROVED
O.M.B. No. 41-R2651
EXPIRES 1-81

(While you are not required to use this form, it is the most desirable mechanism for providing the required ancillary information enabling the NODC and users to obtain the greatest benefit from your data.)

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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			
KEN PITCHER, DON CALKINS ALASKA DEPT. OF FISH & GAME 333 RASPBERRY ROAD ANCHORAGE, ALASKA 99501			
2. EXPEDITION, PROJECT, OR PROGRAM DURING WHICH DATA WERE COLLECTED		3. CRUISE NUMBER(S) USED BY ORIGINATOR TO IDENTIFY DATA IN THIS SHIPMENT	
OCSEAP RU 229		076 KOD	
4. PLATFORM NAME(S)	5. PLATFORM TYPE(S) (E.G., SHIP, BUOY, ETC.)	6. PLATFORM AND OPERATOR NATIONALITY(IES)	7. DATES
RV SURVEYOR	NOAA SHIP	U. S.	U. S.
		PLATFORM	OPERATOR
		FROM: MO/DAY/YR	TO: MO/DAY/YR
		10/14/76	10/14/76
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. KODIAK 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)			
KEN PITCHER OR DON CALKINS DF&G 333 RASPBERRY ROAD ANCHORAGE, AK. 99501			

B. SCIENTIFIC CONTENT

Include enough information concerning manner of observation, instrumentation, analysis, and data reduction routines to make them understandable to future users. Furnish the minimum documentation considered relevant to each data type. Documentation will be retained as a permanent part of the data and will be available to future users. Equivalent information already available may be substituted for this section of the form (i.e., publications, reports, and manuscripts describing observational and analytical methods). If you do not provide equivalent information by attachment, please complete the scientific content section in a manner similar to the one shown in the following example.

EXAMPLE (HYPOTHETICAL INFORMATION)

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
Salinity	70r	Nansen bottles	Inductive salinometer (Hytech model S510)	N/A (Not applicable)
		STD Bissett-Berman Model 9006	N/A	Values averaged over 5-meter intervals
Water color	Forel scale	Visual comparison with Forel bottles	N/A	N/A
Sediment size	φ units and percent by weight	Ewing corer	Standard sieves. Carbonate fraction removed by acid treatment	Same as "Sedimentary Rock Manual," Folk '65

(SPACE IS PROVIDED ON THE FOLLOWING
TWO PAGES FOR THIS INFORMATION)

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
		SEE ATTACHMENT.		

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

C. DATA FORMAT

This information is requested only for data transmitted on punched cards or magnetic tape. Have one of your data processing specialists furnish answers either on the form or by attaching equivalent readily available documentation. Identify the nature and meaning of all entries and explain any codes used.

1. List the record types contained in your file transmittal (e.g., tape label record, master, detail, standard depth, etc.).
2. Describe briefly how your file is organized.
- 3-13. Self-explanatory.
14. Enter the field name as appropriate (e.g., header information, temperature, depth, salinity).
15. Enter starting position of the field.
16. Enter field length in number columns and unit of measurement (e.g., bit, byte, character, word) in unit column.
17. Enter attributes as expressed in the programming language specified in item 3 (e.g., "F 4.1," "BINARY FIXED (5.1)").
18. Describe field. If sort field, enter "SORT 1" for first, "SORT 2" for second, etc. If field is repeated, state number of times it is repeated.

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

Record Types # 1, 2, 3, 4, 5, 6, 7, & 8 are being submitted.

2. GIVE BRIEF DESCRIPTION OF FILE ORGANIZATION

The file is sequenced KOD-28-76 through KOD-45-76
in continuous ascending order.

3. ATTRIBUTES AS EXPRESSED IN

PL-1 ALGOL COBOL
 FORTRAN _____ LANGUAGE

4. RESPONSIBLE COMPUTER SPECIALIST:

NAME AND PHONE NUMBER Mike Crane 907-279-4523
ADDRESS 707 A Street (AEIDC) Anchorage, AK 99501

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 checked="" 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>229 025 076 KOD</p> <p>SURVEYOR</p> <p>76-10-05 to 76-10-14</p> <p>9 TRK, 800 BPI, ODD, EBCDIC</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>

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
Weight of full stomach	grams	Model # PL-2 Torsion Balance	Each stomach trimmed of excess esophagal and small intestine tissue. and weighed	N/A
Weight of empty stomach	grams	" "	Stomachs emptied of their contents and weighed intact.	" "
Weight of stomach contents	grams	" "	Contents from stomach transferred to Tyler screens (1.0mm and 2.0mm) where they were washed and weighed.	" "
Number of ^{items} prey species identified	numeric	N/A	Manual sorting and counting.	" "
Volume of ^{items} prey items identified	ml	Graduated cylinder	Water displacement	" "
Weight of prey identified	grams	Model # PL-2 Torsion Balance	Prey item(s) isolated and weighed.	" "
Maximum length of prey item identified	mm	Ruler	Prey itemSheld along side of a ruler.	" "
Minimum length of prey item identified	mm	Ruler	Prey itemSheld along side of a ruler.	" "

B. SCIENTIFIC CONTENT

NAME OF DATA FIELD	REPORTING UNITS OR CODE	METHODS OF OBSERVATION INSTRUMENTS USED (SPECIFY TYPE AND MODEL)	ANALYTICAL METHODS (INCLUDING MODIFICATIONS) AND LABORATORY PROCEDURES	DATA PROCESSING TECHNIQUES WITH FILTERING AND AVERAGING
Standard Length	CM	N/A	Straight line measurement from tip of nose to tip of tail with head, neck and tail in a natural position.	
Curvilinear Length	CM	N/A	Measured over dorsal curvature of body from tip of the nose to the end of the tail with head and neck in a natural position.	
Gross Weight	Grams	N/A	Specimens weight intact.	
Wt. Hide & Blubber	Grams	N/A	Specimens skinned with blubber attached to hide. Hide and blubber weight.	
Axillary Girth	CM	N/A	Taken around the body immediately behind foreflipper.	
Hind flipper length.	CM	N/A	The straight line distance from axilla to the tip of the longest digit with the flipper held 90° from the axis of the body.	N/A
Neck circumference	CM	N/A	Measured behind the ears with the head outstretched.	
Blubber thickness Chest	CM	N/A	Measured at a point level with the front flippers and midpoint on the chest.	
Blubber thickness sternum	CM	N/A	Measured at the tip of the sternum.	

B. SCIENTIFIC CONTENT

NAME 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
Hind Flipper Length	cm	N/A	The distance along the posterior border of the forelimb, from axilla to tip of longest digit (not claws).	
Hind flipper Width	cm	N/A	The straight line distance from the tips of the first and last digits (not claws) of the spread flipper.	
Naval to Anus Length	cm	N/A	The curvilinear distance from the center of the umbilical scar to the anterior notch of the anus in males and to the vestibule in females.	
Penis to Anus Length	cm	N/A	The curvilinear distance from the center of the penile orifice to the anterior notch of the anus.	N/A
Tail Length	cm	N/A	Measured from the externally visible base of the tail to the end of the tail flesh (not hair).	
Testes Volume	cubic cm	N/A	Water displacement	
Testes #1 Length	cm	N/A	Taken at the middle of the testes.	
Testes #1 Width	mm	N/A	"	"
Testes #2 Length	mm	N/A	"	"
Testes #2 Width	mm	N/A	"	"

NAME OF 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
Curvilinear Length	cm	N/A	Measured over curvature of body from tip of the nose to the end of the tail with head and neck in a natural position.	
Axillary Girth	cm	N/A	Taken around the body immediatly behind fore-flipper.	
Maximum Girth	cm	N/A	The largest circumference around the abdomen.	
Front Flipper Length	cm	N/A	The distance along the anterior border of the forelimb from the axilla to the tip of the longest digit (not claw).	N/A
Front Flipper Width	cm	N/A	The straight line distance from the tips of the first and last digits (not claws) of the spread flipper.	

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
Presence of Sperm in Epididymis	code	N/A	Epididymis are sliced and a drop of fluid is squeezed onto a slide and examined under 78X of 300X magnification.	N/A

RECORD FORMAT DESCRIPTION

RECORD NAME _____

FIELD NAME	15. POSITION FROM - 1 MEASURED IN <small>(e.g., bits, bytes)</small>	16. LENGTH		17. ATTRIBUTES	18. USE AND MEANING
		NUMBER	UNITS		
RU #229 - OCSEAP				Format 025	(Mammal Specimen)

RECORD FORMAT DESCRIPTION

RECORD NAME _____

14. FIELD NAME	15. POSITION FROM - 1 MEASURED IN _____ (e.g., bits, bytes)	16. LENGTH		17. ATTRIBUTES	18. USE AND MEANING
		NUMBER	UNITS		

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 CALIBRATED
		YOUR ORGANIZATION (✓)	OTHER ORGANIZATION (GIVE NAME)	AT FIXED INTERVALS (✓)	BEFORE OR AFTER USE (✓)	BEFORE AND AFTER USE (✓)	ONLY AFTER REPAIR (✓)	ONLY WHEN NEW (✓)	
			N/A						

DDF=B:1:05 DATA DOCUMENTATION FORM

TR 1289

FORM 24-13

U.S. DEPARTMENT OF COMMERCE
NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION
NATIONAL OCEANOGRAPHIC DATA CENTER
RECORDS SECTION
WASHINGTON, DC 20235

FORM APPROVED
O.M.B. No. 41-R2651
EXPIRES 1-81

(While you are not required to use this form, it is the most desirable mechanism for providing the required ancillary information enabling the NODC and users to obtain the greatest benefit from your data.)

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 Ken Pitcher, Don Calkins Alaska Dept. of Fish and Game 333 Raspberry Rd. Anchorage, Alaska 99501			
2. EXPEDITION, PROJECT, OR PROGRAM DURING WHICH DATA WERE COLLECTED OCSEAP RU 229		3. CRUISE NUMBER(S) USED BY ORIGINATOR TO IDENTIFY DATA IN THIS SHIPMENT File ID W 76 KOP	
4. PLATFORM NAME(S) MV "Resolution"	5. PLATFORM TYPE(S) (E.G., SHIP, BUOY, ETC.) Ship	6. PLATFORM AND OPERATOR NATIONALITY(IES) U.S. U.S.	7. DATES FROM: MO/DAY/YR TO: MO/DAY/YR 11/04/76 11/10/76
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. KODIAK 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) Pitcher, Don Calkins F+G 333 Raspberry Rd. Anchorage, AK 99501			

B. SCIENTIFIC CONTENT

NAME OF DATA FIELD	REPORTING UNITS OR CODE	METHODS OF OBSERVATION INSTRUMENTS USED (SPECIFY TYPE AND MODEL)	ANALYTICAL METHODS (INCLUDING MODIFICATIONS) AND LABORATORY PROCEDURES	DATA PROCESSING TECHNIQUES WITH FILTERING AND AVERAGING
		<p>See attached concerning B.</p>	<p>xerox copy scientific content</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

Record types # 1, 2, 3, 4, 5, 6, 7 & 8 are being submitted

2. GIVE BRIEF DESCRIPTION OF FILE ORGANIZATION

The file is sequenced Kod-25-76 through Kod-77-76 in continuous ascending order

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

4. RESPONSIBLE COMPUTER SPECIALIST:

NAME AND PHONE NUMBER Mike Crane 907-279-4523
ADDRESS 707 A Street (AEIDC) Anchorage, AK. 99501

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 checked="" 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>229 025 W76KOD RESOLUTION 76-11-04 76-11-10 PITCHER 9 TRK, 800BPI, ODD, EBCDIC</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>13. LENGTH OF BYTES IN BITS</p>	

RECORD FORMAT DESCRIPTION

RECORD NAME _____

14. FIELD NAME	15. POSITION FROM - 1 MEASURED IN <small>(e.g., bits, bytes)</small>	16. LENGTH		17. ATTRIBUTES	18. USE AND MEANING
		NUMBER	UNITS		
					<p>OCEASp Format</p> <p>025 {mammal specimen}</p>

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 (✓)	
		N/A							

ACCESSION

DATA DOCUMENTATION FORM

FORM 24-13

U.S. DEPARTMENT OF COMMERCE
NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION
NATIONAL OCEANOGRAPHIC DATA CENTER
RECORDS SECTION
WASHINGTON, DC 20235

FORM APPROVED
O.M.B. No. 41-R2651
EXPIRES 1-81

(While you are not required to use this form, it is the most desirable mechanism for providing the required ancillary information enabling the NODC and users to obtain the greatest benefit from your data.)

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

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1. NAME AND ADDRESS OF INSTITUTION, LABORATORY, OR ACTIVITY WITH WHICH SUBMITTED DATA ARE ASSOCIATED Ken Pitcher, Don Calkins Alaska Dept. of Fish and Game 333 Raspberry Rd. Anchorage, Alaska 94501			
2. EXPEDITION, PROJECT, OR PROGRAM DURING WHICH DATA WERE COLLECTED OCSEAP RU 229		3. CRUISE NUMBER(S) USED BY ORIGINATOR TO IDENTIFY DATA IN THIS SHIPMENT File ID 076 KOP	
4. PLATFORM NAME(S) Surveyor	5. PLATFORM TYPE(S) (E.G., SHIP, BUOY, ETC.) Ship	6. PLATFORM AND OPERATOR NATIONALITY(IES) U.S.	7. DATES FROM: 10/05/76 TO: 10/14/76
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) Ken Pitcher, Don Calkins Ft 6 333 Raspberry Rd. Anchorage, AK 94501			

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
		See attached concerning B.	Xerox copy Scientific content	

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

Record types # 1, 2, 3, 4, 5, 6, 7 & 8 are being submitted

2. GIVE BRIEF DESCRIPTION OF FILE ORGANIZATION

The file is sequenced Kod-28-77 through Kod-~~44~~⁴⁴-77 in continuous ascending order

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

4. RESPONSIBLE COMPUTER SPECIALIST:

NAME AND PHONE NUMBER Mike Crane 907-279-4523
ADDRESS 707 A Street (AEIOC) Anchorage, AK. 99501

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 checked="" 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>229 025 076KOD SURVEYOR 76-10-05 76-10-14 PITCHER 9 TRK, 800BPI, ODD, EBCDIC</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>

RECORD FORMAT DESCRIPTION

RECORD NAME

14. FIELD NAME	15. POSITION FROM - 1 MEASURED IN <small>(e.g., bits, bytes)</small>	16. LENGTH		17. ATTRIBUTES	18. USE AND MEANING
		NUMBER	UNITS		
					OCEASp Format 025 (mammal) (specimen)

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 (✓)	
			N/A						

78-0800 TR 3568-3569

RECORD FORMAT DESCRIPTION

TR 1277-81

RECORD NAME

77-0220

TR 1269-1272

; TR 0533-0546; TR 1283-89

14. FIELD NAME	15. POSITION FROM - 1 MEASURED IN (e.g., bits, bytes)	16. LENGTH		17. ATTRIBUTES	18. USE AND MEANING
		NUMBER	UNITS		
(1)	TR 0542 REC '1' STATION			DISP-3-76 LAT.	
	CHANGED FROM			721260N to 721300N	
(2)	TR 1281 REC '1' STATION			ICY-11-76 & ICY-12-76	
	DATE CHANGED			760053 to 760530	
(3)	ALL CHANGES CITED TO ENCLOSED LETTER DATED 4-19-79 HAVE BEEN MADE.				

D781x5-79-243



UNITED STATES DEPARTMENT OF COMMERCE
National Oceanic and Atmospheric Administration
ENVIRONMENTAL DATA SERVICE

707 A Street
Anchorage, Alaska 99501

April 24, 1979

TO: Elaine Collins, OA/D751

→VIA: Jim Audet, OA/D781 *978a*

FROM: Michael L. Crane, OA/D781 *MLC*

SUBJECT: Histopathological Data for RU230 - File Type 025

Francis Fay has supplied mortality/morbidity data for the specimens collected by John Burns (RU230). The data record is number 3 in column 59 and the file type is 025, Marine Mammal specimen data. The attached list notes the required additions to existing records in the data base. The updates have been made to the Anchorage version of the 025 data. Please add these values to your version.

Future shipments of 025 data for the years 1977 and 1978 will include the histopathology for the resubmission. The resubmission of 1977 data is expected before December 1979.

Please advise me of any problems with the material attached to this letter.

MLC:lin

cc: Cava
Swope



Byte 59

TR 539
77-0220

BP-1-76	
BP-2-76	
BP-3-76	
BP-4-76	
BP-5-76	
BP-6-76	1
BP-7-76	1
BP-8-76	
BP-9-76	
BP-10-76	
BP-11-76	
BP-12-76	
BP-14-76	
BP-15-76	
BP-16-76	
BP-17-76	
BE-13-76	1
WE-18-76	

876DIS 76/08/18 76/09/02

PAGE NO. 001

Box 59

DISP-2-76	1
DISP-3-76	
DISE-1-76	1

TR 542
27-0220

Byte 59

NP-10-76	
NP-11-76	1
NP-12-76	
NP-14-76	1
NP-15-76	1
NP-16-76	
NL-13-76	

TR 3568
78-0800

DIFF. DATA SET

58
↓
Byte 59

TR 540
77-0220

SUVH-23-76	1
SUVH-24-76	1
SUVH-27-76	1
SUVH-28-76	2
SUVH-29-76	1
SUVL-8-76	1
SUVL-9-76	1
SUVL-10-76	1
SUVL-11-76	1
SUVL-14-76	1
SUVL-15-76	1
SUVL-16-76	1
SUVL-17-76	1
SUVL-19-76	1
SUVL-20-76	1
SUVL-21-76	1
SUVL-30-76	1
SUVL-31-76	1
SUVL-32-76	1
SUVL-33-76	0
SUVL-34-76	1
SUVE-22-76	1

Byte 59

TR 534
77-0220

NP-1-76
NP-3-76
NP-4-76
NE-2-76
NE-5-76
NE-6-76
NE-7-76
NE-8-76
NE-9-76

$\frac{1}{3}$



Elaine
UNITED STATES DEPARTMENT OF COMMERCE
National Oceanic and Atmospheric Administration
ENVIRONMENTAL DATA SERVICE

D781x5-79-235

707 A Street
Anchorage, Alaska 99501
April 19, 1979

TO: Elaine Collins, OA/D751
→VIA: Jim Audet, OA/D781
FROM: Michael L. Crane, OA/D781 *MLC*
SUBJECT: Histopathological Data for RU229, 243 - File Type 025

Francis Fay has supplied mortality/morbidity data for the specimens collected by Mr. Pitcher (RU279) and Mr. Calkins (RU243). The data record is number 3 in column 59 and the file type is 025, Marine Mammal specimen data. The attached list noted the required additions to existing records in the data base. The updates have been made to the Anchorage version of the 025 data. Please add these values to your version.

Future shipments of 025 data for the years 1977 and 1978 will include the histopathology for the resubmission. The resubmission of 1977 data is expected before June 1979.

Please advise me of any problems with the material attached to this letter.

MLC:Lin

cc: Cava
Swope



Byte 59
REC 13

↑
File ID

TR 1281
77-0220

ICY-1-76	
ICY-1A-76	
ICY-2-76	
ICY-2A-76	
ICY-3-76	
ICY-4-76	
ICY-4A-76	
ICY-5-76	
ICY-5A-76	
ICY-6-76	1
ICY-6A-76	
ICY-7-76	1
ICY-8-76	
ICY-9-76	
ICY-10-76	1
ICY-11-76	1
ICY-11A-76	1

SEVEN

cu243

576LI0 76/05/25 76/06/03

PAGE NO. 001

59

File ID

TR 1273

77-0220

- SL-40-76
- SL-41-76
- SL-41A-76
- SL-42-76
- SL-43-76
- SL-44-76
- SL-45-76

1

TRANSMITTAL AND RECEIPT RECORD

(Please sign and return carbon copy acknowledging receipt)

E/aine

TO: NODC 2001 Wisconsin Avenue NW Page Building Washington, D.C.	REFER TO D781x5-78-202
	ATTENTION Mr. Audet

THE ITEM(S) LISTED BELOW WERE FORWARDED TO YOU BY

ORDINARY MAIL
 REGISTERED MAIL
 AIR MAIL
 CERTIFIED MAIL
 GOVERNMENT TRUCK
 BY HAND
 OTHER

Enclosed are listings of record type 6 inserted in 025 data for RU 229 and RU 243. The 1975 and 1976 data are records which NODC must insert to existing data resubmissions. Please note the data records have been resequenced and as a double check, the numbers should correspond to your resequence values. The 1977 records will be inserted before shipment to NODC.

These records were created to account for the number of stomachs analyzed.

cc. CRAVA

FORWARDED BY (Signature) Michael L. Crane <i>M/ke</i>	TITLE EDIS Ak. Liaison Officer	DATE FORWARDED 11/6/78
RECEIVED BY (Signature)	TITLE	DATE RECEIVED

025

SDF1 002148
SDF2 002577
ANSI 000077

TR (533-546) 1269-1274, 1277-1281, 1283-1289) 3310-3316,
(3568, 3569) 4939-4949, 5066-5084, 5095-5099,
5104-5108

23,728

~~two folders for this set~~
accession no: 77-0220
OCSEAP

u 1269-1274
0533-0546
1283-1289
1277-1281

u 3568-3569 → accession no: 78-0800

NSDCHEK *** NON-STANDARD DATA FIELD CHECKING PROGRAM
THIS IS 03/15/78 VERSION WITH NUMERIC RANGE CHECKING

USER'S INPUT REQUESTS FOLLOW:

LRECL HAS BEEN SPECIFIED AS 80
STATION HEADER RECORD SPECIFIED AS 1
RECORD TYPES FLAGGED FOR RETRIEVAL ARE = 123456789
STATION STARTS IN POSITION 11 FOR 10 BYTES
STATION WILL APPEAR ON RECORD TYPES : 123456789
RECORD TYPE WILL BE TAKEN FROM COLUMN 10 OF THE INPUT RECORDS
FILETYPE IS 025

NO OBVIOUS ERRORS FOUND IN TABLE GENERATION PHASE - SUCCESSFUL EXECUTION EXPECTED

025TR05331 GLP-1-76 17109 N15240 W76082020550025

??????

FIRST FILE ID

THE FIELDS BELOW WERE CHECKED AS FOLLOWS(S=SIGN/B=BLANK/T=TAXONOMIC CODE/N=NUMERIC/M=MANDATORY NUMERIC

TYPE	REC	POS	LENGTH	NAME	RANGE TESTED		ACTUAL RANGE		MEAN	S. DEV	COUNT
					LOW	HIGH	LOWEST	HIGHEST			
N	1	21	5	SEQUENCE NUMBER	NO RANGE CHECKING		1	1	1.00	00	1
M	1	26	2	LAT DEG	30	89	71	71	71.00	00	1
M	1	28	2	LAT MIN	00	59	9	9	9.00	00	1
N	1	30	2	LAT SEC	00	59	NO VALUES FOUND FOR THIS PARAMETER				
C	1	32	1	LAT HEM	N	N					
M	1	33	3	LON DEG	060	179	152	152	152.00	00	1
M	1	36	2	LON MIN	00	59	40	40	40.00	00	1
N	1	38	2	LON SEC	00	59	NO VALUES FOUND FOR THIS PARAMETER				
C	1	40	1	LON HEM	W	W					
M	1	41	2	YEAR	74	78	76	76	76.00	00	1
M	1	43	2	MONTH	01	12	8	8	8.00	00	1
M	1	45	2	DAY	01	31	20	20	20.00	00	1
N	1	47	2	HOUR	00	23	20	20	20.00	00	1
N	1	49	2	MINUTE	00	59	55	55	55.00	00	1
N	1	51	4	WATER DEPTH(M)	0000	6000	25	25	25.00	00	1
N	1	55	3	TIDE STAGE(FT/10)	NO RANGE CHECKING		NO VALUES FOUND FOR THIS PARAMETER				
N	1	60	2	BEHAVIOR CODE	NO RANGE CHECKING		NO VALUES FOUND FOR THIS PARAMETER				
N	1	62	1	ICE CODE TYPE	1	3	NO VALUES FOUND FOR THIS PARAMETER				
N	1	63	1	OCTAS THIN ICE	NO RANGE CHECKING		NO VALUES FOUND FOR THIS PARAMETER				
N	1	64	1	OCTAS MOD ICE	NO RANGE CHECKING		NO VALUES FOUND FOR THIS PARAMETER				
N	1	65	1	OCTAS HEAVY ICE	NO RANGE CHECKING		NO VALUES FOUND FOR THIS PARAMETER				
N	1	66	1	ICE CHARACTERISTICS	NO RANGE CHECKING		NO VALUES FOUND FOR THIS PARAMETER				
N	1	67	1	ICE CHARACTERISTICS	NO RANGE CHECKING		NO VALUES FOUND FOR THIS PARAMETER				
N	1	68	1	DEFORM ICE CODE	1	4	NO VALUES FOUND FOR THIS PARAMETER				
N	1	69	1	TRANS WIDTH CODE	1	6	NO VALUES FOUND FOR THIS PARAMETER				
N	1	70	1	ICE CODE TYPE	1	3	NO VALUES FOUND FOR THIS PARAMETER				
N	1	71	1	OCTAS THIN ICE	NO RANGE CHECKING		NO VALUES FOUND FOR THIS PARAMETER				
N	1	72	1	CHAR, THIN ICE	NO RANGE CHECKING		NO VALUES FOUND FOR THIS PARAMETER				
N	1	73	1	OCTAS MOD ICE	NO RANGE CHECKING		NO VALUES FOUND FOR THIS PARAMETER				
N	1	74	1	CHAR, MOD ICE	NO RANGE CHECKING		NO VALUES FOUND FOR THIS PARAMETER				
N	1	75	1	OCTAS HEAVY ICE	NO RANGE CHECKING		NO VALUES FOUND FOR THIS PARAMETER				
N	1	76	1	CHAR, HEAVY ICE	NO RANGE CHECKING		NO VALUES FOUND FOR THIS PARAMETER				
N	1	77	1	DEFORM ICE CODE	1	4	NO VALUES FOUND FOR THIS PARAMETER				
N	1	78	1	TRANS WIDTH CODE	1	6	NO VALUES FOUND FOR THIS PARAMETER				
B	1	79	2								C
N	2	21	5	SEQUENCE NUMBER	NO RANGE CHECKING		2	2	2.00	00	1
T	2	26	12	SEX CODE							1
N	2	38	1	SEX CODE	0	3	1	1	1.00	00	1
C	2	39	1	PUP PRESENT	N	Y					

C	2	40	1	LACTATING	N	Y								
C	2	41	1	MAMMAL SANK	N	Y								
N	2	42	4	GROUP SIZE	NO	RANGE	CHECKING	NO	VALUES	FOUND	FOR	THIS	PARAMETER	
N	2	46	1	COLLECTION METHOD	1	3		NO	VALUES	FOUND	FOR	THIS	PARAMETER	
N	2	47	6	BLUBBER & HIDE WT(CM)	NO	RANGE	CHECKING	20000	20000	20000,00		OC		1
N	2	53	4	CURVILIN LEN(CM/10)	NO	RANGE	CHECKING	1211	1211	1211,00		OC		1
N	2	57	4	AXILLARY GIRTH(CM/10)	NO	RANGE	CHECKING	931	931	931,00		OC		1
N	2	61	4	MAX GIRTH(CM/10)	NO	RANGE	CHECKING	933	933	933,00		OC		1
N	2	65	3	FRNT FLIP LEN(CM/10)	NO	RANGE	CHECKING	232	232	232,00		OC		1
N	2	68	3	FRNT FLIP WID(CM/10)	NO	RANGE	CHECKING	144	144	144,00		OC		1
N	2	71	3	HIND FLIP LEN(CM/10)	NO	RANGE	CHECKING	268	268	268,00		OC		1
N	2	74	3	HIND FLIP WID(CM/10)	NO	RANGE	CHECKING	339	339	339,00		OC		1
B	2	77	4											0
N	3	21	5	SEQUENCE NUMBER	NO	RANGE	CHECKING	4	4	4,00		OC		1
N	3	26	3	NAVEL-ANUS LEN(CM/10)	NO	RANGE	CHECKING	378	378	378,00		OC		1
N	3	29	4	PENIS-ANUS LEN(CM/10)	NO	RANGE	CHECKING	213	213	213,00		OC		1
N	3	33	3	TAIL LENGTH(CM/10)	NO	RANGE	CHECKING	100	100	100,00		OC		1
N	3	36	3	BLUB, STERNUM(CM/10)	NO	RANGE	CHECKING	31	31	31,00		OC		1
N	3	39	3	BLUB, CHEST(CM/10)	NO	RANGE	CHECKING	NO	VALUES	FOUND	FOR	THIS	PARAMETER	
N	3	42	3	NECK CIRCUM(CM/10)	NO	RANGE	CHECKING	NO	VALUES	FOUND	FOR	THIS	PARAMETER	
C	3	46	1	STOM COND EMPTY	N	Y								
N	3	47	7	GROSS WEIGHT(GM)	NO	RANGE	CHECKING	40900	40900	40900,00		OC		1
N	3	54	4	STAND LEN(CM/10)	NO	RANGE	CHECKING	1130	1130	1130,00		OC		1
B	3	60	21											0
N	4	21	5	SEQUENCE NUMBER	NO	RANGE	CHECKING	8	8	8,00		OC		1
N	4	26	2	AGE	NO	RANGE	CHECKING	NO	VALUES	FOUND	FOR	THIS	PARAMETER	
N	4	28	1	AGE CODE	1	3		NO	VALUES	FOUND	FOR	THIS	PARAMETER	
N	4	29	1	AGE DETERM TECH	1	4		NO	VALUES	FOUND	FOR	THIS	PARAMETER	
B	4	30	1											C
N	4	31	3	BACULUM LENGTH(MM)	NO	RANGE	CHECKING	118	118	118,00		OC		1
N	4	34	5	BACULUM WEIGHT(GM)	NO	RANGE	CHECKING	140	140	140,00		OC		1
N	4	39	5	TESTES WHT W/ EPI(GM)	NO	RANGE	CHECKING	248	248	248,00		OC		1
N	4	44	5	TESTES WT W/O EP(GM)	NO	RANGE	CHECKING	172	172	172,00		OC		1
N	4	49	5	TESTES VOLUME(CC/10)	NO	RANGE	CHECKING	160	160	160,00		OC		1
N	4	54	3	TESTIS #1 LENGTH(MM)	NO	RANGE	CHECKING	39	39	39,00		OC		1
N	4	57	3	TESTIS #1 WIDTH(MM)	NO	RANGE	CHECKING	22	22	22,00		OC		1
N	4	60	3	TESTIS #2 LENGTH(MM)	NO	RANGE	CHECKING	38	38	38,00		OC		1
N	4	63	3	TESTIS #2 WIDTH(MM)	NO	RANGE	CHECKING	22	22	22,00		OC		1
N	4	66	1	SPERM PRESENT	1	3		2	2	2,00		CC		1
N	4	67	1	METHOD	1	2		1	1	1,00		CC		1
B	4	68	13											0
N	5	21	5	SEQUENCE NUMBER	NO	RANGE	CHECKING	NO	VALUES	FOUND	FOR	THIS	PARAMETER	
N	5	26	2	AGE	NO	RANGE	CHECKING	NO	VALUES	FOUND	FOR	THIS	PARAMETER	
N	5	28	1	AGE CODE	1	3		NO	VALUES	FOUND	FOR	THIS	PARAMETER	
N	5	29	1	AGE DET TECH	1	4		NO	VALUES	FOUND	FOR	THIS	PARAMETER	
B	5	30	1											C
N	5	31	1	REPRD STATUS CODE	NO	RANGE	CHECKING	NO	VALUES	FOUND	FOR	THIS	PARAMETER	
N	5	32	1	REPRD COND CODE	NO	RANGE	CHECKING	NO	VALUES	FOUND	FOR	THIS	PARAMETER	
N	5	33	1	NUMBER OF FETUSES	NO	RANGE	CHECKING	NO	VALUES	FOUND	FOR	THIS	PARAMETER	
N	5	34	4	OVARY WT CONR(GM/10)	NO	RANGE	CHECKING	NO	VALUES	FOUND	FOR	THIS	PARAMETER	
N	5	38	1	# OF CORPORA LUTEA	NO	RANGE	CHECKING	NO	VALUES	FOUND	FOR	THIS	PARAMETER	
N	5	39	2	DIAM OF LRGST CL(MM)	NO	RANGE	CHECKING	NO	VALUES	FOUND	FOR	THIS	PARAMETER	
N	5	41	1	# CORPORA ALBICANTIA	NO	RANGE	CHECKING	NO	VALUES	FOUND	FOR	THIS	PARAMETER	
N	5	42	2	DIA, LARGE CA(MM)	NO	RANGE	CHECKING	NO	VALUES	FOUND	FOR	THIS	PARAMETER	
N	5	44	1	# FOLLICLES > 5MM DIAM	NO	RANGE	CHECKING	NO	VALUES	FOUND	FOR	THIS	PARAMETER	
N	5	45	2	DIAM LRGST FOLL(MM)	NO	RANGE	CHECKING	NO	VALUES	FOUND	FOR	THIS	PARAMETER	
N	5	47	1	# OF UTERINE SCARS	NO	RANGE	CHECKING	NO	VALUES	FOUND	FOR	THIS	PARAMETER	
B	5	48	33											C
N	6	21	5	SEQUENCE NUMBER	NO	RANGE	CHECKING	9	9	9,00		CC		1
N	6	26	6	WT FULL STOM(GM/10)	NO	RANGE	CHECKING	NO	VALUES	FOUND	FOR	THIS	PARAMETER	

N	6	32	5	WT EMPTY STOM(GM/10)	NO RANGE CHECKING	NO VALUES FOUND FOR THIS PARAMETER				
N	6	37	6	WT FOODCONTENT(GM/10)	NO RANGE CHECKING	NO VALUES FOUND FOR THIS PARAMETER				
N	6	43	6	TOT VOLCONTENT(CC/10)	NO RANGE CHECKING	810	810	810.00	00	1
C	6	49	1	STOMACH CODE	E					
B	6	50	31							0
N	7	21	5	SEQUENCE NUMBER	NO RANGE CHECKING	12	19	15.57	2.45	7
T	7	26	12							7
N	7	41	4	# ITEMS IDENTIFIED	NO RANGE CHECKING	2	2000	302.85	693.62	7
N	7	45	6	VOL ITEMS ID(CM/10)	NO RANGE CHECKING	5	636	115.71	213.94	7
N	7	51	6	WT ITEMS ID(GM/10)	NO RANGE CHECKING	NO VALUES FOUND FOR THIS PARAMETER				
N	7	57	4	MEAN LEN ITEMS ID(MM)	NO RANGE CHECKING	NO VALUES FOUND FOR THIS PARAMETER				
N	7	61	4	MAX LEN ITEMS ID(MM)	NO RANGE CHECKING	NO VALUES FOUND FOR THIS PARAMETER				
N	7	65	4	MIN LEN ITEMS ID(MM)	NO RANGE CHECKING	NO VALUES FOUND FOR THIS PARAMETER				
N	7	69	1	DIGESTIVE ORG CODE	NO RANGE CHECKING	NO VALUES FOUND FOR THIS PARAMETER				
B	7	70	11							0
N	8	21	5	SEQUENCE NUMBER	NO RANGE CHECKING	3	20	9.62	5.29	8
N	9	21	5	SEQUENCE NUMBER	NO RANGE CHECKING	21	21	21.00	00	1
N	9	26	2	AGE(WHOLE UNITS)	NO RANGE CHECKING	15	15	15.00	00	1

RECORDS READ : 21