

83NODC538

DATA DOCUMENTATION FORM

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

B: 3: 17

(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 WHOI											
2. EXPEDITION, PROJECT, OR PROGRAM DURING WHICH DATA WERE COLLECTED GATE/Cruise CR83		3. CRUISE NUMBER(S) USED BY ORIGINATOR TO IDENTIFY DATA IN THIS SHIPMENT 02									
4. PLATFORM NAME(S) ATLANTIS II	5. PLATFORM TYPE(S) (E.G., SHIP, BUOY, ETC.) Ship	6. PLATFORM AND OPERATOR NATIONALITY(IES) <table border="1"><thead><tr><th>PLATFORM</th><th>OPERATOR</th></tr></thead><tbody><tr><td>USA</td><td>USA</td></tr></tbody></table>	PLATFORM	OPERATOR	USA	USA	7. DATES <table border="1"><thead><tr><th>FROM: MO, DAY, YR</th><th>TO: MO, DAY, YR</th></tr></thead><tbody><tr><td>6/12/74</td><td>7/24/74</td></tr></tbody></table>	FROM: MO, DAY, YR	TO: MO, DAY, YR	6/12/74	7/24/74
PLATFORM	OPERATOR										
USA	USA										
FROM: MO, DAY, YR	TO: MO, DAY, YR										
6/12/74	7/24/74										
8. ARE DATA PROPRIETARY? <input checked="" type="checkbox"/> NO <input checked="" 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 type="checkbox"/> NO <input checked="" 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)											

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	‰	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

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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

GATE Format:
See GATE Manual, Report No. 13, Appendix E

2. GIVE BRIEF DESCRIPTION OF FILE ORGANIZATION

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

4. RESPONSIBLE COMPUTER SPECIALIST:

NAME AND PHONE NUMBER _____

ADDRESS _____

COMPLETE THIS SECTION IF DATA ARE ON MAGNETIC TAPE

<p>5. RECORDING MODE</p> <p><input type="checkbox"/> BCD <input type="checkbox"/> BINARY</p> <p><input type="checkbox"/> ASCII <input checked="" type="checkbox"/> EBCDIC</p> <p><input type="checkbox"/> _____</p>	<p>9. LENGTH OF INTER-RECORD GAP (IF KNOWN) <input type="checkbox"/> 3/4 INCH</p> <p><input type="checkbox"/> _____</p>
<p>6. NUMBER OF TRACKS (CHANNELS)</p> <p><input type="checkbox"/> SEVEN</p> <p><input checked="" type="checkbox"/> NINE</p> <p><input type="checkbox"/> _____</p>	<p>10. END OF FILE MARK <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><i>Copy tape # 13341 from orig # 9158 (1600 BPI)</i></p>
<p>8. DENSITY</p> <p><input type="checkbox"/> 200 BPI <input type="checkbox"/> 1600 BPI</p> <p><input type="checkbox"/> 556 BPI</p> <p><input checked="" type="checkbox"/> 800 BPI</p> <p><input type="checkbox"/> _____</p>	
<p>12. PHYSICAL BLOCK LENGTH IN BYTES</p> <p><i>1920</i></p>	
<p>13. LENGTH OF BYTES IN BITS</p>	

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		

RECORD FORMAT DESCRIPTION

RECORD NAME _____

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RECORD FORMAT DESCRIPTION

RECORD NAME _____

14. FIELD NAME	15. POSITION FROM - 1 MEASURED IN _____ (e.g., blts, 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 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 (✓)	

ERROR CORRECTION DOCUMENTATION FORM

DATE:

TO: OC12

FROM: OC13

SUBJECT: Error Correction in Processing of Data Set - Accession # 7601664

- 1) File Type: C148 (STD)
- 2) Project Ident.: 0073 (GATE)
- 3) ^{Ref.}~~Track~~ Nos.: (none)

I. Error Corrections as reported to Principal Investigator:

Error

Correction Completed (Check)

II. Additional error corrections:

Error

Correction Completed (Check)

III. Processor Name: _____

Ref. # 7601664 / (none)
 ACCESSION/TRACK #

Step	Completion Date/Init.	Tape # or DSN	# of Files	BLKSIZE	LRECL	# RECORDS
IGNITOR TAPE	8BP	13341	87 ⁹⁰	1920	V	
ADI/SCAN TAPE	8BP	W07576	87 ⁹⁰	1920	V	
SIGNED FOR PROCESS.						
IF EVALUATION						
QUALITY REVIEW						
RELIMINARY DATA SORT						
RELIMINARY MULCHEK						
FIRST USER TAPE						
WORK DISK FILE						
FINAL USER TAPE						
FINAL MULCHEK						
EDITED DISK FILE						
DATA SET "FINALIZED"						

TAPE ASSIGNMENT SHEET

ACCESSION NO.: 7601664

R8
TRACK NO(s): (none)

Type of Tape	Tape Number	Label	LRECL	BLKSIZE	RECFM	Remarks
Originator	13341	NL	V	1920	9-t 1600 BPI EBCDIC	
Duplicate	W07596	SL	V	1920	9-t 1600 BPI ASCII	
Reformatted						
First User						
Final User						

>C11 EQ 7601664

07/27/83 09:43:53

ACCESSION NUMBER 7601664
DATE RECEIVED 080376

REFERENCE = CRUISE = CR83 DATES 061274-072474 DUC = 1
COUNTRY = 31 UNITED STATES
02-NA WOODS HOLE OCEANOGRAPHIC INST (WOODS HOLE)
FILE-ALIAS = C148 HIGH RESOLUTION STD DATA
PROJECT = 0073 GATE MEDIUM = 09 MAG TAPE DIG NOIC
PLATFORM = AN ATLANTIS II 4/63-PRESENT TYPE = SHIP
STATIONS-IN = 87 STATIONS-OUT = 0 RECORD COUNT = 0
STATUS: RES SU SP H-PRO PROCESS DIP MASTER RETCOR
080176

1 TRACK RECORD SELECTED