

Classification

REPORTS INVENTORY				CONTROL NO. <i>DDS/OTR/ISS - 52</i>	
PREPARE IN DUPLICATE					
1. TITLE OF REPORT (If a fill-in report include Form No.) Training Category Transactions Errors				2. TYPE OF REPORT	
				STATISTICAL	
				NARRATIVE	
3. FUNCTIONAL AREA				ADMIN. GENERAL	
PERSONNEL				OTHER (specify)	
LOGISTICS					
MEDICAL					
TRAINING					
SECURITY					
FINANCE					
4. NO. OF COPIES PREPARED 1		5. FREQUENCY (weekly, monthly, quarterly, etc.) Canceled		6. DISTRIBUTION (No. of components not number of copies) 1	
7. FORMAT (memorandum, form computer print-out, etc) Computer print-out			8. ADP PROCESSING		9. DIRECTIVE AUTHORITY REQUIRING REPORT
			XX YES IF YES GIVE ADP PROCESSING NO.		HR [] 25X1
10. PREPARING COMPONENT (include lowest level contributing information to report) OCS OTR/ISS/AIR			11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.) None (Form 136, Form 1961)		

12. COST FACTORS

A. MANUAL PREPARATION AND REVIEW COSTS

GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X	TIMES PREPARED	=	COST PER YEAR
Same as Report 601A									

B. COSTS OF COMPUTER PRODUCED REPORTS

1 page x 5¢ per page =									\$.05
TOTAL COSTS PER YEAR									\$0.05

13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.

MORI/CDH

14. FUTURE GOALS

GOAL PROPOSED BY COMPONENT FOR THIS REPORT		25X1		STAT		ESTIMATED SAVINGS	
<input type="checkbox"/> RETAIN AS IS	<input type="checkbox"/> OTHER (explain)			MAN-HOURS		DOLLARS	
<input type="checkbox"/> CHANGE				0		\$.05	
<input checked="" type="checkbox"/> DISCONTINUE							

16. DATE OF INVENTORY 9 OCT 1970	17. NAME AND TITLE OF PERSON FURNISHING INFORMATION	18. EXTENSION
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