

013
~~013~~

02-08-94
~~02-08-94~~

DATA ENTRY INFORMATION SHEET
(DATASET INVENTORY)

DATE OF ENTRY: ~~02-08-94~~

081718 ✓

9400014 ✓
~~9400014~~

REFERENCE NUMBER: 081718 ✓ ACCESSION NUMBER: 9400014 ✓
FORMER REFERENCE NUMBER: _____ FORMER ACCESSION NUMBER: _____ (RESUB)

INVENTORY

MEDIA-IN: 04 - STRIPCHART DINDEX CODE 17
EXCHANGE (FORMAT): E005 - UBT (EXP)
PROCESSING (FORMAT): C116 - XBT

(NOTE) If data is F022, create an additional record for C022.

INSTITUTE (COUNTRY AND INSTITUTE CODES): 3105
PLATFORM (COUNTRY AND PLATFORM CODES): 3260
PLATFORM TYPE: 9 - SHIP DINDEX CODE 09

ORIGINATORS FILE ID: _____ ORIGINATORS CRUISE ID: _____
CRUISE START DATE: 01/02/94 CRUISE END DATE: 01-30-94 Press
PROJECT CODE: _____ DATA USE CODE (DUC): 3 to col

VOLUME - NUMBER OF STATIONS: 15 NUMBER OF RECORDS: 15

If STA/REC counts are not appropriate then enter -

NUMBER: _____ UNITS: _____

OCEAN AREA

CODE 1: 230 MEANING: NW ATLANTIC OCEAN
CODE 2: 27 MEANING: CARIBBEAN SEA
CODE 3: _____ MEANING: _____

DINDEX TRACK TRANSACTION GENERATED: 1 1

#013
#

02-08-94
~~02-08-94~~

9400014 ✓
~~9400014~~

DATA ENTRY INFORMATION SYSTEM
(SUBMISSIONS)

DATE OF ENTRY: ~~02-08-94~~ ACCESSION NUMBER: ~~9400014~~
DATE OF RECEIPT: ~~02-08-94~~ FORMER ACCESSION NUMBER: ~~9400014~~ (RESUBS ONL)

SUBMITTER'S NAME: USS STEPHEN W. GROVES (FIRST M. I. LAST) (FFG-29)
SUBMITTER'S ADDRESS: COMM. OFF.
ADDRESS: FPOAA
CITY: MIAMI STATE: FL ZIP: 34091-1485
COUNTRY: _____

NODC SUBMITTER CODE: NONE SUBMISSION PRIORITY: NONE
L.O. AREA: SE S.A. CODE: _____ SPONSORING AGENCY: _____

CONTENTS OF SUBMISSION

DOCUMENTATION? _____ MAGNETIC TAPE(S)? _____ DISKETTE(S)? _____
STRIP CHART(S)? ✓ LOG SHEET(S)? ✓ MAP(S)/CHART(S)? _____
PUBLICATION(S)? _____ MICROFORM(S)? _____ CASSETTE(S)? _____
Press
PgDn
cont d

DESCRIPTION: 15-XBT STRIPCHARTS & LOGS(7):
(to be entered on Submitter acknowledgement letter)

SUBMISSION MANAGER (3 INITIALS): DLB
DATE TRANSFERRED TO SUBMISSION MANAGER: 02-08-94

SUBMITTER ACKNOWLEDGEMENT DATE: / /

ENTIRE SUBMISSION ON "HOLD" STATUS

WHEN: / / WHY: _____ WHO'S RESPONSIBLE: _____ RESTART DATE: / /
REASON: _____
WHEN: / / WHY: _____ WHO'S RESPONSIBLE: _____ RESTART DATE: / /
REASON: _____
SUBMITTER CONTACTED ON: / /

ENTIRE SUBMISSION CANCELLED

WHEN: / / DISPOSITION: _____
REASON: _____