

REPORTS INVENTORY

CONTROL NO:

SRB 930 B

PREPARE IN DUPLICATE

1. TITLE OF REPORT (if a fill-in report include Form No.)

930B HOSP NAME DISCREP

2. TYPE OF REPORT  
 STATISTICAL  
 NARRATIVE  
 MACHINE-NAME LISTING

3. FUNCTIONAL AREA

PERSONNEL  
 LOGISTICS  
 MEDICAL  
 TRAINING  
 SECURITY  
 FINANCE

ADMIN. GENERAL  
 OTHER (specify)

4. NO. OF COPIES PREPARED

3

5. FREQUENCY (weekly, monthly, quarterly, etc.)

P

6. DISTRIBUTION (No. of components not number of copies)

2

7. FORMAT (memorandum, form, computer print-out, etc)

8. ADP PROCESSING

YES IF YES GIVE ADP PROCESSING NO.  
 NO H-07

9. DIRECTIVE AUTHORITY REQUIRING REPORT

10. PREPARING COMPONENT (include lowest level contributing information to report)

OCS/OPERATIONS

11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)

12. COST FACTORS

A. MANUAL PREPARATION AND REVIEW COSTS

GRADE	HOURLY RATE	X HOURS PER REPORT	Y COST PER REPORT	Z TIMES PREPARED	W COST PER YEAR
GS-063	4.21	.43	1.81	26	47.06

B. COSTS OF COMPUTER PRODUCED REPORTS

			.09	26	2.34
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TOTAL COSTS PER YEAR

\$49.40

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.

14. FUTURE GOALS

PROPOSED BY COMPONENT FOR THIS REPORT

RETAIN AS IS  OTHER (explain)  
 CHANGE  
 DISCONTINUE

ESTIMATED SAVINGS

MAN-HOURS DOLLARS

15. DATE OF INVENTORY.

2 NOV 1970

Classification

STAT