CAMERA OPERATOR'S CERTIFICATE This form must follow the reel(s) from start of file isg until approval of reel(s) by Section. 1 SECTIO REEL NO. 5-JOB NO. EXPOSURE TIME DATE 2 a TYPE OF DO REDUCTION DB 01 AST DOCUMEN 4 S CERTIFICATION Y THAT THE MICROPHOTOGRAPHS APPEARING IN THIS REEL ARE TRUE I THE UNCERSIGNED OPERATOR, HEREBY COPIES OF THE ORIGINAL DOCUMENTS INDEXED ABOVE. 22 ERATOR SECTION 2 REPORT DENSITY DARK LIGHT DENSITY SATISFACTORY CHECKED BY OPERATOR DATE SECTION 3 INSPECTION REPORT DATE NATURE OF RETAKE (S) REFERENCE REEL APPROVED: SIGNATURE DATE NOTE: For future reference, all three sections of this form must be completed.

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