

**CAMERA OPERATOR'S CERTIFICATE**

This form must follow the reel(s) from start of filming until approval of reel(s) by Section.

**SECTION 1**

JOB NO.	117
DATE	22-8-23
TYPE OF FILM	16MM A.G. RB
REDUCTION	24-1
TYPE OF DOCUMENT	PHOTOGRAPH
LAST DOCUMENT	32999
EXPOSURES	12
TIME	
REEL NO.	

**CERTIFICATION**

I THE UNDERSIGNED OPERATOR, HEREBY CERTIFY THAT THE MICROPHOTOGRAPHS APPEARING IN THIS REEL ARE TRUE COPIES OF THE ORIGINAL DOCUMENTS INDEXED ABOVE.

OPERATOR: *[Signature]*

**SECTION 2**

**DENSITY REPORT**

DENSITY SATISFACTORY	<input type="checkbox"/>
LIGHT	<input type="checkbox"/>
DARK	<input type="checkbox"/>

CHECKED BY OPERATOR: \_\_\_\_\_ DATE: \_\_\_\_\_

**SECTION 3**

**INSPECTION REPORT**

DATE: \_\_\_\_\_

HEREBY CERTIFY THAT APART FROM THE RECORDS MENTIONED BELOW WHICH HAVE BEEN SET ASIDE FOR RETAKE, THIS REEL IS AN EXACT COPY OF THE ORIGINAL MENTIONED IN THE OPERATOR'S REPORT.

REFERENCE	NATURE OF RETAKE(S)

REEL APPROVED:

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

NOTE: For future reference, all three sections of this form must be completed.