MICROFILM QUALITY EVALUATION REPORT FOR ______ of _____

SCHEDULE NUMBER	SERIES NUMBER	REEL OR FICHE #	INCLUSIVE DATES	DENSITY	RESOLUTION	THIOSULFATE RESIDUE/HYPO	DEFECTS (SEE BELOW)	COMMENTS
								<u></u>
Meets Archives and Records Commission Standards Does Not Meet Archives and Records Commission Standards								
Signature and Title of Inspector				Date				
Defects:								
 Folded Documents Overlapped Docume Edge Fog Fog 	quality evaluation of the microfilm 9. Improper Splicing 10. Missing Target 11. Contraction 12. Fingerprints		or microfiche: 13. Camera Jau 14. Pressure M 15. Stretch 16. Water Spot	arks 18. To 19. O	ocuments not in Alignment orn Documents ther (See Comments Section)			
White - Archives and Records Commission ARC Form 5A Canary - ODL Head of Micrographics Copy Rev. 03/91 Pink - Records Management Division Copy								

Gold - Agency Copy