

DATA DOCUMENTATION FORM

DOF A:3:15

TR 5066

NOAA FORM 24-13
(4-77)U.S. DEPARTMENT OF COMMERCE
NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION
NATIONAL OCEANOGRAPHIC DATA CENTER
RECORDS SECTION
WASHINGTON, DC 20235FORM 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			
John J. Burns, Lloyd F. Lowry and Kathryn J. Frost Alaska Department of Fish and Game 1300 College Road Fairbanks, Alaska 99701 907-452-1531			
2. EXPEDITION, PROJECT, OR PROGRAM DURING WHICH DATA WERE COLLECTED		3. CRUISE NUMBER(S) USED BY ORIGINATOR TO IDENTIFY DATA IN THIS SHIPMENT	
NOAA/OCSEAP		N77 PRU	
4. PLATFORM NAME(S)	5. PLATFORM TYPE(S) (E.G., SHIP, BUOY, ETC.)	6. PLATFORM AND OPERATOR NATIONALITY(IES)	7. DATES
Prudhoe Bay, AK	helicopter	U.S.A.	U.S.A.
		FROM: MO, DAY, YR	TO: MO, DAY, YR
		11/6/77	11/10/77
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.	
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)		GENERAL AREA	
10. PERSON TO WHOM INQUIRIES CONCERNING DATA SHOULD BE ADDRESSED WITH TELEPHONE NUMBER AND ADDRESS IF OTHER THAN IN ITEM 1)			
Kathryn J. Frost 907-452-1531			

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

File Type 025
Record Types 1-9 differentiated by byte 10
1 - Location 9 - Age
2 - Physical 1
3 - Physical 2
4 - Age-Reproductive-Male
5 - Age-Reproductive-Female
6 - Stomach Contents
7 - Stomach Content Species
8 - Text

2. GIVE BRIEF DESCRIPTION OF FILE ORGANIZATION

Record types 1 and 2 are present for all specimens. Record types 3-9 are present when the appropriate sample material was collected. Not all specimens have complete data sets. However, all data that were obtained at the time of collection are included herein. There are no outstanding data on any of the specimens included in this transmittal.

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

4. RESPONSIBLE COMPUTER SPECIALIST:

NAME AND PHONE NUMBER Michael Crane, AEIDC 907-279-4523
ADDRESS 707 A Street, 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 checked="" 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 checked="" 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>230 025 N77PRU AIRCRAFT 77/11/06 77/11/10 BURNS 9TRK, 1600BPI, ODD, EBCDIC</p>
<p>8. DENSITY</p> <p><input type="checkbox"/> 200 BPI <input checked="" type="checkbox"/> 1600 BPI</p> <p><input type="checkbox"/> 556 BPI</p> <p><input type="checkbox"/> 800 BPI</p> <p><input type="checkbox"/> _____</p>	<p>12. PHYSICAL BLOCK LENGTH IN BYTES 4000 (80x50)</p> <p>13. LENGTH OF BYTES IN BITS N/A</p>

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
Curvilinear Length	0.0cm	N/A	Measured over curvature of body from tip of nose to tip of tail with head and neck in natural position	
Axillary Girth	0.0cm	N/A	Taken around body immediately behind foreflipper	
Maximum Girth	0.0cm	N/A	The largest circumference around the abdomen	
Front Flipper Length	0.0cm	N/A	Distance along the anterior border of forelimb from axilla to tip of longest digit(not claw)	
Front Flipper Width	0.0cm	N/A	Straight line distance from the tips of first and last digits of the spread flipper	
Hind Flipper Length	0.0cm	N/A	Distance along posterior edge of hindlimb from joint to tip of longest digit	
Hind Flipper Width	0.0cm	N/A	Straight line distance from tips of the first and last digits of spread flipper	
Navel to Anus Length	0.0cm	N/A	Curvilinear distance from center of umbilical scar to anterior notch of anus in males and vestibule in females	
Penis to Anus Length	0.0cm	N/A	Curvilinear distance from center of penile orifice to anterior notch of anus	

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
Tail Length	0.0 cm	N/A	Measured from externally visible base of tail to end of tail flesh	
Blubber Thickness Sternum	0.0cm	N/A	Slit is made over the sternum, depth of skin and blubber measured w/ cm rule	
Standard Length	0.0cm	N/A	Straight line distance from tip pf nose to tip of tail with the animal lying on its back	

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
Testes Volume	0.0cc		Water displacement	
Testes Length	whole mm m		Taken at the middle of the testes	
Testes width	whole mm		" " "	
Presence of Sperm in Epididymis	code		Epididymis is sliced and drop of fluid squeezed onto slide and examined under magnification	
Reproductive Status Female	code		ovaries cut in longitudinal sections 1mm thick, examined for presence of corpus luteum or corpora albicantia, uterine horns examined for placental scars, deformation	
Reproductive Condition	code		" " "	
Number of Corpora Lutea (C.L.) and Corpora Albicantia (C.A.)			" " "	
Diameter of largest C.A.s and C.L.s and Follicles	whole mm		Greatest diameter of these structures measured	
Number of Uterine Scars			Uterine horns longitudinally bisected and visually examined	

STOMACH CONTENTS

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
Total Volume of Stomach Contents	0.0cc	graduated cylinder	water displacement/volumes of prey items summed for total volume	
Taxonomic Code	NODC Taxonomic Code	Identifications were made by K. Frost and L. Lowry with the aid of appropriate keys and voucher collections. University of Alaska Marine Museum and Sorting Center personnel, voucher collections, etc. used as appropriate		
Number of Items Identified	numeric		Manual sorting and counting	
Volume of Items Identified	0.0cc	Graduated Cylinder	Water Displacement	

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RECORD NAME Location (Marine Mammal Specimen)

14. FIELD NAME	15. POSITION FROM - 1 MEASURED IN BYTES (e.g., bits, bytes)	16. LENGTH		17. ATTRIBUTES	18. USE AND MEANING
		NUMBER	UNITS		
File Type	1	3	Bytes	A3	Always '025'
File Identifier	4	6	Bytes	A6	
Record Type	10	1	Bytes	I1	Always '1'
Specimen Number	11	10	Bytes	A10	Analogous to NCDC Station Number
Sequence Number	21	5	Bytes	I5	
Latitude of Collection,					
Degrees	26	2	Bytes	I2	
Minutes	28	2	Bytes	I2	
Seconds	30	2	Bytes	I2	
Hemisphere	32	1	Bytes	A1	'N' or 'S'
Longitude of Collection,					
Degrees	33	3	Bytes	I3	
Minutes	36	2	Bytes	I2	
Seconds	38	2	Bytes	I2	
Hemisphere	40	1	Bytes	A1	'E' or 'W'
Date of Collection in GMT,					
Year	41	2	Bytes	I2	00-99
Month	43	2	Bytes	I2	1-12
Day	45	2	Bytes	I2	1-31
Time of Collection in GMT,					
Hours	47	2	Bytes	I2	0-23
Minutes	49	2	Bytes	I2	0-59
Water Depth	51	4	Bytes	I4	Whole meters

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RECORD NAME Location, Continued (Marine Mammal Specimen)

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14. FIELD NAME	15. POSITION FROM -1 MEASURED IN Bytes (to A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z)	16. LENGTH		17. ATTRIBUTES	18. USE AND MEANING
		NUMBER	UNITS		
Tide Stage	55	3	Bytes	A3	*Feet to tenths
Habitat Code	56	2	Bytes	A2	Use File 025 Habitat Code
Behavior Code	60	2	Bytes	A2	Use File 027 Behavior Code
Ice Codes,					
Type Code	62	1	Bytes	A1	Use File 027 Type Code
Coverage Codes,					
Octas of thin ice	63	1	Bytes	A1	Use File 027 Coverage Code
Octas of moderate ice	64	1	Bytes	A1	Use File 027 Coverage Code
Octas of heavy heavy ice	65	1	Bytes	A1	Use File 027 Coverage Code
Ice Characteristics Code,					
Of the second greatest coverage	66	1	Bytes	A1	Use File 027 Ice Characteristics Code
Of the greatest coverage	67	1	Bytes	A1	Use File 027 Ice Characteristics Code
Deformation Code	68	1	Bytes	A1	Use File 027 Deformation Code
Transect Width Code	69	1	Bytes	A1	Use File 027 Transect Width Code
Ice Codes,					
Type Code,	70	1	Bytes	A1	Use File 027 Type Code
Octas of thin ice	71	1	Bytes	A1	Use File 027 Coverage Code
Characteristics of thin ice	72	1	Bytes	A1	Use File 027 Ice Characteristics Code
Octas of moderate ice	73	1	Bytes	A1	Use File 027 Coverage Code

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RECORD NAME Location, Continued (Marine Mammal Specimen)

FIELD NAME	15. POSITION FROM-1 MEASURED IN Bytes (e.g., 11b, 5bytes)	16. LENGTH		17. ATTRIBUTES	18. USE AND MEANING
		NUMBER	UNITS		
Characteristics of moderate ice	74	1	Bytes	A1	Use File 027 Ice Characteristics Code
Octas of heavy ice	75	1	Bytes	A1	Use File 027 Coverage Code
Characteristics of heavy ice	76	1	Bytes	A1	Use File 027 Ice Characteristics Code
Deformation Code	77	1	Bytes	A1	Use File 027 Deformation Code
Transect Width Code	78	1	Bytes	A1	Use File 027 Transect Width Code
Blank	79	2	Bytes	2X	
<p>*Tide Height - Given in tenths of the Diurnal Range for nearest prediction location. Ref. Tide Tables - High and Low water predictions, National Ocean Survey, NOAA, U. S. Dept. of Commerce. This provides information as to the actual stage of the tide.</p> <p>Example If the Diurnal Range for a given area is 20 feet and the predicted height + is eight feet for a falling tide, then the coded entry would be (-04).</p> <p>+See page 185-186 of the Tide Table for computation of predicted height for any time.</p>					

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RECORD NAME Physical 1 (Marine Mammal Specimen)

14. FIELD NAME	15. POSITION FROM -1 MEASURED IN Bytes (e.g., bits, bytes)	16. LENGTH		17. ATTRIBUTES	18. USE AND MEANING
		NUMBER	UNITS		
File Type	1	3	Bytes	A3	Always '025'
File Identifier	4	6	Bytes	A6	
Record Type	10	1	Bytes	I1	Always '2'
Specimen Number	11	10	Bytes	A10	Analogous to NODC Station Number
Sequence Number	21	5	Bytes	I5	
Taxonomic Code	26	10	Bytes	5A2	
Sub Species	36	2	Bytes	A2	
Sex Code	38	1	Bytes	A1	
Accompanied by Pup	39	1	Bytes	A1	Use Decision Code
Mammal Lactating	40	1	Bytes	A1	Use Decision Code
Mammal Sunk	41	1	Bytes	A1	Use Decision Code (N = Floated)
Group Size	42	4	Bytes	I4	Whole number
Collection Method Code	46	1	Bytes	A1	Use File 027 Collection Method Code
Weight of Hide and Blubber	47	6	Bytes	I6	To whole grams
Curvilinear Length	53	4	Bytes	I4	Centimeters to tenths
Axillary Girth	57	4	Bytes	I4	Centimeters to tenths
Maximum Girth	61	4	Bytes	I4	Centimeters to tenths
Front Flipper Length	65	3	Bytes	I3	Centimeters to tenths
Front Flipper Width	68	3	Bytes	I3	Centimeters to tenths
Hind Flipper Length	71	3	Bytes	I3	Centimeters to tenths
Hind Flipper Width	74	3	Bytes	I3	Centimeters to tenths
Blank	77	4	Bytes	4X	

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RECORD NAME Physical 2 (Marine Mammal Specimen)

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14. FIELD NAME	15. POSITION FROM - 1 MEASURED IN BYTES (e.g., bits, bytes)	16. LENGTH		17. ATTRIBUTES	18. USE AND MEANING
		NUMBER	UNITS		
File Type	1	3	Bytes	A3	Always '025'
File Identifier	4	6	Bytes	A6	
Record Type	10	1	Bytes	I1	Always '3'
Specimen Number	11	10	Bytes	A10	Analogous to NODC Station Number
Sequence Number	21	5	Bytes	I5	
Navel to Anus Length	26	3	Bytes	I3	Centimeters to tenths
Penis to Anus Length	29	4	Bytes	I4	Centimeters to tenths
Tail Length	33	3	Bytes	I3	Centimeters to tenths
Blubber Thickness, Sternum	36	3	Bytes	I3	Centimeters to tenths
Blubber Thickness, Chest	39	3	Bytes	I3	Centimeters to tenths
Neck Circumference	42	3	Bytes	I3	Centimeters to tenths
Stomach Condition Empty	46	1	Bytes	A1	Use Decision Code (N = Has Contents)
Gross Weight	47	7	Bytes	I7	Whole grams
Standard Length	54	4	Bytes	I4	Centimeters to tenths
Blank Cause of Death	58	23	Bytes	23x A1	- Does not include genetic animals - Only genetic animals Use Morbidity & Mortality Code Use for research animals
Cause of Illness	59	1	Bytes	A1	
Blank	60	21	Bytes	21x	

(Nov 78)

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RECORD FORMAT DESCRIPTION

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RECORD NAME Age-Reproductive -- Male (Marine Mammal Specimen)

14. FIELD NAME	15. POSITION FROM - 1 MEASURED IN <u>Bytes</u> (e.g., bits, bytes)	16. LENGTH		17. ATTRIBUTES	18. USE AND MEANING
		NUMBER	UNITS		
File Type	1	3	Bytes	A3	Always '025'
File Identifier	4	6	Bytes	A6	
Record Type	10	1	Bytes	I1	Always '4'
Specimen Number	11	10	Bytes	A10	Analogous to NODC Station Number
Sequence Number	21	5	Bytes	I5	
Age	26	2	Bytes	I2	Whole units
Age Unit Code	28	1	Bytes	A1	blank - no information (only if age is blank) '1' - years '2' - months '3' - <i>foetal age in months</i>
Age Determination Technique	29	1	Bytes	A1	blank - no information '1' - Claw rings '2' - Dentine annuli '3' - Cementum annuli '4' - Estimated
Age Accuracy Age Code	30	1	Bytes	I2 A1	E - Exact Age T - Age is minimum
Baculum Length	31	3	Bytes	I3	To whole millimeters
Baculum Weight	34	5	Bytes	I5	To tenths of grams
Testes Weight with Epididymis	39	5	Bytes	I5	To tenths of grams
Testes Weight without Epididymis	44	5	Bytes	I5	To tenths of grams
Testes Volume	49	5	Bytes	I5	To tenths of cubic centimeters
Testis #1 Length	54	3	Bytes	I3	To whole millimeters
Width	57	3	Bytes	I3	To whole millimeters
Testis #2 Length	60	3	Bytes	I3	To whole millimeters
Width	63	3	Bytes	I3	To whole millimeters

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updated 6 Feb 79 (offical 11-27-77)

RECORD FORMAT DESCRIPTION

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RECORD NAME Age-Reproductive- Male, Continued (Marine Mammal Specimen)

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14. FIELD NAME	15. POSITION FROM - 1 MEASURED IN Bytes (e.g., bits, bytes)	16. LENGTH		17. ATTRIBUTES	18. USE AND MEANING
		NUMBER	UNITS		
Presence of Sperm in Epididymis	66	1	Bytes	A1	blank - no information '1' - none found '2' - trace '3' - abundant
Sperm Method of Determination	67	1	Bytes	A1	blank - no information '1' - smear '2' - cross section of epididymis
Blank	68	13	Bytes	13X	

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RECORD NAME Age-Reproductive-Female (Marine Mammal Specimen)

14. FIELD NAME	15. POSITION FROM -1, MEASURED IN Bytes (e.g., bits, bytes)	16. LENGTH		17. ATTRIBUTES	18. USE AND MEANING
		NUMBER	UNITS		
File Type	1	3	Bytes	A3	Always '025'
File Identifier	4	6	Bytes	A6	
Record Type	10	1	Bytes	I1	Always '5'
Specimen Number	11	10	Bytes	A10	Analogous to NODC Station Number
Sequence Number	21	5	Bytes	I5	
Age	26	2	Bytes	I2	Whole units
Age Unit Code	28	1	Bytes	A1	blank-- no information '1' - years '2' - months '3' - <i>fetal age in months</i>
Age Determination Techniques	29	1	Bytes	A1	blank - no information '1' - Claw rings '2' - Dentine annuli '3' - Cementum annuli '4' - Estimated
<i>Age Accuracy Code</i>	30	1	Bytes	A1 A1	E - Exact Age T - Age is a minimum
Reproductive Status Code	31	1	Bytes	A1	blank - no information '0' - indeterminable '1' - nulliparous '2' - primiparous '3' - multiparous
Reproductive Condition Code	32	1	Bytes	A1	blank - no information '0' - indeterminable '1' - not pregnant '2' - unimplanted pregnant '3' - implanted pregnant '4' - postartum '5' - aborted '6' - proestrous '7' - estrous '8' - resorption
Number of Fetuses	33	1	Bytes	I1	
Ovary Weight (combined)	34	4	Bytes	I4	To tenths of grams
Number of Corpora Lutea	38	1	Bytes	I1	

RECORD FORMAT DESCRIPTION

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RECORD NAME Age-Reproductive - Female, Continued (Marine Mammal Specimen)

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14. FIELD NAME	15. POSITION FROM - 1 MEASURED IN Bytes (e.g., bits, bytes)	15. LENGTH		17. ATTRIBUTES	18. USE AND MEANING
		NUMBER	UNITS		
Diameter of Largest Corpora Lutea	39	2	Bytes	I2	To whole millimeters
Number of Corpora Albicantia	41	1	Bytes	I1	
Diameter of Largest Corpora Albicantia	42	2	Bytes	I2	To whole millimeters
Number of Follicles Greater than 5 mm in diameter	44	1	Bytes	I1	
Diameter of Largest Follicle	45	2	Bytes	I2	To whole millimeters
Number of Uterine Scars	47	1	Bytes	I1	
Blank	48	33	Bytes	33X	

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RECORD FORMAT DESCRIPTION

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RECORD NAME Stomach Contents (Marine Mammal Specimen)

FIELD NAME	15. POSITION FROM -1 MEASURED IN Bytes (e.g., bits, bytes)	16. LENGTH		17. ATTRIBUTES	18. USE AND MEANING
		NUMBER	UNITS		
File Type	1	3	Bytes	A3	Always '025'
File Identifier	4	6	Bytes	A6	
Record Type	10	1	Bytes	I1	Always '6'
Specimen Number	11	10	Bytes	A10	Analogous to NODC Station Number
Sequence Number	21	5	Bytes	I5	
Weight of Full Stomach	26	6	Bytes	I6	To tenths of grams
Weight of Empty Stomach	32	5	Bytes	I5	To tenths of grams
Weight of Food Contents	37	6	Bytes	I6	To tenths of grams
Total Volume of Contents	43	6	Bytes	I6	To tenths of cubic centimeters
Stomach Code Blank	49	32 1	Bytes	32x A1	E for empty Sept '76 T - Trace M - measured
Blank	50	31	Bytes	31x	

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RECORD NAME Stomach Content Species (Marine Mammal Specimen)

14. FIELD NAME	15. POSITION FROM - 1 MEASURED IN Bytes (e.g., bits, bytes)	16. LENGTH		17. ATTRIBUTES	18. USE AND MEANING
		NUMBER	UNITS		
File Type	1	3	Bytes	A3	Always '025'
File Identifier	4	6	Bytes	A6	
Record Type	10	1	Bytes	I1	Always '7'
Specimen Number	11	10	Bytes	A10	Analogous to NODC Station Number
Sequence Number	21	5	Bytes	I5	
Taxonomic Code	26	10	Bytes	5A2	This code and all other measurements on this record refer to the prey items(s).
Sub Species	36	2	Bytes	A2	
Life History Code	38	1	Bytes	A1	
Miscellaneous Stomach Contents Code	39	2	Bytes	A2	
Number of Items Identified	41	4	Bytes	I4	Use File 025 Miscellaneous Stomach Contents Code
Volume of Items Identified	45	6	Bytes	I6	Cubic Centimeters to tenths
Weight of Items Identified	51	6	Bytes	I6	In grams to tenths
Mean Length of Items Identified	57	4	Bytes	I4	To whole millimeters
Maximum Length of Item Identified	61	4	Bytes	I4	To whole millimeters
Minimum Length of Item Identified	65	4	Bytes	I4	To whole millimeters
Digestive Organ Code	69	1	Bytes	A1	Use File 025 Digestive Organ Code 1 = intestine 2 = large intestine 3 = small intestine 4 = stomach
Blank	70	11	Bytes	11X	

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RECORD NAME Text (Marine Mammal Specimen)

14. FIELD NAME	15. POSITION FROM -1 MEASURED IN Bytes (e.g., bits, bytes)	16. LENGTH		17. ATTRIBUTES	18. USE AND MEANING
		NUMBER	UNITS		
File Type	1	3	Bytes	A3	Always '025'
File Identifier	4	6	Bytes	A6	
Record Type	10	1	Bytes	I1	Always '8'
Specimen Number	11	10	Bytes	A10	Analogous to NODC Station Number
Sequence Number	21	5	Bytes	I5	
Text	26	55	Bytes	55A1	Any alphanumeric information

RECORD FORMAT DESCRIPTION

(Marine Mammal Specimen)

11-23-77

RECORD NAME Age

14. FIELD NAME	15. POSITION FROM - 1 MEASURED IN Bytes (e.g., bits, bytes)	16. LENGTH		17. ATTRIBUTES	18. USE AND MEANING
		NUMBER	UNITS		
File Type	1	3	Bytes	A3	Always '025'
File Identifier	4	6	Bytes	A6	
Record Type	10	1	Bytes	I1	Always '9'
Specimen Number	11	10	Bytes	A10	Analogous to NODC Station Number
Sequence Number	21	5	Bytes	I5	
Age	26	2	Bytes	I2	Whole units
Age Accuracy Code	28	1	Bytes	A1	E - Exact age + - Age is a minimum
Age Unit Code	29	1	Bytes	A1	1 - years 2 - months 3 - foetal age in months
Age Determination Code	30	1	Bytes	A1	Blank - no information 1 - Claw rings 2 - Dentine annuli 3 - Cementum annuli 4 - Estimated
Blank	31	50	Bytes	50x	

received 2-6-77

11. 40

DATA DOCUMENTATION FORM

TR5067

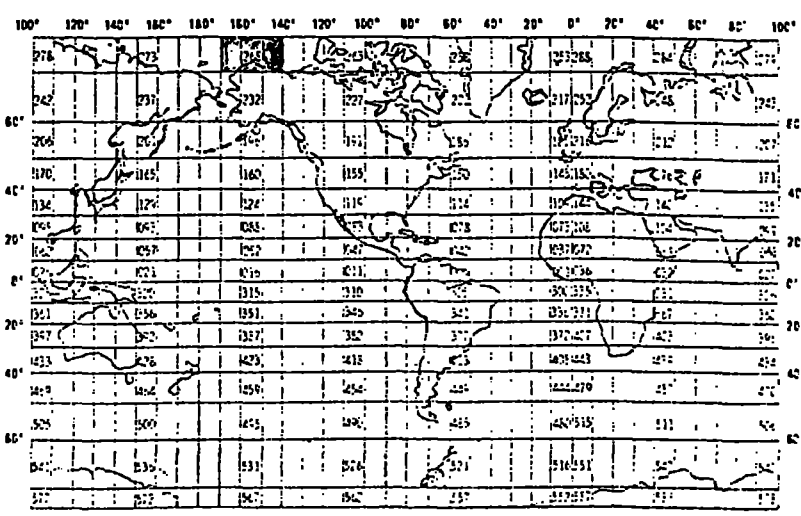
NOAA FORM 24-13
(4-77)U.S. DEPARTMENT OF COMMERCE
NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION
NATIONAL OCEANOGRAPHIC DATA CENTER
RECORDS SECTION
WASHINGTON, DC 20235FORM APPROVED
O.M.B. No. 41-R2651
EXPIRES 1-81

(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 John J. Burns, Lloyd F. Lowry and Kathryn J. Frost Alaska Department of Fish and Game 1300 College Road Fairbanks, Alaska 99701 907-452-1531 R.U. #s 230, 232			
2. EXPEDITION, PROJECT, OR PROGRAM DURING WHICH DATA WERE COLLECTED NOAA/OCSEAP		3. CRUISE NUMBER(S) USED BY ORIGINATOR TO IDENTIFY DATA IN THIS SHIPMENT 877 GLA	
4. PLATFORM NAME(S) USCGC GLACIER	5. PLATFORM TYPE(S) (E.G., SHIP, BUOY, ETC.) Ship/icebreaker	6. PLATFORM AND OPERATOR NATIONALITY(IES) U.S.A. U.S.A.	7. DATES FROM: MO/DAY/YR TO: MO/DAY/YR 7/31/77 9/6/77
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. 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) Kathryn J. Frost 907-452-1531			

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

File Type 025
Record Types 1-9 differentiated by byte 10
1 - Location 9 - Age
2 - Physical 1
3 - Physical 2
4 - Age-Reproductive-Male
5 - Age-Reproductive-Female
6 - Stomach Contents
7 - Stomach Content Species
8 - Text

2. GIVE BRIEF DESCRIPTION OF FILE ORGANIZATION

Record types 1 and 2 are present for all specimens. Record types 3-9 are present when the appropriate sample material was collected. Not all specimens have complete data sets. However, all data that were obtained at the time of collection are included herein. There are no outstanding data on any of the specimens included in this transmittal.

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

4. RESPONSIBLE COMPUTER SPECIALIST:

NAME AND PHONE NUMBER Michael Crane, AEIDC 907-279-4523
ADDRESS 707 A Street, 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 checked="" type="checkbox"/> 3/4 INCH</p> <p><input type="checkbox"/> _____</p>
<p>5. 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 checked="" 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>230 025 877GLA SHIP 77/07/31 77/09/06 BURNS 9TRK, 1600BPI, ODD, EBCDIC</p>
<p>8. DENSITY</p> <p><input type="checkbox"/> 200 BPI <input checked="" type="checkbox"/> 1600 BPI</p> <p><input type="checkbox"/> 556 BPI</p> <p><input type="checkbox"/> 800 BPI</p> <p><input type="checkbox"/> _____</p>	<p>12. PHYSICAL BLOCK LENGTH IN BYTES</p> <p>4000 (80 x 50)</p> <p>13. LENGTH OF BYTES IN BITS</p> <p>N/A</p>

DATA DOCUMENTATION FORM

TR 5068

NOAA FORM 24-13
(4-77)U.S. DEPARTMENT OF COMMERCE
NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION
NATIONAL OCEANOGRAPHIC DATA CENTER
RECORDS SECTION
WASHINGTON, DC 20235FORM APPROVED
O.M.B. No. 41-R2651
EXPIRES 1-81

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John J. Burns, Lloyd F. Lowry and Kathryn J. Frost Alaska Department of Fish and Game 1300 College Road Fairbanks, Alaska 99701 907-452-1531			
R.U. #s 230, 232			
2. EXPEDITION, PROJECT, OR PROGRAM DURING WHICH DATA WERE COLLECTED		3. CRUISE NUMBER(S) USED BY ORIGINATOR TO IDENTIFY DATA IN THIS SHIPMENT	
NOAA/OCSEAP		477 SUV	
4. PLATFORM NAME(S)	5. PLATFORM TYPE(S) (E.G., SHIP, BUOY, ETC.)	6. PLATFORM AND OPERATOR NATIONALITY(IES)	7. DATES
NOAA Ship SURVEYOR	ship	PLATFORM OPERATOR	FROM: MO, DAY, YR TO: MO, DAY, YR
		U.S.A. U.S.A.	3/15/77 5/3/77
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.	
9. ARE DATA DECLARED NATIONAL PROGRAM (DNP)? (I.E., SHOULD THEY BE INCLUDED IN WORLD DATA CENTERS HOLDINGS FOR INTERNA- TIONAL EXCHANGE?) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> PART (SPECIFY BELOW)		GENERAL AREA	
10. PERSON TO WHOM INQUIRIES CONCERNING DATA SHOULD BE ADDRESSED WITH TELE- PHONE NUMBER (AND ADDRESS IF OTHER THAN IN ITEM-1) Kathryn J. Frost 907-452-1531			

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

File Type 025
Record Types 1-9 differentiated by byte 10
1 - Location 9 - Age
2 - Physical 1
3 - Physical 2
4 - Age-Reproductive-Male
5 - Age-Reproductive-Female
6 - Stomach Contents
7 - Stomach Content Species
8 - Text

2. GIVE BRIEF DESCRIPTION OF FILE ORGANIZATION

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

4. RESPONSIBLE COMPUTER SPECIALIST:

NAME AND PHONE NUMBER Michael Crane, AEIDC 907-279-4523
ADDRESS 707 A Street, 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 checked="" 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 checked="" 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>230 025 477SUV ON FOOT 77/03/15 77/05/03 BURNS 9TRK, 1600BPI, ODD, EBCDIC</p>
<p>8. DENSITY</p> <p><input type="checkbox"/> 200 BPI <input checked="" type="checkbox"/> 1600 BPI</p> <p><input type="checkbox"/> 556 BPI</p> <p><input type="checkbox"/> 800 BPI</p> <p><input type="checkbox"/> _____</p>	
<p>12. PHYSICAL BLOCK LENGTH IN BYTES</p> <p>4000 (80x50)</p> <p>13. LENGTH OF BYTES IN BITS</p> <p>N/A</p>	

DATA DOCUMENTATION FORM

NUMBER

19-0339

TR 5069

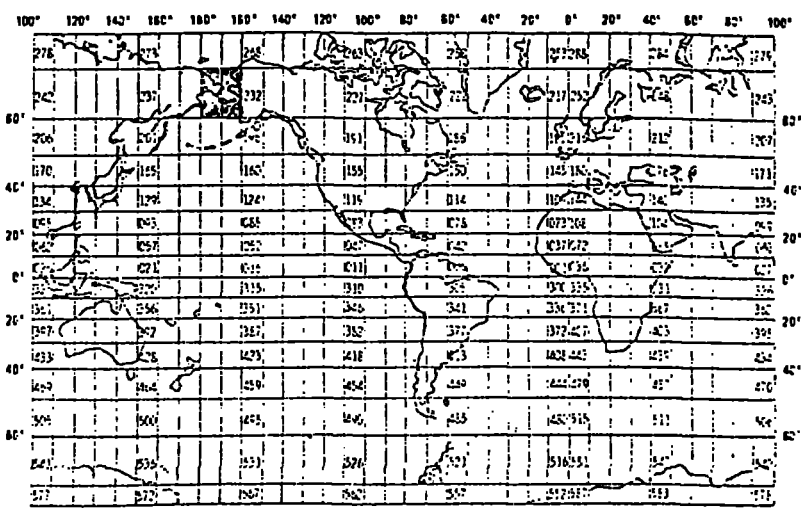
NOAA FORM 24-13
14-77U.S. DEPARTMENT OF COMMERCE
NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION
NATIONAL OCEANOGRAPHIC DATA CENTER
RECORDS SECTION
WASHINGTON, DC 20235FORM APPROVED
O.M.B. No. 41-R2651
EXPIRES 1-81

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2. EXPEDITION, PROJECT, OR PROGRAM DURING WHICH DATA WERE COLLECTED NOAA/OCSEAP		3. CRUISE NUMBER(S) USED BY ORIGINATOR TO IDENTIFY DATA IN THIS SHIPMENT 677 SAV	
4. PLATFORM NAME(S) Savoonga, AK	5. PLATFORM TYPE(S) (E.G., SHIP, BUOY, ETC.) coastal village	6. PLATFORM AND OPERATOR NATIONALITY(IES) U.S.A. U.S.A.	7. DATES FROM: MO, DAY, YR TO: MO, DAY, YR 6/19/77 6/24/77
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. GENERAL AREA 	
9. ARE DATA DECLARED NATIONAL PROGRAM (DNP)? (E.I., 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) Kathryn J. Frost 907-452-1531			

C. DATA FORMAT

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GIVE METHOD OF IDENTIFYING EACH RECORD TYPE

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3 - Physical 2
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5 - Age-Reproductive-Female
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☐ FORTRAN ☐ _____ LANGUAGE

4. RESPONSIBLE COMPUTER SPECIALIST:

NAME AND PHONE NUMBER Michael Crane, AEIDC 907-279-4523
ADDRESS 707 A Street, 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 checked="" 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 checked="" 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>230 025 677SAV ON FOOT 77/06/19 77/06/24 BURNS 9TRK, 1600BPI, ODD, EBCDIC</p>
<p>8. DENSITY</p> <p><input type="checkbox"/> 200 BPI <input checked="" type="checkbox"/> 1500 BPI</p> <p><input type="checkbox"/> 556 BPI</p> <p><input type="checkbox"/> 800 BPI</p> <p><input type="checkbox"/> _____</p>	<p>12. PHYSICAL BLOCK LENGTH IN BYTES</p> <p>4000 (80x50)</p> <p>13. LENGTH OF BYTES IN BITS</p> <p>N/A</p>

DATA DOCUMENTATION FORM

TR-15070

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

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John J. Burns, Lloyd F. Lowry and Kathryn J. Frost Alaska Department of Fish and Game 1300 College Road Fairbanks, Alaska 99701 907-452-1531			
R.U. #s 230, 232			
2. EXPEDITION, PROJECT, OR PROGRAM DURING WHICH DATA WERE COLLECTED		3. CRUISE NUMBER(S) USED BY ORIGINATOR TO IDENTIFY DATA IN THIS SHIPMENT	
NOAA/OCSEAP		677 GAM	
4. PLATFORM NAME(S)	5. PLATFORM TYPE(S) (E.G., SHIP, BUOY, ETC.)	6. PLATFORM AND OPERATOR NATIONALITY(IES)	7. DATES
Gambell, AK	coastal village	U.S.A.	U.S.A.
		FROM: MO, DAY, YR	TO: MO, DAY, YR
		5/20/77	6/15/77
8. ARE DATA PROPRIETARY?		11. PLEASE DARKEN ALL MARSDEN SQUARES IN WHICH ANY DATA CONTAINED IN YOUR SUBMISSION WERE COLLECTED.	
<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES IF YES, WHEN CAN THEY BE RELEASED FOR GENERAL USE? YEAR _____ MONTH _____		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)			
Kathryn J. Frost 907-452-1531			

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

File Type 025
Record Types 1-9 differentiated by byte 10
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2 - Physical 1
3 - Physical 2
4 - Age-Reproductive-Male
5 - Age-Reproductive-Female
6 - Stomach Contents
7 - Stomach Content Species
8 - Text

2. GIVE BRIEF DESCRIPTION OF FILE ORGANIZATION

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☐ FORTRAN ☐ _____ LANGUAGE

4. RESPONSIBLE COMPUTER SPECIALIST:

NAME AND PHONE NUMBER Michael Crane, AEIDC 907-279-4523
ADDRESS 707 A Street, 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 checked="" 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 checked="" 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>230 025 677GAM</p> <p>ON FOOT</p> <p>77/05/20 77/06/15 BURNS</p> <p>9TRK, 1600BPI, ODD, EBCDIC</p>
<p>8. DENSITY</p> <p><input type="checkbox"/> 200 BPI <input checked="" type="checkbox"/> 1600 BPI</p> <p><input type="checkbox"/> 556 BPI</p> <p><input type="checkbox"/> 800 BPI</p> <p><input type="checkbox"/> _____</p>	
<p>12. PHYSICAL BLOCK LENGTH IN BYTES</p> <p>4000 (80x50)</p>	
<p>13. LENGTH OF BYTES IN BITS</p> <p>N/A</p>	

DATA DOCUMENTATION FORM

TR 5071

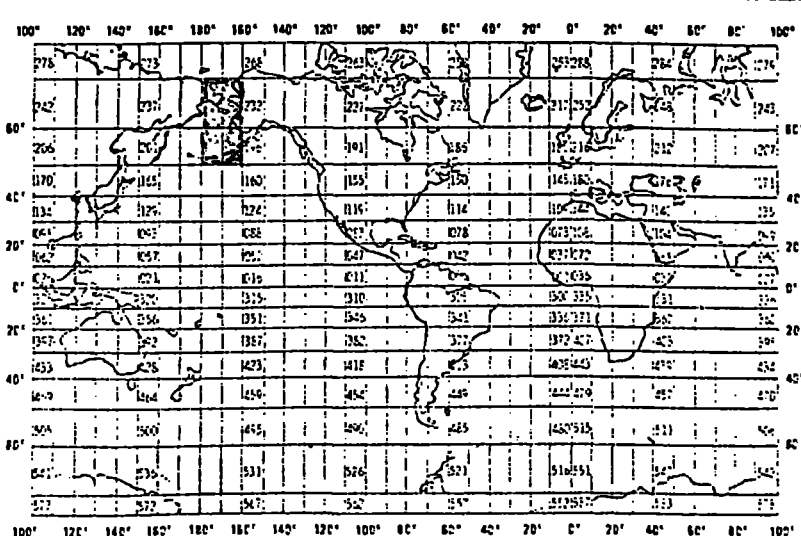
NOAA FORM 24-13
14-771U.S. DEPARTMENT OF COMMERCE
NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION
NATIONAL OCEANOGRAPHIC DATA CENTER
RECORDS SECTION
WASHINGTON, DC 20235FORM APPROVED
O.M.B. No. 41-R2651
EXPIRES 1-81

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4. PLATFORM NAME(S) NOAA Ship DISCOVERER	5. PLATFORM TYPE(S) (E.G., SHIP, BUOY, ETC.) ship	6. PLATFORM AND OPERATOR NATIONALITY(IES) U.S.A. U.S.A.	7. DATES FROM: MO, DAY, YR TO: MO, DAY, YR 5/20/77 6/11/77
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. 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) Kathryn J. Frost 907-452-1531			

C. DATA FORMAT

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GIVE METHOD OF IDENTIFYING EACH RECORD TYPE

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2 - Physical 1
3 - Physical 2
4 - Age-Reproductive-Male
5 - Age-Reproductive-Female
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7 - Stomach Content Species
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4. RESPONSIBLE COMPUTER SPECIALIST:

NAME AND PHONE NUMBER Michael Crane, AEIDC 907-279-4523
ADDRESS 707 A Street, 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 checked="" 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 checked="" 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>230 025 577DIS ON FOOT 77/05/20 77/06/11 BURNS 9TRK, 1600BPI, ODD, EBCDIC</p>
<p>8. DENSITY</p> <p><input type="checkbox"/> 200 BPI <input checked="" type="checkbox"/> 1600 BPI</p> <p><input type="checkbox"/> 556 BPI</p> <p><input type="checkbox"/> 800 BPI</p> <p><input type="checkbox"/> _____</p>	<p>12. PHYSICAL BLOCK LENGTH IN BYTES</p> <p>4000 (80x50)</p> <p>13. LENGTH OF BYTES IN BITS</p> <p>N/A</p>

DATA DOCUMENTATION FORM

TR-5072

NOAA FORM 24-13
(4-77)U.S. DEPARTMENT OF COMMERCE
NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION
NATIONAL OCEANOGRAPHIC DATA CENTER
RECORDS SECTION
WASHINGTON, DC 20235FORM 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			
John J. Burns, Lloyd F. Lowry and Kathryn J. Frost Alaska Department of Fish and Game 1300 College Road Fairbanks, Alaska 99701 907-452-1531			
2. EXPEDITION, PROJECT, OR PROGRAM DURING WHICH DATA WERE COLLECTED		3. CRUISE NUMBER(S) USED BY ORIGINATOR TO IDENTIFY DATA IN THIS SHIPMENT	
NOAA/OCSEAP		677SHI	
4. PLATFORM NAME(S)	5. PLATFORM TYPE(S) (E.G., SHIP, BUOY, ETC.)	6. PLATFORM AND OPERATOR NATIONALITY(IES)	7. DATES
Shishmaref, AK	coastal village	U.S.A.	U.S.A.
		FROM: MO/PAY/YR	TO: MO/DAY/YR
		6/13/77	7/21/77
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.	
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)		GENERAL AREA	
10. PERSON TO WHOM INQUIRIES CONCERNING DATA SHOULD BE ADDRESSED WITH TELEPHONE NUMBER (AND ADDRESS IF OTHER THAN IN ITEM-1) Kathryn J. Frost 907-452-1531			

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

File Type 025
Record Types 1-9 differentiated by byte 10
1 - Location 9 - Age
2 - Physical 1
3 - Physical 2
4 - Age-Reproductive-Male
5 - Age-Reproductive-Female
6 - Stomach Contents
7 - Stomach Content Species
8 - Text

2. GIVE BRIEF DESCRIPTION OF FILE ORGANIZATION

Record types 1 and 2 are present for all specimens. Record types 3-9 are present when the appropriate sample material was collected. Not all specimens have complete data sets. However, all data that were obtained at the time of collection are included herein. There are no outstanding data on any of the specimens included in this transmittal.

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

4. RESPONSIBLE COMPUTER SPECIALIST:

NAME AND PHONE NUMBER Michael Crane, AEIDC 907-279-4523
ADDRESS 707 A Street, 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 checked="" 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 checked="" 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>230 025 677SHI ON FOOT 77/06/13 77/07/11 BURNS 9TRK,1600BPI, ODD, EBCDIC</p>
<p>8. DENSITY</p> <p><input type="checkbox"/> 200 BPI <input checked="" type="checkbox"/> 1600 BPI</p> <p><input type="checkbox"/> 556 BPI</p> <p><input type="checkbox"/> 800 BPI</p> <p><input type="checkbox"/> _____</p>	<p>12. PHYSICAL BLOCK LENGTH IN BYTES</p> <p>4000(80x50)</p> <p>13. LENGTH OF BYTES IN BITS</p> <p>N/A</p>

DATA DOCUMENTATION FORM

TR5073

NOAA FORM 24-13
14-77U.S. DEPARTMENT OF COMMERCE
NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION
NATIONAL OCEANOGRAPHIC DATA CENTER
RECORDS SECTION
WASHINGTON, DC 20235FORM 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			
John J. Burns, Lloyd F. Lowry and Kathryn J. Frost Alaska Department of Fish and Game 1300 College Road Fairbanks, Alaska 99701 907-452-1531			
2. EXPEDITION, PROJECT, OR PROGRAM DURING WHICH DATA WERE COLLECTED		3. CRUISE NUMBER(S) USED BY ORIGINATOR TO IDENTIFY DATA IN THIS SHIPMENT	
NOAA/OCSEAP		677 WAL	
4. PLATFORM NAME(S)	5. PLATFORM TYPE(S) (E.G., SHIP, BUOY, ETC.)	6. PLATFORM AND OPERATOR NATIONALITY(IES)	7. DATES
Wales, AK	coastal village	U.S.A.	U.S.A.
		FROM: MO, DAY, YR	TO: MO, DAY, YR
		5/28/77	7/2/77
8. ARE DATA PROPRIETARY?		11. PLEASE DARKEN ALL MARSDEN SQUARES IN WHICH ANY DATA CONTAINED IN YOUR SUBMISSION WERE COLLECTED.	
<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES IF YES, WHEN CAN THEY BE RELEASED FOR GENERAL USE? YEAR _____ MONTH _____		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)			
Kathryn J. Frost 907-452-1531			

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

File Type 025
Record Types 1-9 differentiated by byte 10
1 - Location 9 - Age
2 - Physical 1
3 - Physical 2
4 - Age-Reproductive-Male
5 - Age-Reproductive-Female
6 - Stomach Contents
7 - Stomach Content Species
8 - Text

2. GIVE BRIEF DESCRIPTION OF FILE ORGANIZATION

Record types 1 and 2 are present for all specimens. Record types 3-9 are present when the appropriate sample material was collected. Not all specimens have complete data sets. However, all data that were obtained at the time of collection are included herein. There are no outstanding data on any of the specimens included in this transmittal.

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

4. RESPONSIBLE COMPUTER SPECIALIST:

NAME AND PHONE NUMBER Michael Crane, AEIDC 907-279-4523
ADDRESS 707 A Street, 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 checked="" 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 checked="" 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>230 025 677WAL ON FOOT 77/05/28 77/07/02 BURNS 9TRK, 1600BPI, ODD, EBCDIC</p>
<p>8. DENSITY</p> <p><input type="checkbox"/> 200 BPI <input checked="" type="checkbox"/> 1600 BPI</p> <p><input type="checkbox"/> 556 BPI</p> <p><input type="checkbox"/> 800 BPI</p> <p><input type="checkbox"/> _____</p>	
<p>12. PHYSICAL BLOCK LENGTH IN BYTES</p> <p>4000 (80x50)</p> <p>13. LENGTH OF BYTES IN BITS</p> <p>N/A</p>	

DATA DOCUMENTATION FORM

TR5074

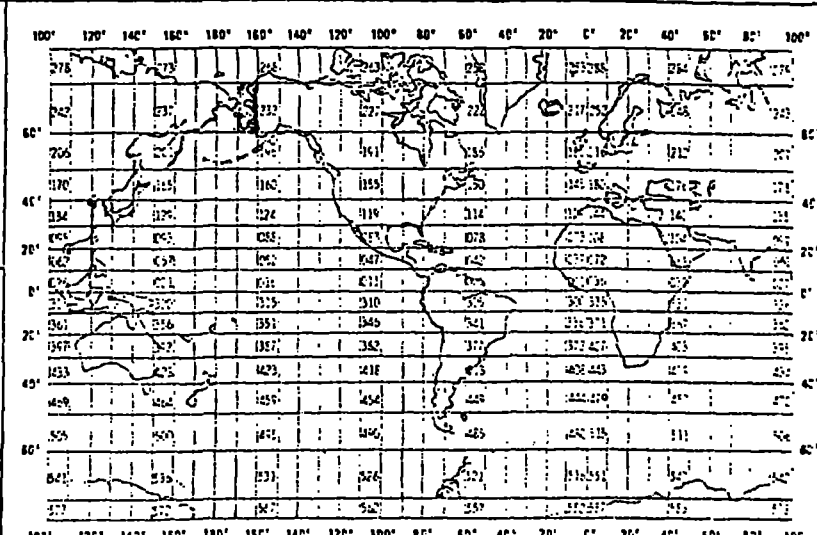
NOAA FORM 24-13
(4-77)U.S. DEPARTMENT OF COMMERCE
NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION
NATIONAL OCEANOGRAPHIC DATA CENTER
RECORDS SECTION
WASHINGTON, DC 20235FORM APPROVED
O.M.B. No. 41-R2651
EXPIRES 1-81

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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 John J. Burns, Lloyd F. Lowry and Kathryn J. Frost Alaska Department of Fish and Game 1300 College Road Fairbanks, Alaska 99701 907-452-1531 R.U. #s 230, 232			
2. EXPEDITION, PROJECT, OR PROGRAM DURING WHICH DATA WERE COLLECTED NOAA/OCSEAP		3. CRUISE NUMBER(S) USED BY ORIGINATOR TO IDENTIFY DATA IN THIS SHIPMENT 177 NOM	
4. PLATFORM NAME(S) Nome, AK	5. PLATFORM TYPE(S) (E.G., SHIP, BUOY, ETC.) coastal village	6. PLATFORM AND OPERATOR NATIONALITY(IES) U.S.A. U.S.A.	7. DATES FROM: MO/DAY/YR TO: MO/DAY/YR 1/25/77 1/29/77
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. 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) Kathryn J. Frost 907-452-1531			

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

File Type 025

Record Types 1-9 differentiated by byte 10

- | | |
|-----------------------------|---------|
| 1 - Location | 9 - Age |
| 2 - Physical 1 | |
| 3 - Physical 2 | |
| 4 - Age-Reproductive-Male | |
| 5 - Age-Reproductive-Female | |
| 6 - Stomach Contents | |
| 7 - Stomach Content Species | |
| 8 - Text | |

2. GIVE BRIEF DESCRIPTION OF FILE ORGANIZATION

Record types 1 and 2 are present for all specimens. Record types 3-9 are present when the appropriate sample material was collected. Not all specimens have complete data sets. However, all data that were obtained at the time of collection are included herein. There are no outstanding data on any of the specimens included in this transmittal.

3. ATTRIBUTES AS EXPRESSED IN

☐ PL-1 ☐ ALGOL ☐ COBOL
☐ FORTRAN ☐ _____ LANGUAGE

4. RESPONSIBLE COMPUTER SPECIALIST:

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

COMPLETE THIS SECTION IF DATA ARE ON MAGNETIC TAPE

5. RECORDING MODE <input type="checkbox"/> BCD <input type="checkbox"/> BINARY <input type="checkbox"/> ASCII <input checked="" type="checkbox"/> EBCDIC <input type="checkbox"/> _____	9. LENGTH OF INTER-RECORD GAP (IF KNOWN) <input checked="" type="checkbox"/> 3/4 INCH <input type="checkbox"/> _____
6. NUMBER OF TRACKS (CHANNELS) <input type="checkbox"/> SEVEN <input checked="" type="checkbox"/> NINE <input type="checkbox"/> _____	10. END OF FILE MARK <input checked="" type="checkbox"/> OCTAL 17 <input type="checkbox"/> _____
7. PARITY <input checked="" type="checkbox"/> ODD <input type="checkbox"/> EVEN	11. PASTE-ON-PAPER LABEL DESCRIPTION (INCLUDE ORIGINATOR NAME AND SOME LAY SPECIFICATIONS OF DATA TYPE, VOLUME NUMBER) 230 025 177NOM ON FOOT 77/01/25 77/01/29 BURNS 9TRK, 1600BPI, ODD, EBCDIC
8. DENSITY <input type="checkbox"/> 200 BPI <input checked="" type="checkbox"/> 1600 BPI <input type="checkbox"/> 556 BPI <input type="checkbox"/> 800 BPI <input type="checkbox"/> _____	
12. PHYSICAL BLOCK LENGTH IN BYTES <u>4000 (80x50)</u>	
13. LENGTH OF BYTES IN BITS <u>N/A</u>	

DATA DOCUMENTATION FORM

TR5075

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

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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 John J. Burns, Lloyd F. Lowry and Kathryn J. Frost Alaska Department of Fish and Game 1300 College Road Fairbanks, Alaska 99701 907-452-1531 R.U. #s 230, 232			
2. EXPEDITION, PROJECT, OR PROGRAM DURING WHICH DATA WERE COLLECTED NOAA/OCSEAP		3. CRUISE NUMBER(S) USED BY ORIGINATOR TO IDENTIFY DATA IN THIS SHIPMENT 377 NOM	
4. PLATFORM NAME(S) Nome, AK	5. PLATFORM TYPE(S) (E.G., SHIP, BUOY, ETC.) helicopter	6. PLATFORM AND OPERATOR NATIONALITY(IES) U.S.A. U.S.A.	
		7. DATES FROM: MO, DAY, YR TO: MO, DAY, YR 3/7/77 3/24/77	
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. GENERAL AREA	
9. ARE DATA DECLARED NATIONAL PROGRAM (DNPI)? (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) Kathryn J. Frost 907-452-1531			

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

File Type 025
Record Types 1-9 differentiated by byte 10
1 - Location 9 - Age
2 - Physical 1
3 - Physical 2
4 - Age-Reproductive-Male
5 - Age-Reproductive-Female
6 - Stomach Contents
7 - Stomach Content Species
8 - Text

2. GIVE BRIEF DESCRIPTION OF FILE ORGANIZATION

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

4. RESPONSIBLE COMPUTER SPECIALIST:

NAME AND PHONE NUMBER Michael Crane, AEIDC 907-279-4523
ADDRESS 707 A Street, 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 checked="" 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 checked="" 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>230 025 377NOM AIRCRAFT 77/03/07 77/03/24 BURNS 9TRK, 1600BPI, ODD, EBCDIC</p>
<p>8. DENSITY</p> <p><input type="checkbox"/> 200 BPI <input checked="" type="checkbox"/> 1500 BPI</p> <p><input type="checkbox"/> 556 BPI</p> <p><input type="checkbox"/> 800 BPI</p> <p><input type="checkbox"/> _____</p>	<p>12. PHYSICAL BLOCK LENGTH IN BYTES 4000(80x50)</p> <p>13. LENGTH OF BYTES IN BITS N/A</p>

DATA DOCUMENTATION FORM

TR 5076

NOAA FORM 24-13
16-771U.S. DEPARTMENT OF COMMERCE
NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION
NATIONAL OCEANOGRAPHIC DATA CENTER
RECORDS SECTION
WASHINGTON, DC 20235FORM APPROVED
O.M.B. No. 41-R2651
EXPIRES 1-81

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John J. Burns, Lloyd F. Lowry and Kathryn J. Frost Alaska Department of Fish and Game 1300 College Road Fairbanks, Alaska 99701 907-452-1531			
2. EXPEDITION, PROJECT, OR PROGRAM DURING WHICH DATA WERE COLLECTED		3. CRUISE NUMBER(S) USED BY ORIGINATOR TO IDENTIFY DATA IN THIS SHIPMENT	
NOAA/OCSEAP		677 NOM	
4. PLATFORM NAME(S)	5. PLATFORM TYPE(S) (E.G., SHIP, BUOY, ETC.)	6. PLATFORM AND OPERATOR NATIONALITY(IES)	7. DATES
Nome, AK	coastal village	U.S.A.	U.S.A.
		FROM: MO, DAY, YR	TO: MO, DAY, YR
		5/29/77	6/12/77
8. ARE DATA PROPRIETARY?		11. PLEASE DARKEN ALL MARSDEN SQUARES IN WHICH ANY DATA CONTAINED IN YOUR SUBMISSION WERE COLLECTED.	
<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES IF YES, WHEN CAN THEY BE RELEASED FOR GENERAL USE? YEAR _____ MONTH _____		GENERAL AREA 	
9. ARE DATA DECLARED NATIONAL PROGRAM (DNPI)?			
(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)			
Kathryn J. Frost 907-452-1531			

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

File Type 025
Record Types 1-9 differentiated by byte 10
1 - Location 9 - Age
2 - Physical 1
3 - Physical 2
4 - Age-Reproductive-Male
5 - Age-Reproductive-Female
6 - Stomach Contents
7 - Stomach Content Species
8 - Text

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

4. RESPONSIBLE COMPUTER SPECIALIST:

NAME AND PHONE NUMBER Michael Crane, AEIDC 907-279-4523
ADDRESS 707 A Street, 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 checked="" 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 checked="" 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>230 025 677NOM ON FOOT 77/05/29 77/06/27 BURNS 9TRK, 1600BPI, ODD, EBCDIC</p>
<p>8. DENSITY</p> <p><input type="checkbox"/> 200 BPI <input checked="" type="checkbox"/> 1600 BPI</p> <p><input type="checkbox"/> 556 BPI</p> <p><input type="checkbox"/> 800 BPI</p> <p><input type="checkbox"/> _____</p>	<p>12. PHYSICAL BLOCK LENGTH IN BYTES</p> <p>4000 (80x50)</p> <p>13. LENGTH OF BYTES IN BITS</p> <p>N/A</p>

DATA DOCUMENTATION FORM

TR5077

NOAA FORM 24-13
(12-77)U.S. DEPARTMENT OF COMMERCE
NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION
NATIONAL OCEANOGRAPHIC DATA CENTER
RECORDS SECTION
WASHINGTON, DC 20235FORM 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 John J. Burns, Lloyd F. Lowry and Kathryn J. Frost Alaska Department of Fish and Game 1300 College Road Fairbanks, Alaska 99701 907-452-1531 R.U. #s 230, 232			
2. EXPEDITION, PROJECT, OR PROGRAM DURING WHICH DATA WERE COLLECTED NORA/OCSEAP		3. CRUISE NUMBER(S) USED BY ORIGINATOR TO IDENTIFY DATA IN THIS SHIPMENT 677 DIO	
4. PLATFORM NAME(S) Diomedes, AK	5. PLATFORM TYPE(S) (E.G., SHIP, BUOY, ETC.) coastal village	6. PLATFORM AND OPERATOR NATIONALITY(IES) U.S.A. U.S.A.	
		7. DATES FROM: MO, DAY, YR TO: MO, DAY, YR 5/20/77 6/24/77	
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. 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) Kathryn J. Frost 907-452-1531			

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

File Type 025
Record Types 1-9 differentiated by byte 10
1 - Location 9 - Age
2 - Physical 1
3 - Physical 2
4 - Age-Reproductive-Male
5 - Age-Reproductive-Female
6 - Stomach Contents
7 - Stomach Content Species
8 - Text

2. GIVE BRIEF DESCRIPTION OF FILE ORGANIZATION

Record types 1 and 2 are present for all specimens. Record types 3-9 are present when the appropriate sample material was collected. Not all specimens have complete data sets. However, all data that were obtained at the time of collection are included herein. There are no outstanding data on any of the specimens included in this transmittal.

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

4. RESPONSIBLE COMPUTER SPECIALIST:

NAME AND PHONE NUMBER Michael Crane, AEIDC 907-279-4523
ADDRESS 707 A Street, 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 checked="" 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 checked="" 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>230 025 677D10 ON FOOT 77/05/20 77/06/24 BURNS 9TRK, 1600BPI, ODD, EBCDIC</p>
<p>8. DENSITY</p> <p><input type="checkbox"/> 200 BPI <input checked="" type="checkbox"/> 1500 BPI</p> <p><input type="checkbox"/> 556 BPI</p> <p><input type="checkbox"/> 800 BPI</p> <p><input type="checkbox"/> _____</p>	<p>12. PHYSICAL BLOCK LENGTH IN BYTES 4000(80x50)</p> <p>13. LENGTH OF BYTES IN BITS N/A</p>

DATA DOCUMENTATION FORM

TR 5078

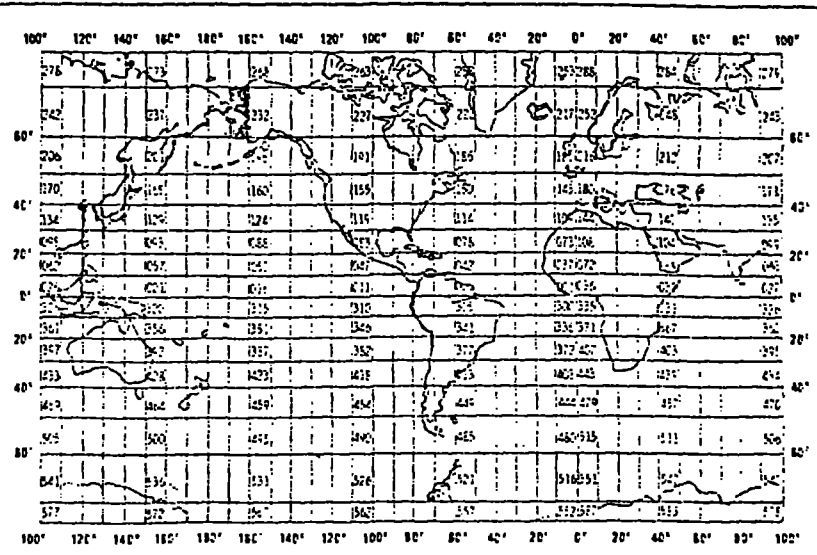
NOAA FORM 24-13
(4-77)U.S. DEPARTMENT OF COMMERCE
NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION
NATIONAL OCEANOGRAPHIC DATA CENTER
RECORDS SECTION
WASHINGTON, DC 20235FORM APPROVED
O.M.B. No. 41-R2651
EXPIRES 1-81

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1. NAME AND ADDRESS OF INSTITUTION, LABORATORY, OR ACTIVITY WITH WHICH SUBMITTED DATA ARE ASSOCIATED John J. Burns, Lloyd F. Lowry and Kathryn J. Frost Alaska Department of Fish and Game 1300 College Road Fairbanks, Alaska 99701 907-452-1531 R.U. #s 230, 232			
2. EXPEDITION, PROJECT, OR PROGRAM DURING WHICH DATA WERE COLLECTED NOAA/OCSEAP		3. CRUISE NUMBER(S) USED BY ORIGINATOR TO IDENTIFY DATA IN THIS SHIPMENT 577 PTH	
4. PLATFORM NAME(S) Point Hope, AK	5. PLATFORM TYPE(S) (E.G., SHIP, BUOY, ETC.) coastal village	6. PLATFORM AND OPERATOR NATIONALITY(IES) U.S.A. U.S.A.	7. DATES FROM: MO, DAY, YR TO: MO, DAY, YR 4/15/77 6/1/77
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. 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) Kathryn J. Frost 907-452-1531			

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

File Type 025
Record Types 1-9 differentiated by byte 10
1 - Location 9 - Age
2 - Physical 1
3 - Physical 2
4 - Age-Reproductive-Male
5 - Age-Reproductive-Female
6 - Stomach Contents
7 - Stomach Content Species
8 - Text

2. GIVE BRIEF DESCRIPTION OF FILE ORGANIZATION

Record types 1 and 2 are present for all specimens. Record types 3-9 are present when the appropriate sample material was collected. Not all specimens have complete data sets. However, all data that were obtained at the time of collection are included herein. There are no outstanding data on any of the specimens included in this transmittal.

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

4. RESPONSIBLE COMPUTER SPECIALIST:

NAME AND PHONE NUMBER Michael Crane, AEIDC 907-279-4523
ADDRESS 707 A Street, 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 checked="" 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 checked="" 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>230 025 577PTH ON FOOT 77/04/15 77/06/01 BURNS 9TRK, 1600BPI, ODD, EBCDIC</p>
<p>8. DENSITY</p> <p><input type="checkbox"/> 200 BPI <input checked="" type="checkbox"/> 1600 BPI</p> <p><input type="checkbox"/> 556 BPI</p> <p><input type="checkbox"/> 800 BPI</p> <p><input type="checkbox"/> _____</p>	
<p>12. PHYSICAL BLOCK LENGTH IN BYTES</p> <p>4000(80x50)</p>	
<p>13. LENGTH OF BYTES IN BITS</p> <p>N/A</p>	

DATA DOCUMENTATION FORM

TR 5079

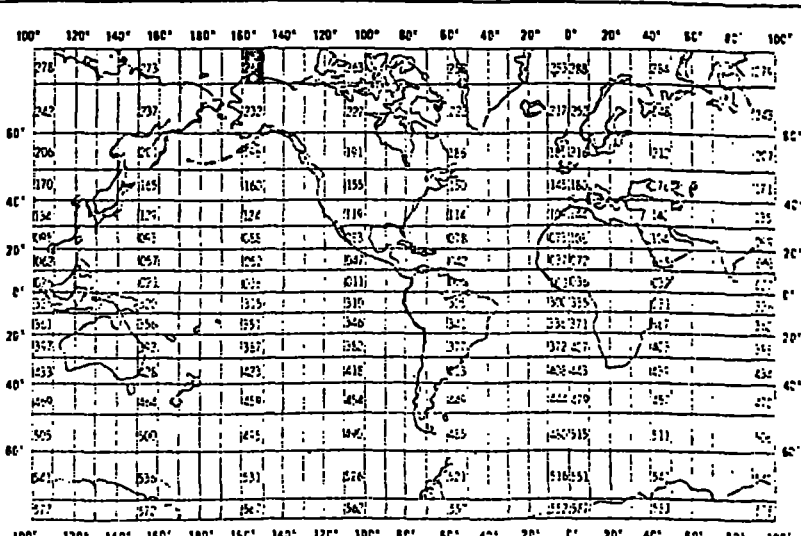
NOAA FORM 24-13
(4-77)U.S. DEPARTMENT OF COMMERCE
NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION
NATIONAL OCEANOGRAPHIC DATA CENTER
RECORDS SECTION
WASHINGTON, DC 20235FORM APPROVED
O.M.B. No. 41-R2651
EXPIRES 1-81

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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			
John J. Burns, Lloyd F. Lowry and Kathryn J. Frost Alaska Department of Fish and Game 1300 College Road Fairbanks, Alaska 99701 907-452-1531			
R.U. #s 230, 232			
2. EXPEDITION, PROJECT, OR PROGRAM DURING WHICH DATA WERE COLLECTED		3. CRUISE NUMBER(S) USED BY ORIGINATOR TO IDENTIFY DATA IN THIS SHIPMENT	
NOAA/OCSEAP		277 BAR	
4. PLATFORM NAME(S)	5. PLATFORM TYPE(S) (E.G., SHIP, BUOY, ETC.)	6. PLATFORM AND OPERATOR NATIONALITY(IES)	7. DATES
Barrow, AK	coastal village	PLATFORM OPERATOR	FROM: MO/DAY/YR TO: MO/DAY/YR
		U.S.A. U.S.A.	2/11/77 2/16/77
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.	
9. ARE DATA DECLARED NATIONAL PROGRAM (DNP)? (I.E., SHOULD THEY BE INCLUDED IN WORLD DATA CENTERS HOLDINGS FOR INTERNA- TIONAL EXCHANGE?) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> PART (SPECIFY BELOW)		GENERAL AREA	
10. PERSON TO WHOM INQUIRIES CONCERNING DATA SHOULD BE ADDRESSED WITH TELE- PHONE NUMBER (AND ADDRESS IF OTHER THAN IN ITEM-1) Kathryn J. Frost 907-452-1531			

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

File Type 025
Record Types 1-9 differentiated by byte 10
1 - Location 9 - Age
2 - Physical 1
3 - Physical 2
4 - Age-Reproductive-Male
5 - Age-Reproductive-Female
6 - Stomach Contents
7 - Stomach Content Species
8 - Text

2. GIVE BRIEF DESCRIPTION OF FILE ORGANIZATION

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

4. RESPONSIBLE COMPUTER SPECIALIST:

NAME AND PHONE NUMBER Michael Crane, AEIDC 907-279-4523
ADDRESS 707 A Street, 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 checked="" 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 checked="" 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>230 025 277BAR ON FOOT 77/02/11 77/02/16 BURNS 9TRK, 1600BPI, ODD, EBCDIC</p>
<p>8. DENSITY</p> <p><input type="checkbox"/> 200 BPI <input checked="" type="checkbox"/> 1500 BPI</p> <p><input type="checkbox"/> 556 BPI</p> <p><input type="checkbox"/> 800 BPI</p> <p><input type="checkbox"/> _____</p>	<p>12. PHYSICAL BLOCK LENGTH IN BYTES 4000(80X50)</p> <p>13. LENGTH OF BYTES IN BITS N/A</p>

DATA DOCUMENTATION FORM

TR5080

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

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John J. Burns, Lloyd F. Lowry and Kathryn J. Frost Alaska Department of Fish and Game 1300 College Road Fairbanks, Alaska 99701 907-452-1531			
R.U. #s 230, 232			
2. EXPEDITION, PROJECT, OR PROGRAM DURING WHICH DATA WERE COLLECTED		3. CRUISE NUMBER(S) USED BY ORIGINATOR TO IDENTIFY DATA IN THIS SHIPMENT	
NOAA/OCSEAP		477 BAR	
4. PLATFORM NAME(S)	5. PLATFORM TYPE(S) (E.G., SHIP, BUOY, ETC.)	6. PLATFORM AND OPERATOR NATIONALITY(IES)	7. DATES
Barrow, AK	coastal village/ helicopter	U.S.A.	U.S.A.
		FROM: MO/PAY/YR	TO: MO/DAY/YR
		4/4/77	4/14/77
8. ARE DATA PROPRIETARY?		11. PLEASE DARKEN ALL MARSDEN SQUARES IN WHICH ANY DATA CONTAINED IN YOUR SUBMISSION WERE COLLECTED.	
<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES IF YES, WHEN CAN THEY BE RELEASED FOR GENERAL USE? YEAR MONTH		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)			
Kathryn J. Frost 907-452-1531			

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

File Type 025
Record Types 1-9 differentiated by byte 10
1 - Location 9 - Age
2 - Physical 1
3 - Physical 2
4 - Age-Reproductive-Male
5 - Age-Reproductive-Female
6 - Stomach Contents
7 - Stomach Content Species
8 - Text

2. GIVE BRIEF DESCRIPTION OF FILE ORGANIZATION

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☐ FORTRAN ☐ _____ LANGUAGE

4. RESPONSIBLE COMPUTER SPECIALIST:

NAME AND PHONE NUMBER Michael Crane, AEIDC 907-279-4523
ADDRESS 707 A Street, 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 checked="" type="checkbox"/> 3/4 INCH</p> <p><input type="checkbox"/> _____</p>
<p>5. 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 checked="" 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>230 025 477BAR ON FOOT 77/04/04 77/04/14 BURNS 9TRK, 1600BPI, ODD, EBCDIC</p>
<p>15. DENSITY</p> <p><input type="checkbox"/> 200 BPI <input checked="" type="checkbox"/> 1500 BPI</p> <p><input type="checkbox"/> 556 BPI</p> <p><input type="checkbox"/> 800 BPI</p> <p><input type="checkbox"/> _____</p>	
<p>12. PHYSICAL BLOCK LENGTH IN BYTES</p> <p>4000(80x50)</p>	
<p>13. LENGTH OF BYTES IN BITS</p> <p>N/A</p>	

DATA DOCUMENTATION FORM

TR5081

NOAA FORM 24-13
(4-77)U.S. DEPARTMENT OF COMMERCE
NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION
NATIONAL OCEANOGRAPHIC DATA CENTER
RECORDS SECTION
WASHINGTON, DC 20235FORM APPROVED
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EXPIRES 1-81

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John J. Burns, Lloyd F. Lowry and Kathryn J. Frost Alaska Department of Fish and Game 1300 College Road Fairbanks, Alaska 99701 907-452-1531			
2. EXPEDITION, PROJECT, OR PROGRAM DURING WHICH DATA WERE COLLECTED		3. CRUISE NUMBER(S) USED BY ORIGINATOR TO IDENTIFY DATA IN THIS SHIPMENT	
NOAA/OCSEAP		N77BAR	
4. PLATFORM NAME(S)	5. PLATFORM TYPE(S) (E.G., SHIP, BUOY, ETC.)	6. PLATFORM AND OPERATOR NATIONALITY(IES)	7. DATES
Barrow, AK	coastal village/ helicopter	U.S.A.	U.S.A.
		FROM: MO/DAY/YR	TO: MO/DAY/YR
		11/14/77	11/17/77
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.	
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)		GENERAL AREA 	
10. PERSON TO WHOM INQUIRIES CONCERNING DATA SHOULD BE ADDRESSED WITH TELEPHONE NUMBER (AND ADDRESS IF OTHER THAN IN ITEM-1) Kathryn J. Frost 907-452-1531			

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

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Record Types 1-9 differentiated by byte 10
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2 - Physical 1
3 - Physical 2
4 - Age-Reproductive-Male
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3. ATTRIBUTES AS EXPRESSED IN ☐ PL-1 ☐ ALGOL ☐ COBOL
☐ FORTRAN ☐ _____ LANGUAGE

4. RESPONSIBLE COMPUTER SPECIALIST:

NAME AND PHONE NUMBER Michael Crane, AEIDC 907-279-4523
ADDRESS 707 A Street, 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 checked="" 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 checked="" 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>230 025 N77BAR HELICOPTER 77/11/14 77/11/17 BURNS 9TRK, 1600BPI, ODD, EBCDIC</p>
<p>8. DENSITY</p> <p><input type="checkbox"/> 200 BPI <input checked="" type="checkbox"/> 1500 BPI</p> <p><input type="checkbox"/> 556 BPI</p> <p><input type="checkbox"/> 800 BPI</p> <p><input type="checkbox"/> _____</p>	<p>12. PHYSICAL BLOCK LENGTH IN BYTES</p> <p>4000(80x50)</p> <p>13. LENGTH OF BYTES IN BITS</p> <p>N/A</p>

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 20235FORM 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										
John J. Burns, Lloyd F. Lowry and Kathryn J. Frost Alaska Department of Fish and Game 1300 College Road Fairbanks, Alaska 99701 907-452-1531 <div style="text-align: right;">R.U. #s 230, 232</div>										
2. EXPEDITION, PROJECT, OR PROGRAM DURING WHICH DATA WERE COLLECTED		3. CRUISE NUMBER(S) USED BY ORIGINATOR TO IDENTIFY DATA IN THIS SHIPMENT								
NOAA/OCSEAP		777 WAI								
4. PLATFORM NAME(S)	5. PLATFORM TYPE(S) (E.G., SHIP, BUOY, ETC.)	6. PLATFORM AND OPERATOR NATIONALITY(IES)	7. DATES							
Wainwright AK	coastal village	<table border="1"> <thead> <tr> <th>PLATFORM</th> <th>OPERATOR</th> <th>FROM: MO/YR</th> <th>TO: MO/YR</th> </tr> </thead> <tbody> <tr> <td>U.S.A.</td> <td>U.S.A.</td> <td>8/22/77</td> <td>8/24/77</td> </tr> </tbody> </table>	PLATFORM	OPERATOR	FROM: MO/YR	TO: MO/YR	U.S.A.	U.S.A.	8/22/77	8/24/77
PLATFORM	OPERATOR	FROM: MO/YR	TO: MO/YR							
U.S.A.	U.S.A.	8/22/77	8/24/77							
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.								
9. ARE DATA DECLARED NATIONAL PROGRAM (DNPI)? (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)		<div style="text-align: center;">GENERAL AREA</div>								
10. PERSON TO WHOM INQUIRIES CONCERNING DATA SHOULD BE ADDRESSED WITH TELEPHONE NUMBER (AND ADDRESS IF OTHER THAN IN ITEM-1)										
Kathryn J. Frost 907-452-1531										

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

File Type 025
Record Types 1-9 differentiated by byte 10
1 - Location 9 - Age
2 - Physical 1
3 - Physical 2
4 - Age-Reproductive-Male
5 - Age-Reproductive-Female
6 - Stomach Contents
7 - Stomach Content Species
8 - Text

2. GIVE BRIEF DESCRIPTION OF FILE ORGANIZATION

Record types 1 and 2 are present for all specimens. Record types 3-9 are present when the appropriate sample material was collected. Not all specimens have complete data sets. However, all data that were obtained at the time of collection are included herein. There are no outstanding data on any of the specimens included in this transmittal.

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☐ FORTRAN ☐ _____ LANGUAGE

4. RESPONSIBLE COMPUTER SPECIALIST:

NAME AND PHONE NUMBER Michael Crane, AEIDC 907-279-4523
ADDRESS 707 A Street, 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 checked="" type="checkbox"/> 3/4 INCH</p> <p><input type="checkbox"/> _____</p>
<p>5. 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 checked="" 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>230 025 777WAI</p> <p>77/07/22 77/07/24 BURNS</p> <p>9TRK, 1600BPI, ODD, EBCDIC</p>
<p>5. DENSITY</p> <p><input type="checkbox"/> 200 BPI <input checked="" type="checkbox"/> 1600 BPI</p> <p><input type="checkbox"/> 556 BPI</p> <p><input type="checkbox"/> 800 BPI</p> <p><input type="checkbox"/> _____</p>	<p>12. PHYSICAL BLOCK LENGTH IN BYTES</p> <p>4000(80x50)</p> <p>13. LENGTH OF BYTES IN BITS</p> <p>N/A</p>

DATA DOCUMENTATION FORM

NUMBER

19-0339
TR 5083

NOAA FORM 24-13
14-77

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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<p>2. EXPEDITION, PROJECT, OR PROGRAM DURING WHICH DATA WERE COLLECTED</p> <p>NOAA/OCSEAP</p>		<p>3. CRUISE NUMBER(S) USED BY ORIGINATOR TO IDENTIFY DATA IN THIS SHIPMENT</p> <p style="text-align: center;">777 BAR</p>									
<p>4. PLATFORM NAME(S)</p> <p>Barrow, AK</p>	<p>5. PLATFORM TYPE(S) (E.G., SHIP, BUOY, ETC.)</p> <p>coastal village</p>	<p>6. PLATFORM AND OPERATOR NATIONALITY(IES)</p> <table border="1"> <thead> <tr> <th>PLATFORM</th> <th>OPERATOR</th> </tr> </thead> <tbody> <tr> <td>U.S.A.</td> <td>U.S.A.</td> </tr> </tbody> </table>	PLATFORM	OPERATOR	U.S.A.	U.S.A.	<p>7. DATES</p> <table border="1"> <thead> <tr> <th>FROM: MO, DAY, YR</th> <th>TO: MO, DAY, YR</th> </tr> </thead> <tbody> <tr> <td>7/21/77</td> <td>7/21/77</td> </tr> </tbody> </table>	FROM: MO, DAY, YR	TO: MO, DAY, YR	7/21/77	7/21/77
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U.S.A.	U.S.A.										
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7/21/77	7/21/77										
<p>8. ARE DATA PROPRIETARY?</p> <p><input checked="" type="checkbox"/> NO <input type="checkbox"/> YES</p> <p>IF YES, WHEN CAN THEY BE RELEASED FOR GENERAL USE? YEAR _____ MONTH _____</p>		<p>11. PLEASE DARKEN ALL MARSDEN SQUARES IN WHICH ANY DATA CONTAINED IN YOUR SUBMISSION WERE COLLECTED.</p> <p style="text-align: center;">GENERAL AREA</p>									
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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

File Type 025

Record Types 1-9 differentiated by byte 10

- 1 - Location
- 2 - Physical 1
- 3 - Physical 2
- 4 - Age-Reproductive-Male
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- 6 - Stomach Contents
- 7 - Stomach Content Species
- 8 - Text
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NAME AND PHONE NUMBER Michael Crane, AEIDC 907-279-4523
ADDRESS 707 A Street, 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 checked="" type="checkbox"/> 3/4 INCH</p> <p><input type="checkbox"/> _____</p>
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<p>6. DENSITY</p> <p><input type="checkbox"/> 200 BPI <input checked="" type="checkbox"/> 1600 BPI</p> <p><input type="checkbox"/> 556 BPI</p> <p><input type="checkbox"/> 800 BPI</p> <p><input type="checkbox"/> _____</p>	<p>12. PHYSICAL BLOCK LENGTH IN BYTES</p> <p>4000 (80x50)</p> <p>13. LENGTH OF BYTES IN BITS</p> <p>N/A</p>

DATA DOCUMENTATION FORM

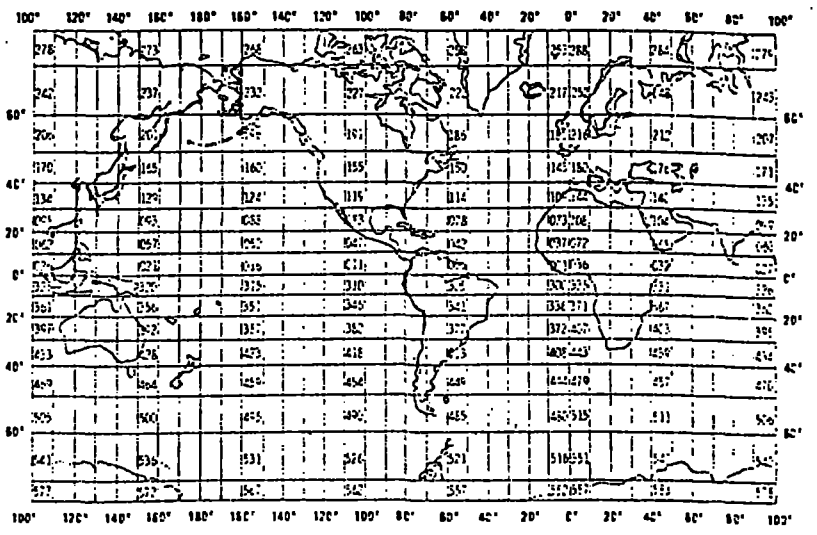
NOAA FORM 24-13
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4. PLATFORM NAME(S) Shishmaref, AK	5. PLATFORM TYPE(S) (E.G., SHIP, BUOY, ETC.) coastal village	6. PLATFORM AND OPERATOR NATIONALITY(IES) U.S.A. U.S.A.	7. DATES FROM: MO, DAY, YR TO: MO, DAY, YR 10/14/77 11/5/77
8. ARE DATA PROPRIETARY? <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. GENERAL AREA 	
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<p>8. DENSITY</p> <p><input type="checkbox"/> 200 BPI <input checked="" type="checkbox"/> 1600 BPI</p> <p><input type="checkbox"/> 556 BPI</p> <p><input type="checkbox"/> 800 BPI</p> <p><input type="checkbox"/> _____</p>	<p>12. PHYSICAL BLOCK LENGTH IN BYTES</p> <p>4000 (80x50)</p> <p>13. LENGTH OF BYTES IN BITS</p> <p>N/A</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
Curvilinear Length	0.0cm	N/A	Measured over curvature of body from tip of nose to tip of tail with head and neck in natural position	
Axillary Girth	0.0cm	N/A	Taken around body immediately behind foreflipper	
Maximum Girth	0.0cm	N/A	The largest circumference around the abdomen	
Front Flipper Length	0.0cm	N/A	Distance along the anterior border of forelimb from axilla to tip of longest digit(not claw)	
Front Flipper Width	0.0cm	N/A	Straight line distance from the tips of first and last digits of the spread flipper	
Hind Flipper Length	0.0cm	N/A	Distance along posterior edge of hindlimb from joint to tip of longest digit	
Hind Flipper Width	0.0cm	N/A	Straight line distance from tips of the first and last digits of spread flipper	
Navel to Anus Length	0.0cm	N/A	Curvilinear distance from center of umbilical scar to anterior notch of anus in males and vestibule in females	
Penis to Anus Length	0.0cm	N/A	Curvilinear distance from center of penile orifice to anterior notch of anus	

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
Tail Length	0.0 cm	N/A	Measured from externally visible base of tail to end of tail flesh	
Blubber Thickness Sternum	0.0cm	N/A	Slit is made over the sternum, depth of skin and blubber measured w/ cm rule	
Standard Length	0.0cm	N/A	Straight line distance from tip pf nose to tip of tail with the animal lying on its back	

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
Testes Volume	0.0cc		Water displacement	
Testes Length	whole mm m		Taken at the middle of the testes	
Testes width	whole mm		" " "	
Presence of Sperm in Epididymis	code		Epididymis is sliced and drop of fluid squeezed onto slide and examined under magnification	
Reproductive Status Female	code		ovaries cut in longitudinal sections 1mm thick, examined for presence of corpus luteum or corpora albicantia, uterine horns examined for placental scars, deformation	
Reproductive Condition	code		" " "	
Number of Corpora Lutea (C.L.) and Corpora Albicantia (C.A.)			" " "	
Diameter of largest C.A.s and C.L.s and Follicles	whole mm		Greatest diameter of these structures measured	
Number of Uterine Scars			Uterine horns longitudinally bisected and visually examined	

B. SCIENTIFIC CONTENT

STOMACH CONTENTS

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
Total Volume of Stomach Contents	0.0cc	graduated cylinder	water displacement/volumes of prey items summed for total volume	
Taxonomic Code	NODC Taxonomic Code	Identifications were made by K. Frost and L. Lowry with the aid of appropriate keys and voucher collections. University of Alaska Marine Museum and Sorting Center personnel, voucher collections, etc. used as appropriate		
Number of Items Identified	numeric		Manual sorting and counting	
Volume of Items Identified	0.0cc	Graduated Cylinder	Water Displacement	

RECORD FORMAT DESCRIPTION

RU 230
232

3-31-76
2.

RECORD NAME Location (Marine Mammal Specimen)

14. FIELD NAME	15. POSITION FROM-1 MEASURED IN Bytes (e.g., bits, bytes)	16. LENGTH		17. ATTRIBUTES	18. USE AND MEANING
		NUMBER	UNITS		
File Type	1	3	Bytes	A3	Always '025'
File Identifier	4	6	Bytes	A6	
Record Type	10	1	Bytes	I1	Always '1'
Specimen Number	11	10	Bytes	A10	Analogous to NODC Station Number
Sequence Number	21	5	Bytes	I5	
Latitude of Collection,					
Degrees	26	2	Bytes	I2	
Minutes	28	2	Bytes	I2	
Seconds	30	2	Bytes	I2	
Hemisphere	32	1	Bytes	A1	'N' or 'S'
Longitude of Collection,					
Degrees	33	3	Bytes	I3	
Minutes	36	2	Bytes	I2	
Seconds	38	2	Bytes	I2	
Hemisphere	40	1	Bytes	A1	'E' or 'W'
Date of Collection in GMT,					
Year	41	2	Bytes	I2	00-99
Month	43	2	Bytes	I2	1-12
Day	45	2	Bytes	I2	1-31
Time of Collection in GMT,					
Hours	47	2	Bytes	I2	0-23
Minutes	49	2	Bytes	I2	0-59
Water Depth	51	4	Bytes	I4	Whole meters

RECORD FORMAT DESCRIPTION

5-31-77

RECORD NAME Location, Continued (Marine Mammal Specimen)

31

14. FIELD NAME	15. POSITION FROM -1 MEASURED IN BYTES (e.g., 518, bytes)	16. LENGTH		17. ATTRIBUTES	18. USE AND MEANING
		NUMBER	UNITS		
Tide Stage	55	3	Bytes	A3	*Feet to tenths
Habitat Code	56	2	Bytes	A2	Use File 025 Habitat Code
Behavior Code	60	2	Bytes	A2	Use File 027 Behavior Code
Ice Codes,					
Type Code	62	1	Bytes	A1	Use File 027 Type Code
Coverage Codes,					
Octas of thin ice	63	1	Bytes	A1	Use File 027 Coverage Code
Octas of moderate ice	64	1	Bytes	A1	Use File 027 Coverage Code
Octas of heavy heavy ice	65	1	Bytes	A1	Use File 027 Coverage Code
Ice Characteristics Code,					
Of the second greatest coverage	66	1	Bytes	A1	Use File 027 Ice Characteristics Code
Of the greatest coverage	67	1	Bytes	A1	Use File 027 Ice Characteristics Code
Deformation Code	68	1	Bytes	A1	Use File 027 Deformation Code
Transect Width Code	69	1	Bytes	A1	Use File 027 Transect Width Code
Ice Codes,					
Type Code,	70	1	Bytes	A1	Use File 027 Type Code
Octas of thin ice	71	1	Bytes	A1	Use File 027 Coverage Code
Characteristics of thin ice	72	1	Bytes	A1	Use File 027 Ice Characteristics Code
Octas of moderate ice	73	1	Bytes	A1	Use File 027 Coverage Code

28 Sept 77 KS

RECORD FORMAT DESCRIPTION

5- 21 01

RECORD NAME Location, Continued (Marine Mammal Specimen)

3.5

14. FIELD NAME	15. POSITION FROM -1 MEASURED IN BYTES (e.g., 120, 2000)	16. LENGTH		17. ATTRIBUTES	18. USE AND MEANING
		NUMBER	UNITS		
Characteristics of moderate ice	74	1	Bytes	A1	Use File 027 Ice Characteristics Code
Octas of heavy ice	75	1	Bytes	A1	Use File 027 Coverage Code
Characteristics of heavy ice	76	1	Bytes	A1	Use File 027 Ice Characteristics Code
Deformation Code	77	1	Bytes	A1	Use File 027 Deformation Code
Transect Width Code	78	1	Bytes	A1	Use File 027 Transect Width Code
Blank	79	2	Bytes	2X	

*Tide Height - Given in tenths of the Diurnal Range for nearest prediction location. Ref. Tide Tables - High and Low water predictions, National Ocean Survey, NOAA, U. S. Dept. of Commerce. This provides information as to the actual stage of the tide.

Example

If the Diurnal Range for a given area is 20 feet and the predicted height + is eight feet for a falling tide, then the coded entry would be (-04).

+See page 185-186 of the Tide Table for computation of predicted height for any time.

28 8/17/77 KLF

RECORD FORMAT DESCRIPTION

3-31-76

4

RECORD NAME Physical 1 (Marine Mammal Specimen)

14. FIELD NAME	15. POSITION FROM -1 MEASURED IN Bytes (e.g., bits, bytes)	16. LENGTH		17. ATTRIBUTES	18. USE AND MEANING
		NUMBER	UNITS		
File Type	1	3	Bytes	A3	Always '025'
File Identifier	4	6	Bytes	A6	
Record Type	10	1	Bytes	I1	Always '2'
Specimen Number	11	10	Bytes	A10	Analogous to NODC Station Number
Sequence Number	21	5	Bytes	I5	
Taxonomic Code	26	10	Bytes	5A2	
Sub Species	36	2	Bytes	A2	
Sex Code	38	1	Bytes	A1	
Accompanied by Pup	39	1	Bytes	A1	Use Decision Code
Mammal Lactating	40	1	Bytes	A1	Use Decision Code
Mammal Sunk	41	1	Bytes	A1	Use Decision Code (N = Floated)
Group Size	42	4	Bytes	I4	Whole number
Collection Method Code	46	1	Bytes	A1	Use File 027 Collection Method Code
Weight of Hide and Blubber	47	6	Bytes	I6	To whole grams
Curvilinear Length	53	4	Bytes	I4	Centimeters to tenths
Axillary Girth	57	4	Bytes	I4	Centimeters to tenths
Maximum Girth	61	4	Bytes	I4	Centimeters to tenths
Front Flipper Length	65	3	Bytes	I3	Centimeters to tenths
Front Flipper Width	68	3	Bytes	I3	Centimeters to tenths
Hind Flipper Length	71	3	Bytes	I3	Centimeters to tenths
Hind Flipper Width	74	3	Bytes	I3	Centimeters to tenths
Blank	77	4	Bytes	4X	

28 Sept 77

RECORD FORMAT DESCRIPTION

7-19-76

5

RECORD NAME Physical 2 (Marine Mammal Specimen)

14. FIELD NAME	15. POSITION FROM - 1 MEASURED IN BYTES (e.g., bits, bytes)	16. LENGTH		17. ATTRIBUTES	18. USE AND MEANING
		NUMBER	UNITS		
File Type	1	3	Bytes	A3	Always '025'
File Identifier	4	6	Bytes	A6	
Record Type	10	1	Bytes	I1	Always '3'
Specimen Number	11	10	Bytes	A10	Analogous to NODC Station Number.
Sequence Number	21	5	Bytes	I5	
Navel to Anus Length	26	3	Bytes	I3	Centimeters to tenths
Penis to Anus Length	29	4	Bytes	I4	Centimeters to tenths
Tail Length	33	3	Bytes	I3	Centimeters to tenths
Blubber Thickness, Sternum	36	3	Bytes	I3	Centimeters to tenths
Blubber Thickness, Chest	39	3	Bytes	I3	Centimeters to tenths
Neck Circumference	42	3	Bytes	I3	Centimeters to tenths
Stomach Condition Empty	46	1	Bytes	A1	Use Decision Code (N = Has Contents)
Gross Weight	47	7	Bytes	I7	Whole grams
Standard Length	54	4	Bytes	I4	Centimeters to tenths
Blank Cause of Death	58	23	Bytes	23X A1	- Does not include gunshot animals - Only Gravid or carcasses use Morbidity & Mortality Code to use for research animals
Cause of Illness	59	1	Bytes	A1	
Blank	60	21	Bytes	21X	

(Nov 78)

28 SEP 77

RECORD FORMAT DESCRIPTION

3-31-76
6

RECORD NAME Age-Reproductive --Male (Marine Mammal Specimen)

14. FIELD NAME	15. POSITION FROM - 1 MEASURED IN Bytes (e.g., bits, bytes)	16. LENGTH		17. ATTRIBUTES	18. USE AND MEANING
		NUMBER	UNITS		
File Type	1	3	Bytes	A3	Always '025'
File Identifier	4	6	Bytes	A6	
Record Type	10	1	Bytes	I1	Always '4'
Specimen Number	11	10	Bytes	A10	Analogous to NODC Station Number
Sequence Number	21	5	Bytes	I5	
Age	26	2	Bytes	I2	Whole units
Age Unit Code	28	1	Bytes	A1	blank - no information (only if age is blank) '1' - years '2' - months '3' - <i>foetal age in months</i>
Age Determination Technique	29	1	Bytes	A1	blank - no information '1' - Claw rings '2' - Dentine annuli '3' - Cementum annuli '4' - Estimated
Age Accuracy Blank Code	30	1	Bytes	IX A1	E - Exact Age T - Age is minimum
Baculum Length	31	3	Bytes	I3	To whole millimeters
Baculum Weight	34	5	Bytes	I5	To tenths of grams
Testes Weight with Epididymis	39	5	Bytes	I5	To tenths of grams
Testes Weight without Epididymis	44	5	Bytes	I5	To tenths of grams
Testes Volume	49	5	Bytes	I5	To tenths of cubic centimeters
Testis #1 Length	54	3	Bytes	I3	To whole millimeters
Width	57	3	Bytes	I3	To whole millimeters
Testis #2 Length	60	3	Bytes	I3	To whole millimeters
Width	63	3	Bytes	I3	To whole millimeters

NOV 78

28 Sept 77
updated 6 Feb 79 (offical 11-27-77) K.F.

RECORD FORMAT DESCRIPTION

3-31-76

RECORD NAME Age-Reproductive- Male, Continued (Marine Mammal Specimen)

7

14. FIELD NAME	15. POSITION FROM - 1 MEASURED IN BYTES (e.g., bits, bytes)	16. LENGTH		17. ATTRIBUTES	18. USE AND MEANING
		NUMBER	UNITS		
Presence of Sperm in Epididymis	66	1	Bytes	A1	blank - no information '1' - none found '2' - trace '3' - abundant
Sperm Method of Determination	67	1	Bytes	A1	blank - no information '1' - smear '2' - cross section of epididymis
Blank	68	13	Bytes	13X	

RECORD FORMAT DESCRIPTION

3-31-76

8

RECORD NAME Age-Reproductive-Female (Marine Mammal Specimen)

14. FIELD NAME	15. POSITION FROM - 1, MEASURED IN Bytes (e.g., bits, bytes)	16. LENGTH		17. ATTRIBUTES	18. USE AND MEANING
		NUMBER	UNITS		
File Type	1	3	Bytes	A3	Always '025'
File Identifier	4	6	Bytes	A6	
Record Type	10	1	Bytes	I1	Always '5'
Specimen Number	11	10	Bytes	A10	Analogous to NODC Station Number
Sequence Number	21	5	Bytes	I5	
Age	26	2	Bytes	I2	Whole units
Age Unit Code	28	1	Bytes	A1	blank-- no information '1' - years '2' - months '3' - <i>factual age in months</i>
Age Determination Techniques	29	1	Bytes	A1	blank - no information '1' - Claw rings '2' - Dentine annuli '3' - Cementum annuli '4' - Estimated
<i>Age Accuracy Code</i>	30	1	Bytes	A1 A1	E - Exact Age. T - Age is a minimum
Reproductive Status Code	31	1	Bytes	A1	blank - no information '0' - indeterminable '1' - nulliparous '2' - primiparous '3' - multiparous
Reproductive Condition Code	32	1	Bytes	A1	blank - no information '0' - indeterminable '1' - not pregnant '2' - unimplanted pregnant '3' - implanted pregnant '4' - postartum '5' - aborted '6' - proestrous '7' - estrous '8' - resorption
Number of Fetuses	33	1	Bytes	I1	
Ovary Weight (combined)	34	4	Bytes	I4	To tenths of grams
Number of Corpora Lutea	38	1	Bytes	I1	

update 6 Feb 78 R7
Nov 78

RECORD FORMAT DESCRIPTION

3-31-76

9

RECORD NAME Age-Reproductive - Female, Continued (Marine Mammal Specimen)

14. FIELD NAME	15. POSITION FROM - 1 MEASURED IN Bytes (e.g., bits, bytes)	16. LENGTH		17. ATTRIBUTES	18. USE AND MEANING
		NUMBER	UNITS		
Diameter of Largest Corpora Lutea	39	2	Bytes	I2	To whole millimeters
Number of Corpora Albicantia	41	1	Bytes	I1	
Diameter of Largest Corpora Albicantia	42	2	Bytes	I2	To whole millimeters
Number of Follicles Greater than 5 mm in diameter	44	1	Bytes	I1	
Diameter of Largest Follicle	45	2	Bytes	I2	To whole millimeters
Number of Uterine Scars	47	1	Bytes	I1	
Blank	48	33	Bytes	33X	

28 Sept 77

RECORD FORMAT DESCRIPTION

3-31-76

10

RECORD NAME Stomach Contents (Marine Mammal Specimen)

14. FIELD NAME	15. POSITION FROM -1 MEASURED IN Bytes (e.g., bits, bytes)	16. LENGTH		17. ATTRIBUTES	18. USE AND MEANING
		NUMBER	UNITS		
File Type	1	3	Bytes	A3	Always '025'
File Identifier	4	6	Bytes	A6	
Record Type	10	1	Bytes	I1	Always '6'
Specimen Number	11	10	Bytes	A10	Analogous to NODC Station Number
Sequence Number	21	5	Bytes	I5	
Weight of Full Stomach	26	6	Bytes	I6	To tenths of grams
Weight of Empty Stomach	32	5	Bytes	I5	To tenths of grams
Weight of Food Contents	37	6	Bytes	I6	To tenths of grams
Total Volume of Contents	43	6	Bytes	I6	To tenths of cubic centimeters
Stomach Code Blank	49	32 1	Bytes	32x A1	E for empty Sept '76 T - Trice M - measured
Blank	50	31	Bytes	31x	

RECORD FORMAT DESCRIPTION

2-15-77

RECORD NAME Stomach Content Species (Marine Mammal Specimen)

14. FIELD NAME	15. POSITION FROM - 1 MEASURED IN Bytes (e.g., bits, bytes)	16. LENGTH		17. ATTRIBUTES	18. USE AND MEANING
		NUMBER	UNITS		
File Type	1	3	Bytes	A3	Always '025'
File Identifier	4	6	Bytes	A6	
Record Type	10	1	Bytes	I1	Always '7'
Specimen Number	11	10	Bytes	A10	Analogous to NODC Station Number
Sequence Number	21	5	Bytes	I5	
Taxonomic Code	26	10	Bytes	5A2	This code and all other measurements on this record refer to the prey items(s).
Sub Species	36	2	Bytes	A2	
Life History Code	38	1	Bytes	A1	
Miscellaneous Stomach Contents Code	39	2	Bytes	A2	
Number of Items Identified	41	4	Bytes	I4	Use File 025 Miscellaneous Stomach Contents Code
Volume of Items Identified	45	6	Bytes	I6	Cubic Centimeters to tenths
Weight of Items Identified	51	6	Bytes	I6	In grams to tenths
Mean Length of Items Identified	57	4	Bytes	I4	To whole millimeters
Maximum Length of Item Identified	61	4	Bytes	I4	To whole millimeters
Minimum Length of Item Identified	65	4	Bytes	I4	To whole millimeters
Digestive Organ Code	69	1	Bytes	A1	Use File 025 Digestive Organ Code 1 = intestine 2 = 1/2 intestine 3 = 3/4 intestine 4 = stomach
Blank	70	11	Bytes	11X	

26 Sep 77

RECORD FORMAT DESCRIPTION

3-31-76

12

RECORD NAME Text (Marine Mammal Specimen)

14. FIELD NAME	15. POSITION FROM -1 MEASURED IN Bytes (e.g., bits, bytes)	16. LENGTH		17. ATTRIBUTES	18. USE AND MEANING
		NUMBER	UNITS		
File Type	1	3	Bytes	A3	Always '025'
File Identifier	4	6	Bytes	A6	
Record Type	10	1	Bytes	I1	Always '8'
Specimen Number	11	10	Bytes	A10	Analogous to NODC Station Number
Sequence Number	21	5	Bytes	I5	
Text	26	55	Bytes	55A1	Any alphanumeric information

RECORD FORMAT DESCRIPTION

RECORD NAME Age

(Marine Mammal Specimen)

11-23-77

14. FIELD NAME	15. POSITION FROM - 1 MEASURED IN Bytes (e.g., bits, bytes)	16. LENGTH		17. ATTRIBUTES	18. USE AND MEANING
		NUMBER	UNITS		
File Type	1	3	Bytes	A3	Always '025'
File Identifier	4	6	Bytes	A6	
Record Type	10	1	Bytes	I1	Always '9'
Specimen Number	11	10	Bytes	A10	Analogous to NODC Station Number
Sequence Number	21	5	Bytes	I5	
Age	26	2	Bytes	I2	Whole units
Age Accuracy Code	28	1	Bytes	A1	E - Exact age + - Age is a minimum
Age Unit Code	29	1	Bytes	A1	1 - years 2 - months 3 - total age in months
Age Determination Code	30	1	Bytes	A1	Blank - no information 1 - Claw rings 2 - Dentine annuli 3 - Cementum annuli 4 - Estimated
Blank	31	50	Bytes	50x	

received 2-6-77

lib. 48

Error Correction Documentation Form

DATE: 1-4-80

TO:

RU 230

JOHN BURNS

FROM:

T. JOHNSON APD

SUBJECT: Error Correction in Processing of Data Set - Accession # 79-0339

- 1) File Type: 025
- 2) Project Ident.: OCSEAP
- 3) Track Nos.: TR5066-5084

I. Error Corrections as reported to Principal Investigator:

<u>Error</u>	<u>Correction Completed (Check)</u>
① delete zeros in 'Range in Vol. Series ID COCM & 1 when only zeros appear	① ✓ (SBE)
② blank field-hour needs zero filling	② ✓ (SBE)
③ delete values for water depths whole meters & range in tide stage ft. & 1 in track 5071 station Dish-1-77 RT1	③ ✓ (SBE)

II. Additional error corrections:

<u>Error</u>	<u>Correction Completed (Check)</u>
--------------	-------------------------------------

III. Processor Name: Susan B. Krig

DATE: 1-4-80

TO:

FROM:

TO: JOHN BURNS

T. J. BURNS

SUBJECT: Error Correction in Processing of Data Set - Accession # 79-0339

- 1) File Type: 025
- 2) Project Ident.: OCSEAP
- 3) Track Nos.: TR5066-5084

I. Error Corrections as reported to Principal Investigator:

<u>Error</u>	<u>Correction Completed (Check)</u>
① Delete zeros in 'Long in' data items SD CCM to 1 which only zeros appear	① ✓ (SBE)
② blank field-row needs zero filling	② ✓ (SBE)
③ Delete values for reducer depth in hole meters & change initial stage, H. 1 in track 5071 station Dist -1.77 RTI	③ ✓ (SBE)

II. Additional error corrections:

<u>Error</u>	<u>Correction Completed (Check)</u>
--------------	-------------------------------------

III. Processor Name: Susan E. King

TAPE ASSIGNMENT SHEET (MRL) 11/6/78

SESSION NO: 79-0339

TYPE OF TAPE	TAPE NUMBER	LABEL	LRECL	BLKSIZE	RECFM	REMARKS
ORIGINATOR	ANDY 168	NL	80	4000	FB	
DUPLICATE	005223	NL	80	4800	FB	
REFORMATTED						
FIRST USER	12596	SL	80	4800	FB	DSN = TR5066
FINAL USER	5738	SL	80	4800	FB	DSN = TR5066

Data Set Title Sheet

Accession # 79-0339

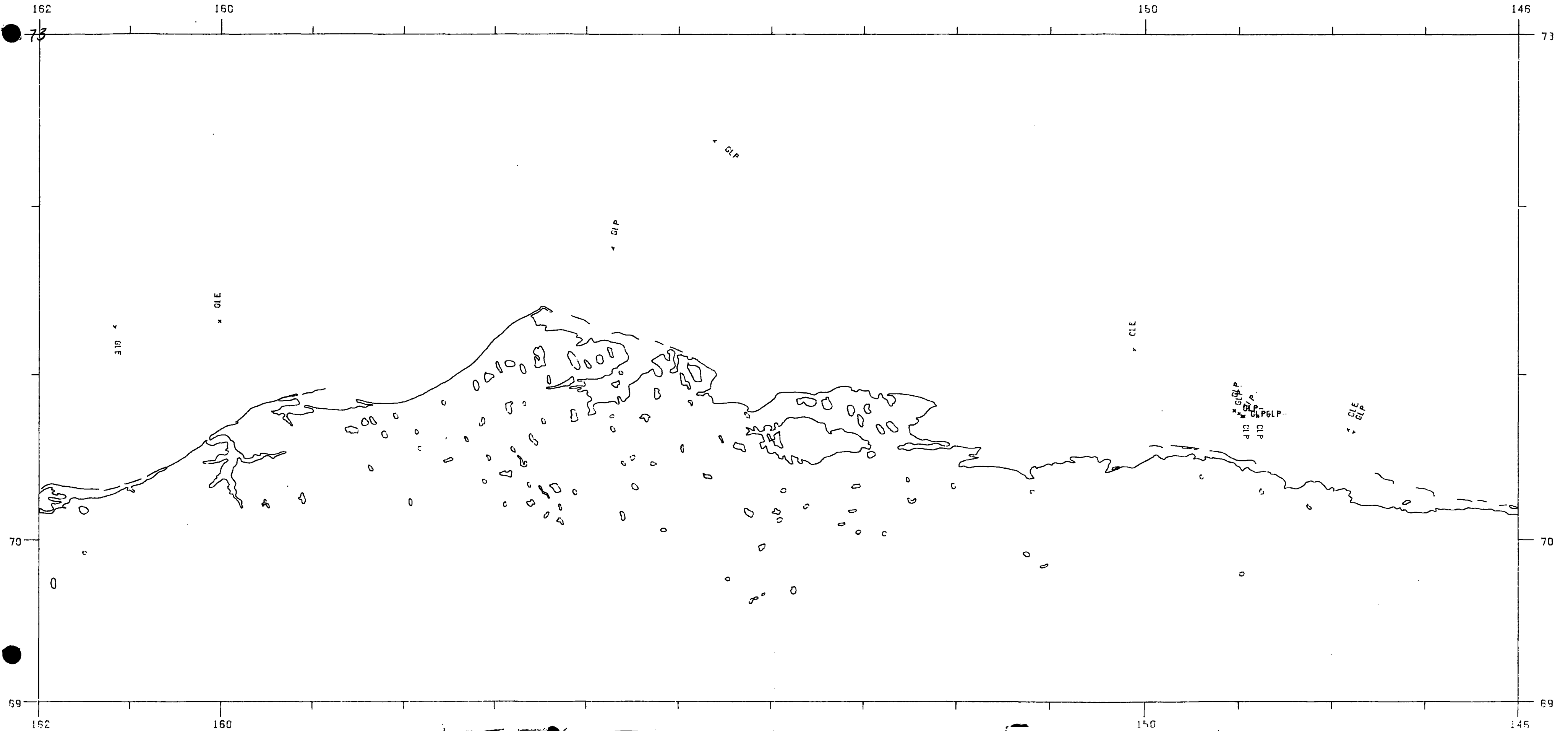
Step	Completion Date/Init.	Tape #,	# of Files	BLKSIZE,	LRECL
Originator Tape #	12-4-79	800 ANDY.68	1	4800	80
QUAD I Duplicate Tape #	12-11-79	800 005223	1	4800	80
DDF Evaluation					
Quality Review					
Preliminary Data Sort					
Preliminary Check	1/15/80	EA			
First User Tape #	7/10/80	SBK 12596	1	4800	80
Final User Tape #	7/10/80	SBK 5738	1	4800	80
Final Check	7/9/80	SBK			
NAPIS Inventory	7/10/80	SBK			
DIP Inventory					
Data Set 'Finalized'					

TAPE ASSIGNMENT SHEET (MRL) 11/6/78

ACCESSION NO: 79-0339

TYPE OF TAPE	TAPE NUMBER	LABEL	LRECL	BLKSIZE	RECFM	REMARKS
ORIGINATOR	ANDY68	NL	80	4000	FB	
DUPLICATE	005223	NL	80	4800	FB	
REFORMATTED						
FIRST USER	12596	SL	80	4800	FB	DSN = TR5066
FINAL USER	5738	SL	80	4800	FB	DSN = TR5066

TRACK TR5067 F-LETYPE 25





175

170

157

- 61

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59

167

170

175

59

50

* DISL
DISL

1510

DISH

*DISP.
*DISP

DISPATCH
DISPATCH

171

170

169

64

64

8VE

62

62

171

170

169



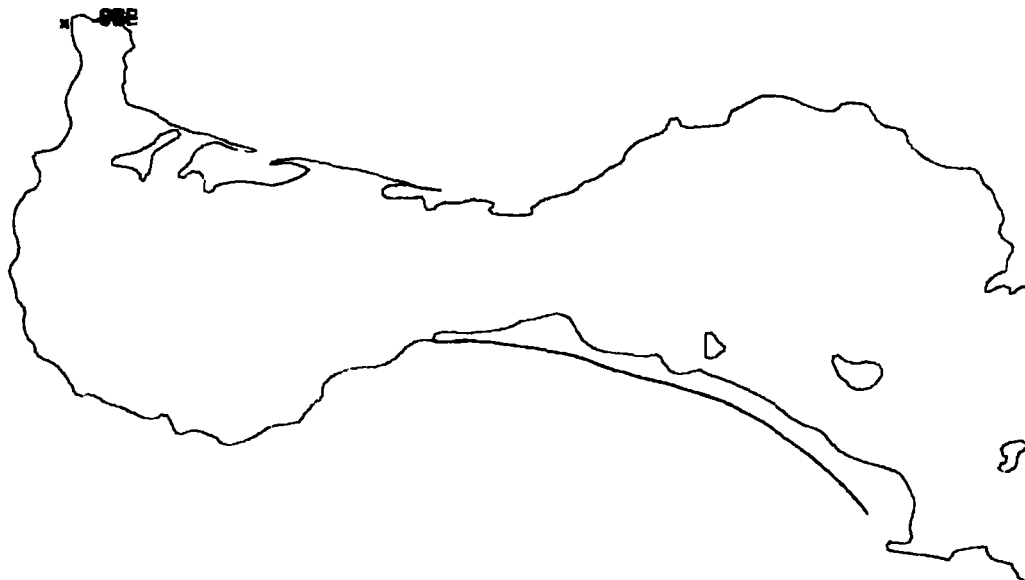
TRACK TR5070 FILETYPE 25

172

170

64

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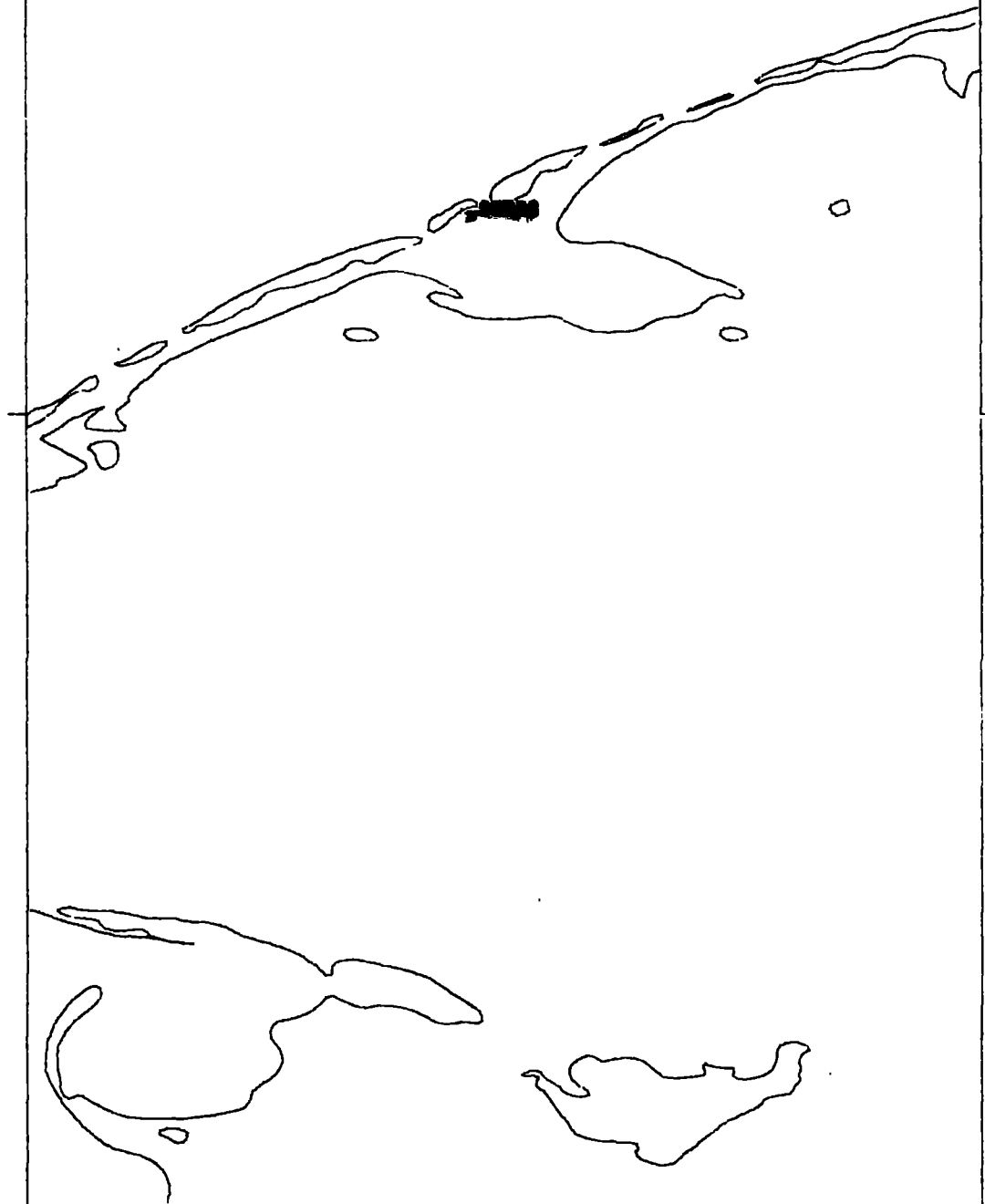


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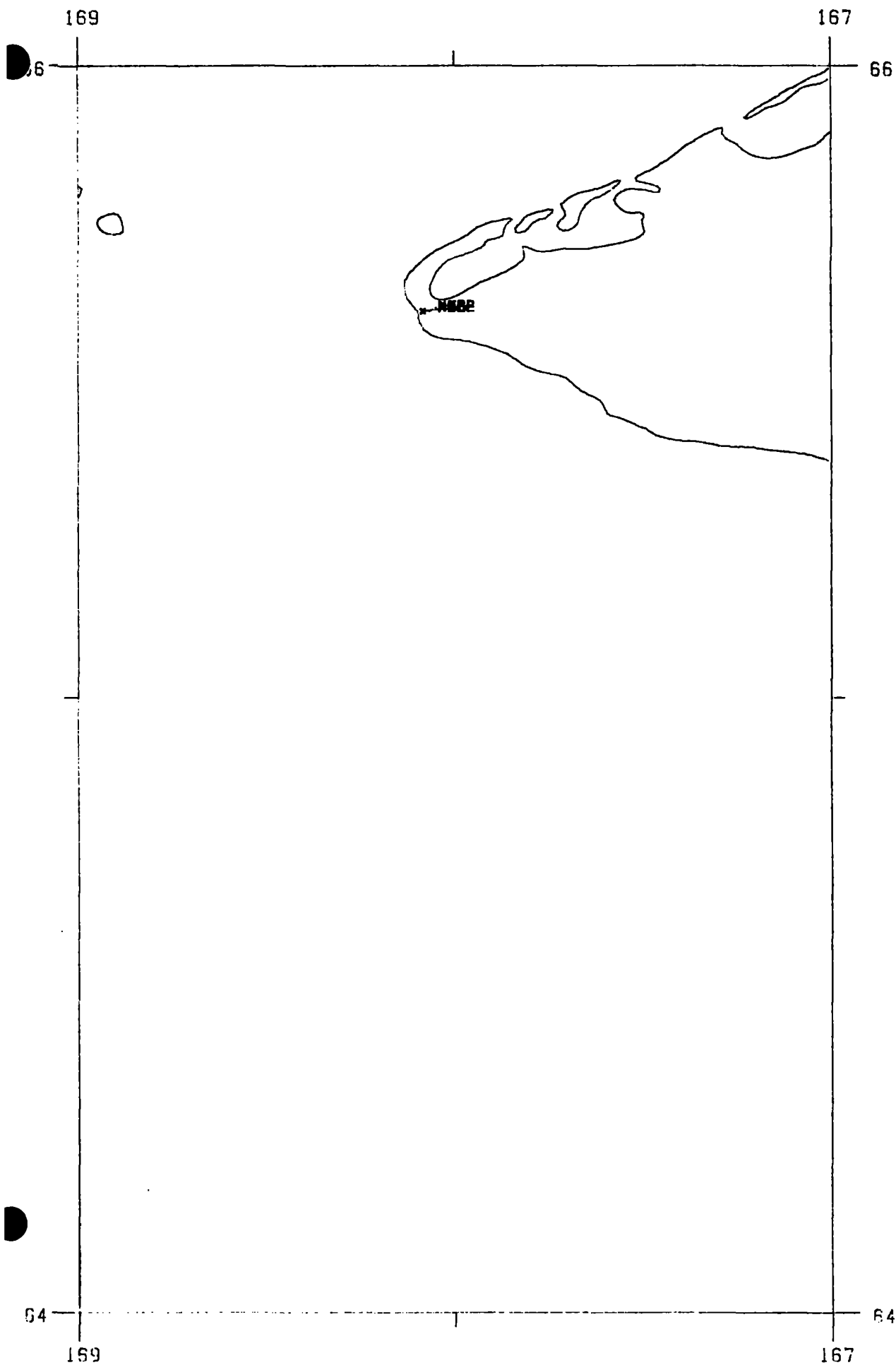
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170



TRACK TR5073 FILETYPE 25

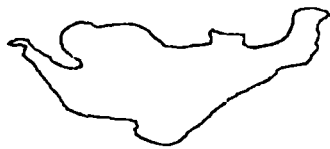


166

164

66

x NRP



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163

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65



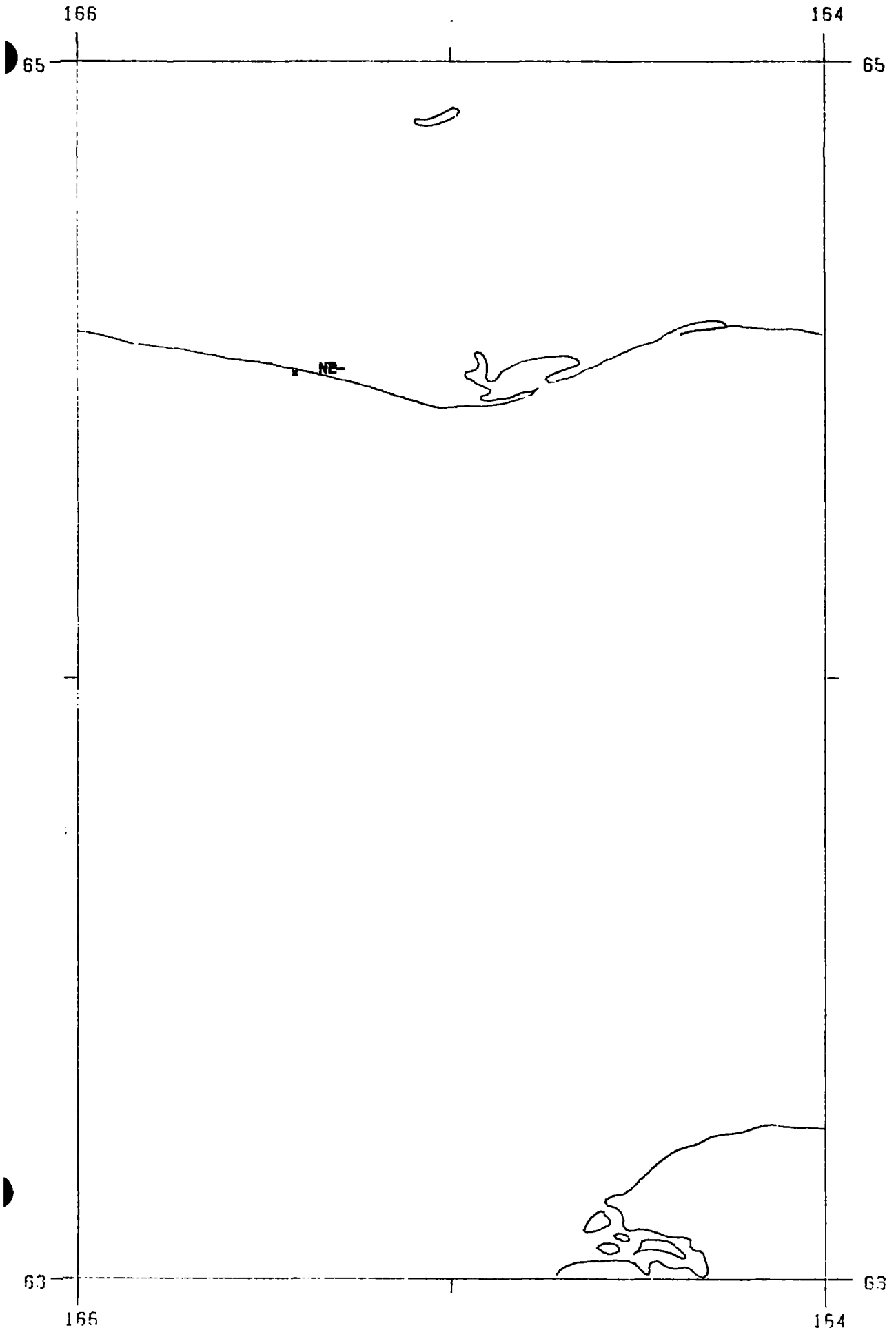
63

53

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163

TRACK TR5076 FILETYPE 25



170

168

166

66

DBP



64

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64

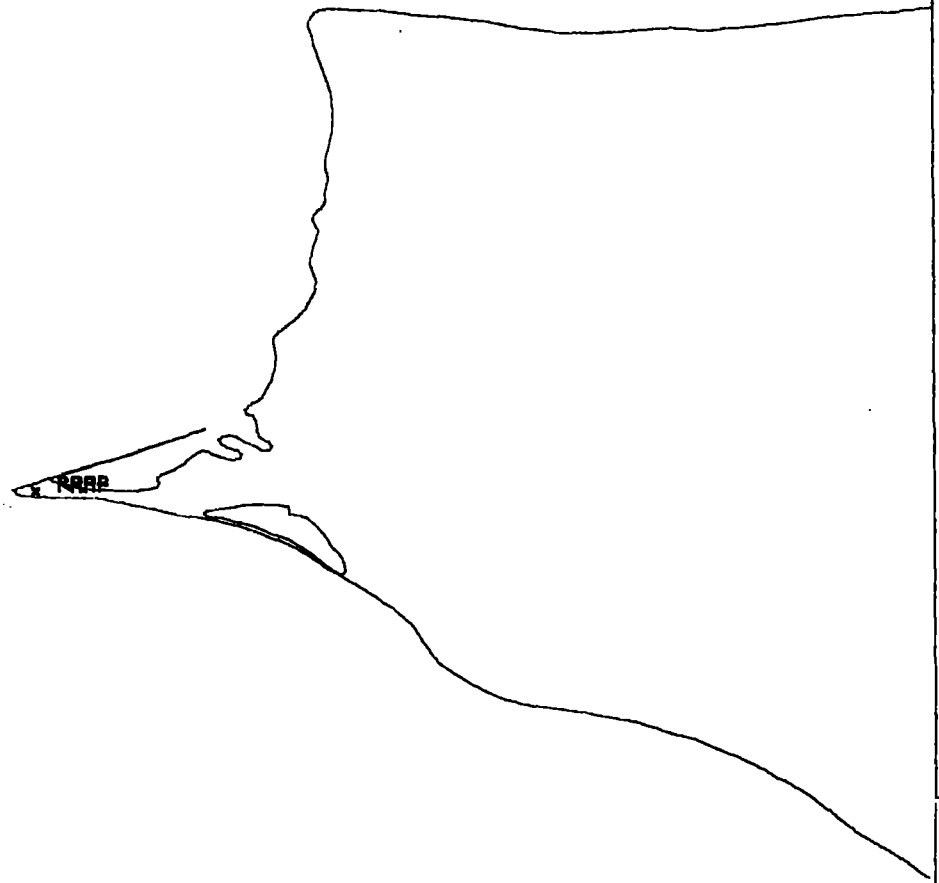
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167

165

69

69



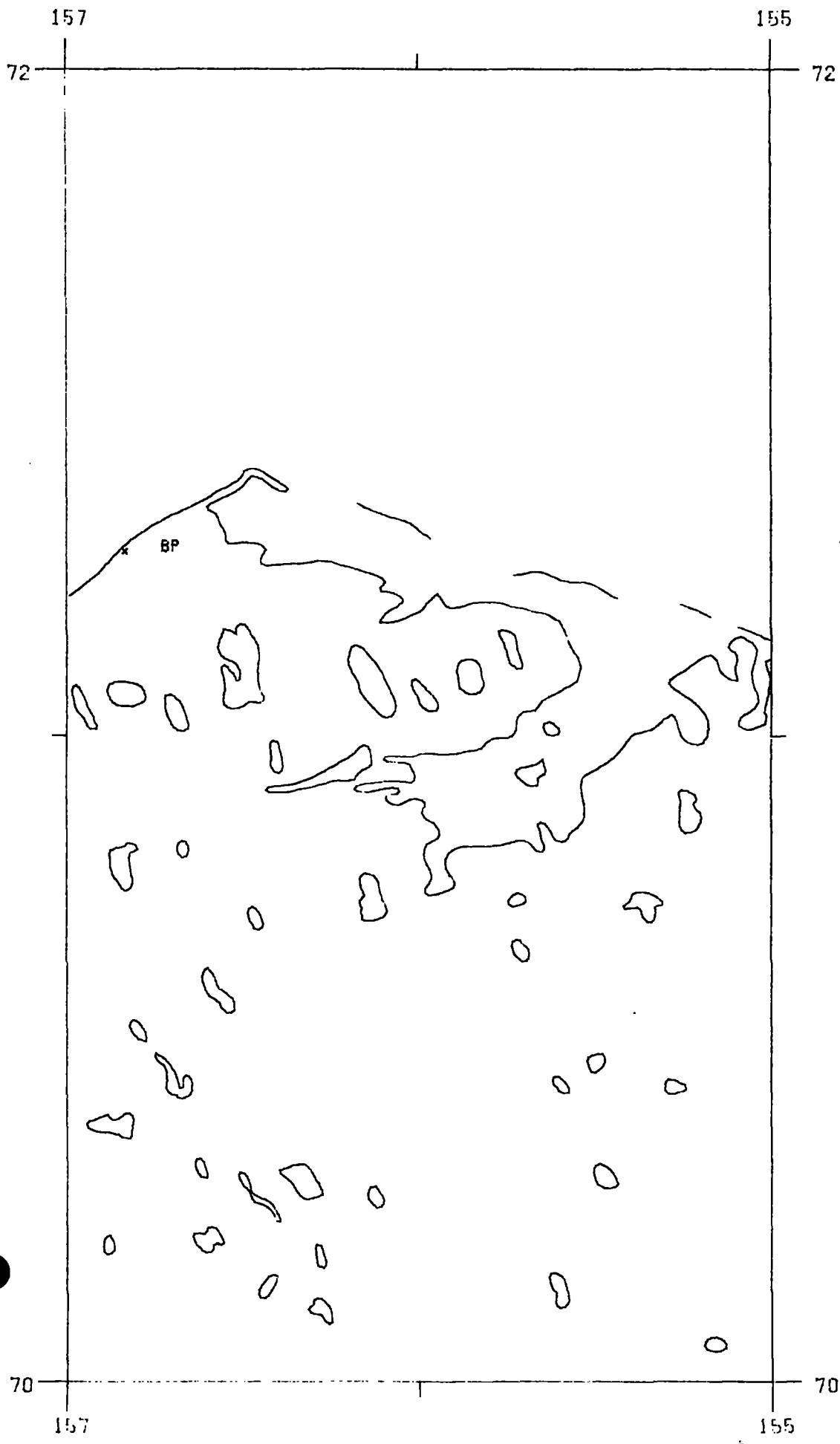
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67

167

165

TRACK TR5079 FILETYPE 25



156

154

72

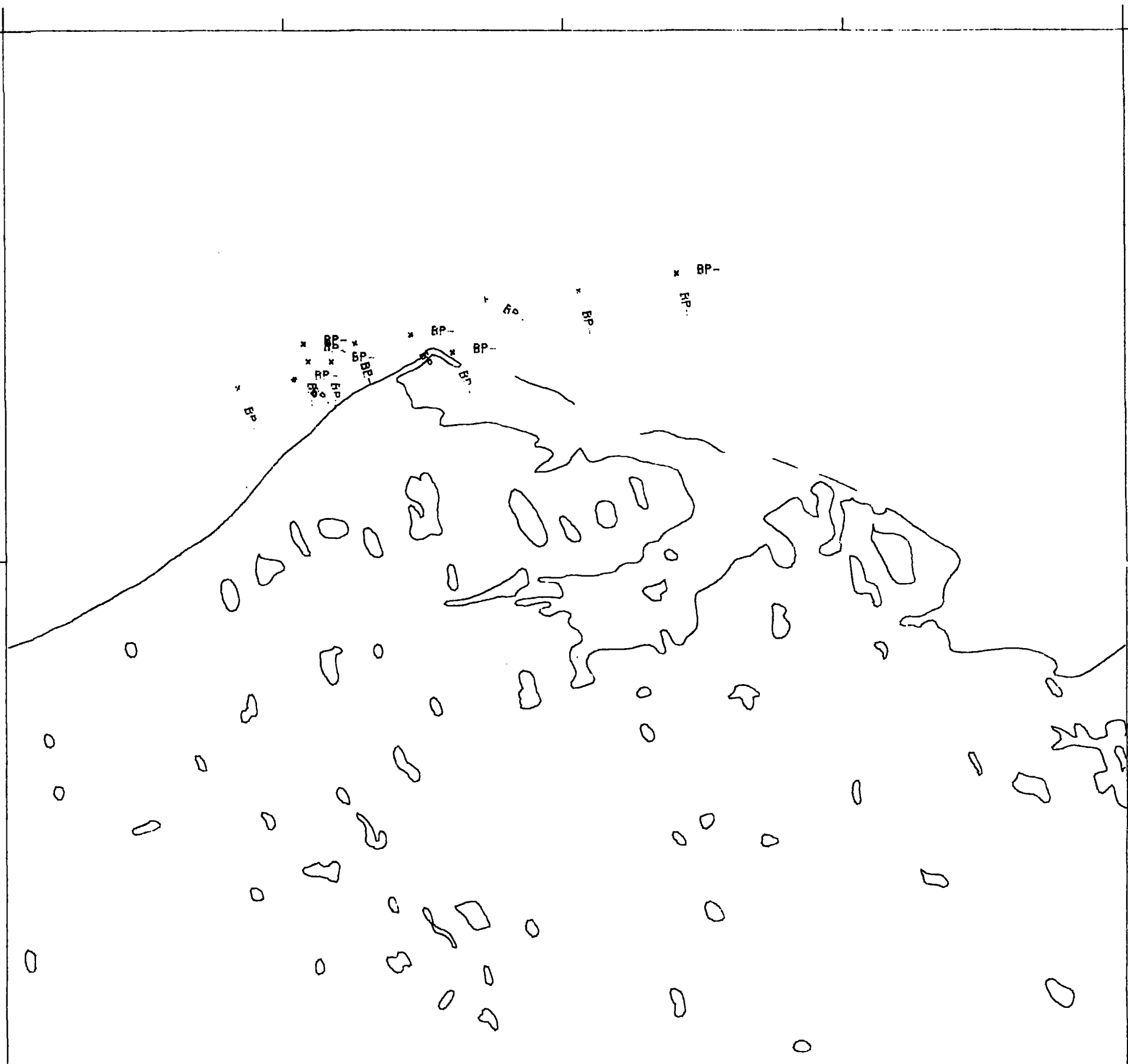
72

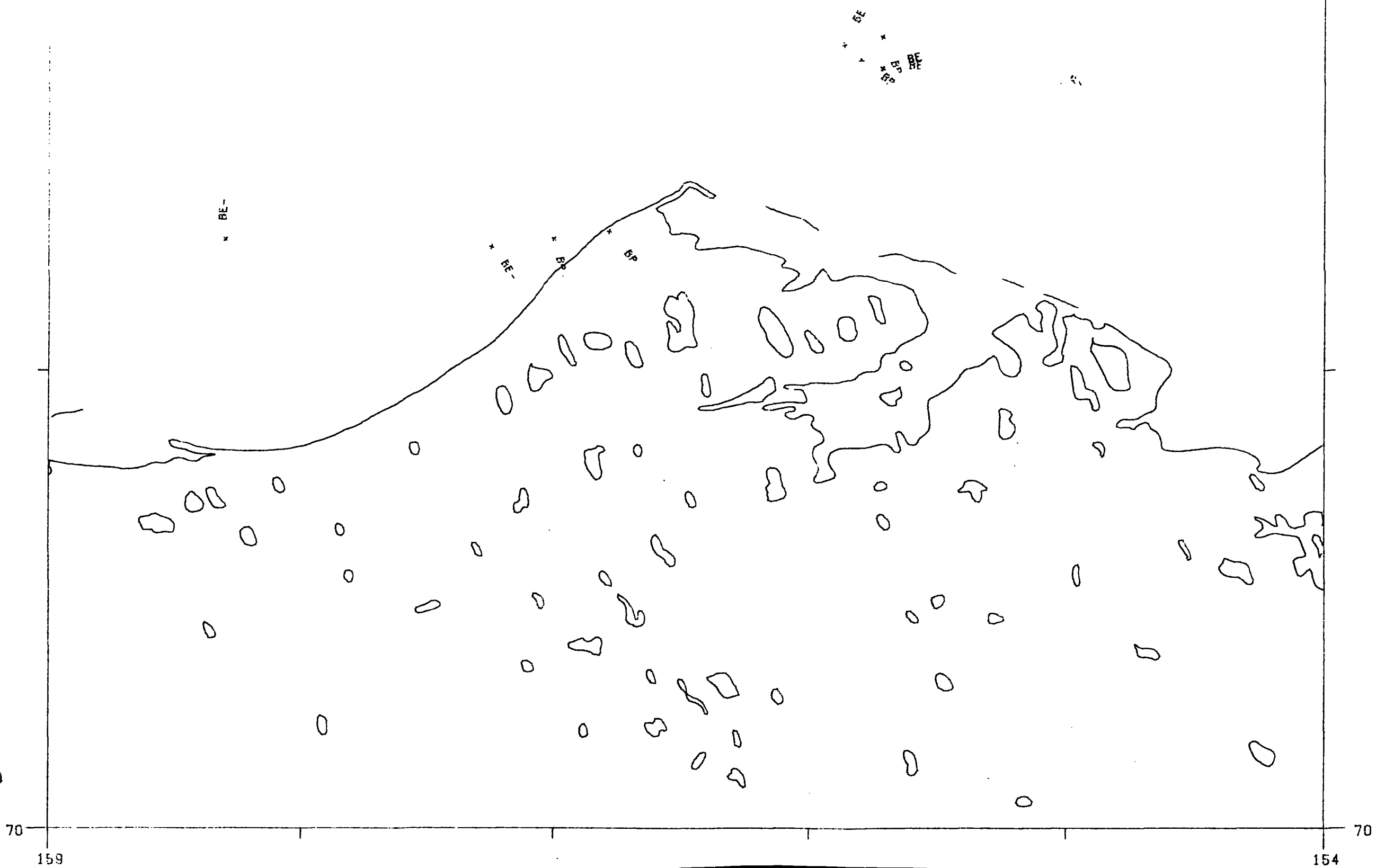
70

70

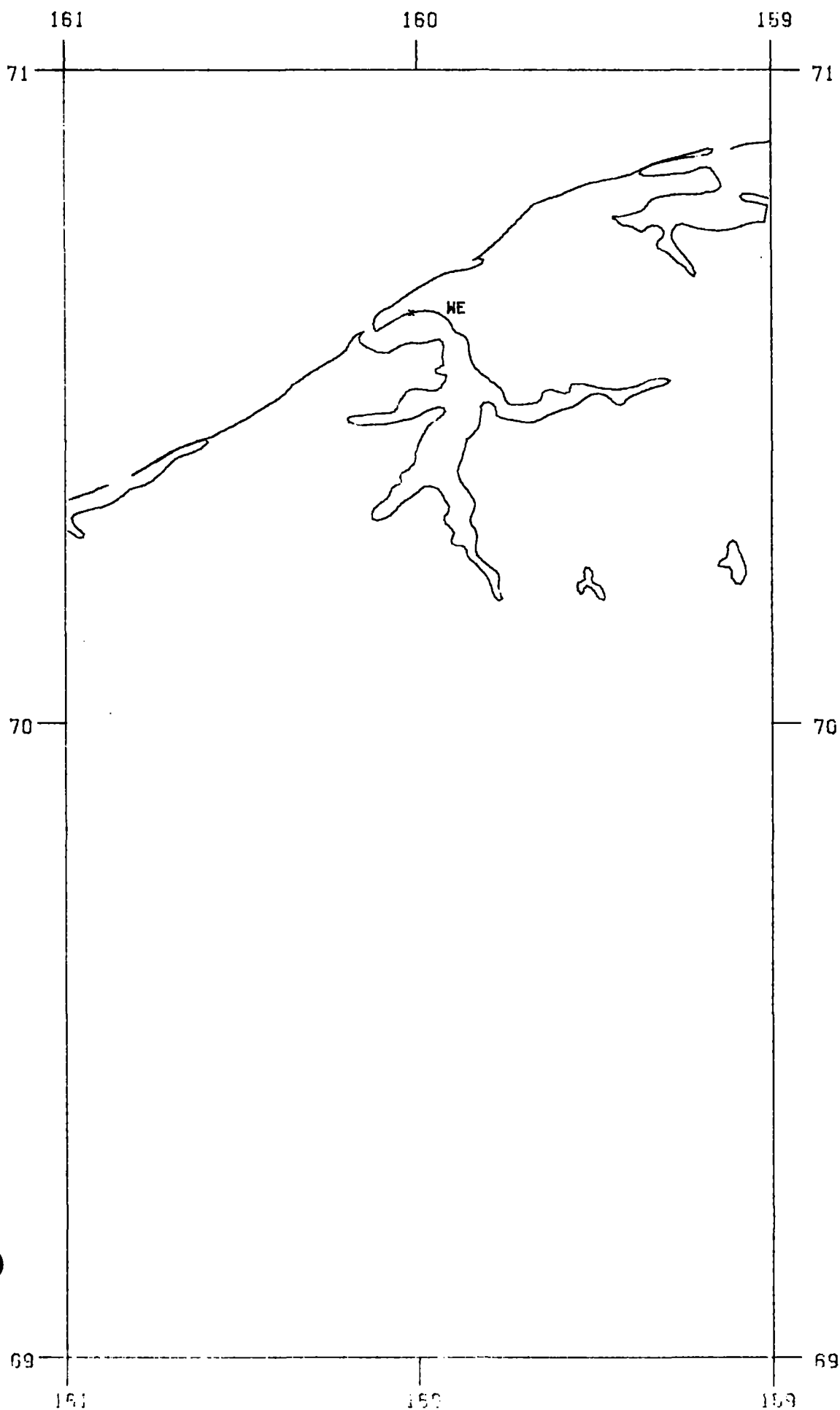
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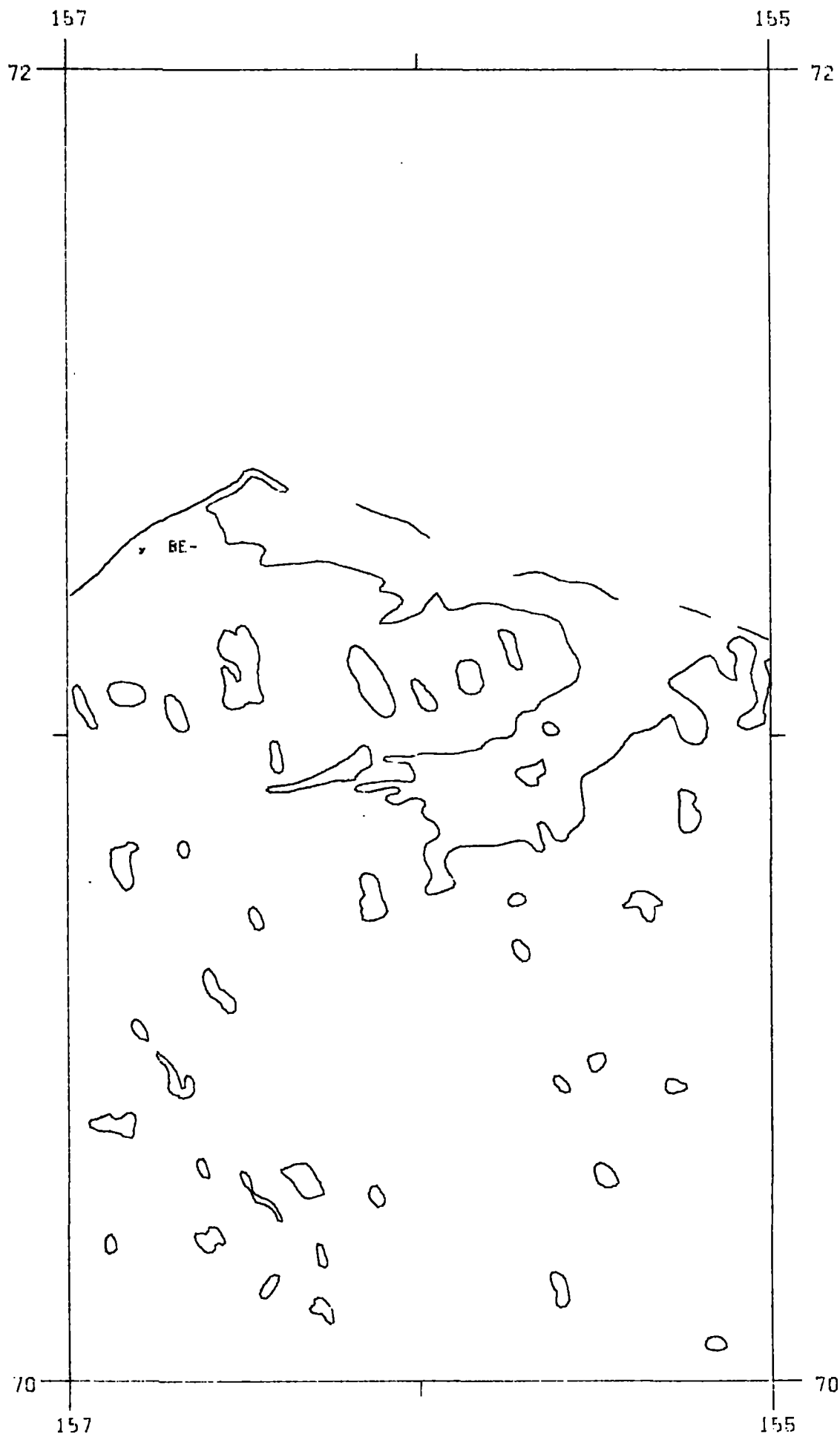
154





TRACK TR5082 FILETYPE 25



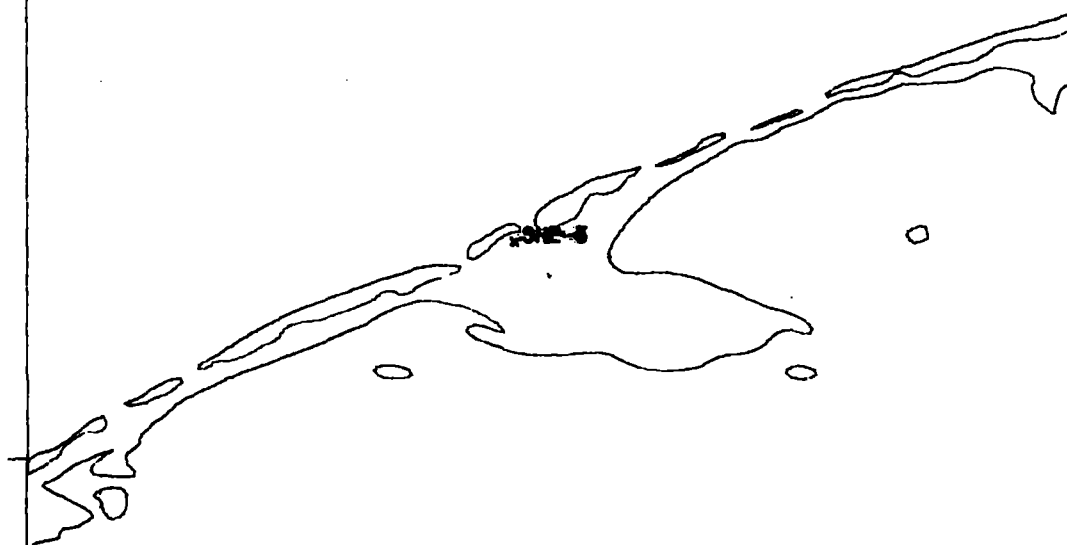


167

165

67

67



65

167

165

65

Password:

accNo	fleA	refNo	proj	inst	ship	startDate	cruise	catId
7900339	F025	TR5066	0081	31W5	3191	1977/11/06	N77PRU	310546
7900339	F025	TR5075	0081	31W5	3191	1977/03/07	377NOM	310555
7900339	F025	TR5080	0081	31W5	3199	1977/04/04	477BAR	310560
7900339	F025	TR5081	0081	31W5	3199	1977/11/14	N77BAR	310561
7900339	F025	TR5071	0081	31W5	31DS	1977/05/20	577DIS	310551
7900339	F025	TR5067	0081	31W5	31GL	1977/07/31	877GLA	310547
7900339	F025	TR5068	0081	31W5	31SU	1977/03/15	477SUV	310548
7900339	F025	TR5069	0081	31W5	32P8	1977/06/19	677SAV	310549
7900339	F025	TR5070	0081	31W5	32P8	1977/05/20	677GAM	310550
7900339	F025	TR5072	0081	31W5	32P8	1977/06/13	677SHI	310552
7900339	F025	TR5073	0081	31W5	32P8	1977/05/28	677WAL	310553
7900339	F025	TR5074	0081	31W5	32P8	1977/01/25	177NOM	310554
7900339	F025	TR5076	0081	31W5	32P8	1977/05/29	677NOM	310556
7900339	F025	TR5077	0081	31W5	32P8	1977/05/20	677DIO	310557
7900339	F025	TR5078	0081	31W5	32P8	1977/04/15	577PTH	310558
7900339	F025	TR5079	0081	31W5	32P8	1977/02/11	277BAR	310559
7900339	F025	TR5082	0081	31W5	32P8	1977/08/22	777WAI	310562
7900339	F025	TR5083	0081	31W5	32P8	1977/07/21	777BAR	310563
7900339	F025	TR5084	0081	31W5	32P8	1977/10/14	N77SHI	310564

(19 rows affected)

Password:

accNo	fleA	refNo	ship	staCnt	recCnt	startDate	endDate
7900339	F025	TR5066	3191	25	330	77/11/06	77/11/10
7900339	F025	TR5075	3191	31	426	77/03/07	77/03/24
7900339	F025	TR5080	3199	10	127	77/04/04	77/04/14
7900339	F025	TR5081	3199	23	229	77/11/14	77/11/17
7900339	F025	TR5071	31DS	16	153	77/05/20	77/06/11
7900339	F025	TR5067	31GL	21	426	77/07/31	77/09/06
7900339	F025	TR5068	31SU	30	340	77/03/15	77/05/03
7900339	F025	TR5069	32P8	18	93	77/06/19	77/06/24
7900339	F025	TR5070	32P8	94	1007	77/05/20	77/06/15
7900339	F025	TR5072	32P8	464	5676	77/06/13	77/07/11
7900339	F025	TR5073	32P8	31	281	77/05/28	77/07/02
7900339	F025	TR5074	32P8	7	66	77/01/25	77/01/29
7900339	F025	TR5076	32P8	31	372	77/05/29	77/06/12
7900339	F025	TR5077	32P8	36	329	77/05/20	77/06/24
7900339	F025	TR5078	32P8	31	353	77/04/15	77/06/01
7900339	F025	TR5079	32P8	2	27	77/02/11	77/02/16
7900339	F025	TR5082	32P8	4	55	77/08/22	77/08/24
7900339	F025	TR5083	32P8	1	20	77/07/21	77/07/21
7900339	F025	TR5084	32P8	59	536	77/10/14	77/11/05

(19 rows affected)