

DATA DOCUMENTATION FORM

NOAA FORM 24-13
(2-85)U.S. DEPARTMENT OF COMMERCE
NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION
NATIONAL OCEANOGRAPHIC DATA CENTER
RECORDS SECTION
WASHINGTON, DC 20235FORM APPROVED
O.M.B. No. 0648-0024
EXPIRES 2/29/87

(While you are not required to use this form, it is the most desirable mechanism for providing the required ancillary information on your data.)

This form should accompany the data as completed when the data are information at that time. Manuscripts which are ready for handwritten submissions are

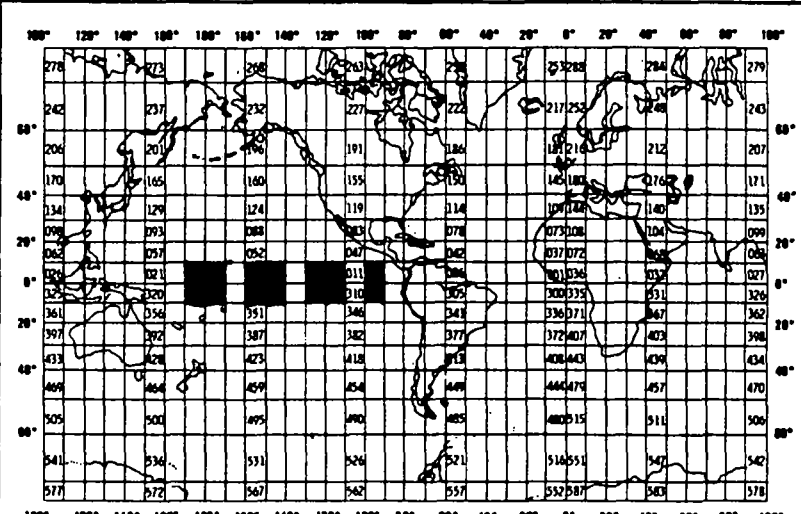
See -
Have the data as
provided. See e-mail
about getting it via App.
Thanks for your patience!

Originator Identification, must be received with the remaining pertinent information reports, publications, or other format specifics. Readable, sent to the above address.

THIS SECTION MUST BE COMPLETED

Kristy

SUBMITTED DATA ARE ASSOCIATED

1. NAME AND ADDRESS OF INSTITUTION Dr. Mike McPhaden NOAA / Pacific Marine Environmental Laboratory Bldg 3 / Bin C15700 7600 Sand Point Way NE Seattle, WA 98115		TOTAL = 215	
2. EXPEDITION, PROJECT, OR PROGRAM DURING WHICH DATA WERE COLLECTED Equatorial Pacific Ocean Climate Studies (EPOCS)		3. CRUISE NUMBER(S) USED BY ORIGINATOR TO IDENTIFY DATA IN THIS SHIPMENT EP193 EP393 EP194 TOGA EP293 EP493 EP294 CASTS = 48 TB193 EP593 EP394 TG293 EP693 EP494	
4. PLATFORM NAME(S) NOAA Discoverer NOAA Malcolm Baldrige	5. PLATFORM TYPE(S) (E.G., SHIP, BUOY, ETC.) Ship	6. PLATFORM AND OPERATOR NATIONALITY(IES) U.S. U.S.	7. DATES FROM: MO/DAY/YR TO: MO/DAY/YR 2/28/93 9/22/94
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) Dr. Mike McPhaden (206) 526-6783			