

PHOTOGRAPHY & TELEVISION TECHNOLOGY DIVISION JL3 WORK ORDER CONTROL		PHOTOGRAPHIC WORK REQUEST		JOB NO. (Photo Lab Use Only) 7211	
Branch		Office Codes	Customer's Order #	DATE INITIATED	DATE REQUIRED
Division		SD	BT1-1	9/20/89	9/22/89
Directorate		REQUESTED BY: (NAME, MAIL CODE, PHONE) Dr. William Thornton 32785			
Caption / Justification: For Presentation					

Still Photography				
NUMBER OF VIEWS	NUMBER OF PRINTS EA VIEW	PRINT SIZE	MOUNTING INSTRUCTIONS	PLEASE INDICATE
			<input type="checkbox"/> 8 x 10 on 11 x 14 _____ <input type="checkbox"/> 11 x 14 on 16 x 20 _____ <input type="checkbox"/> 16 x 20 on 20 x 24 _____	<input type="checkbox"/> Other* _____ <input type="checkbox"/> Matte <input type="checkbox"/> Semi-Matte <input type="checkbox"/> Glossy <input type="checkbox"/> Color <input checked="" type="checkbox"/> B & W
NUMBER OF VIEWS	TRANSPARENCY SIZE & NUMBER EA		35MM SLIDES/NUMBER EA	DUPLICATE NEGATIVES EA
15	<input type="checkbox"/> 8 x 10 (Viewgraph) _____ <input type="checkbox"/> 4 x 5 _____ <input type="checkbox"/> Other* _____		2 each	

Motion Picture							
Film Type	Film Size	Number of Rolls	Total Footage	Number of Masters Req'd	Number of Prints Req'd	<input type="checkbox"/> Color <input type="checkbox"/> Sound <input type="checkbox"/> Silent <input type="checkbox"/> Negative <input type="checkbox"/> Positive	<input type="checkbox"/> B & W <input type="checkbox"/> Mstr Pos <input type="checkbox"/> Inter Pos <input type="checkbox"/> Inter Neg <input type="checkbox"/> Dupe Neg
<input type="checkbox"/> Neg <input type="checkbox"/> Rev # _____ Film Type # _____	<input type="checkbox"/> 16mm <input type="checkbox"/> 35mm <input type="checkbox"/> 70mm						

Film Recorder Lab		Please List Data Info:	
Computer Generated Imagery		1. Generating Software, File Names, Background Color, etc. under Special Instructions * 2. Products, Quantities, Slides, Viewgraphs, etc., note in the Still Photography Section	

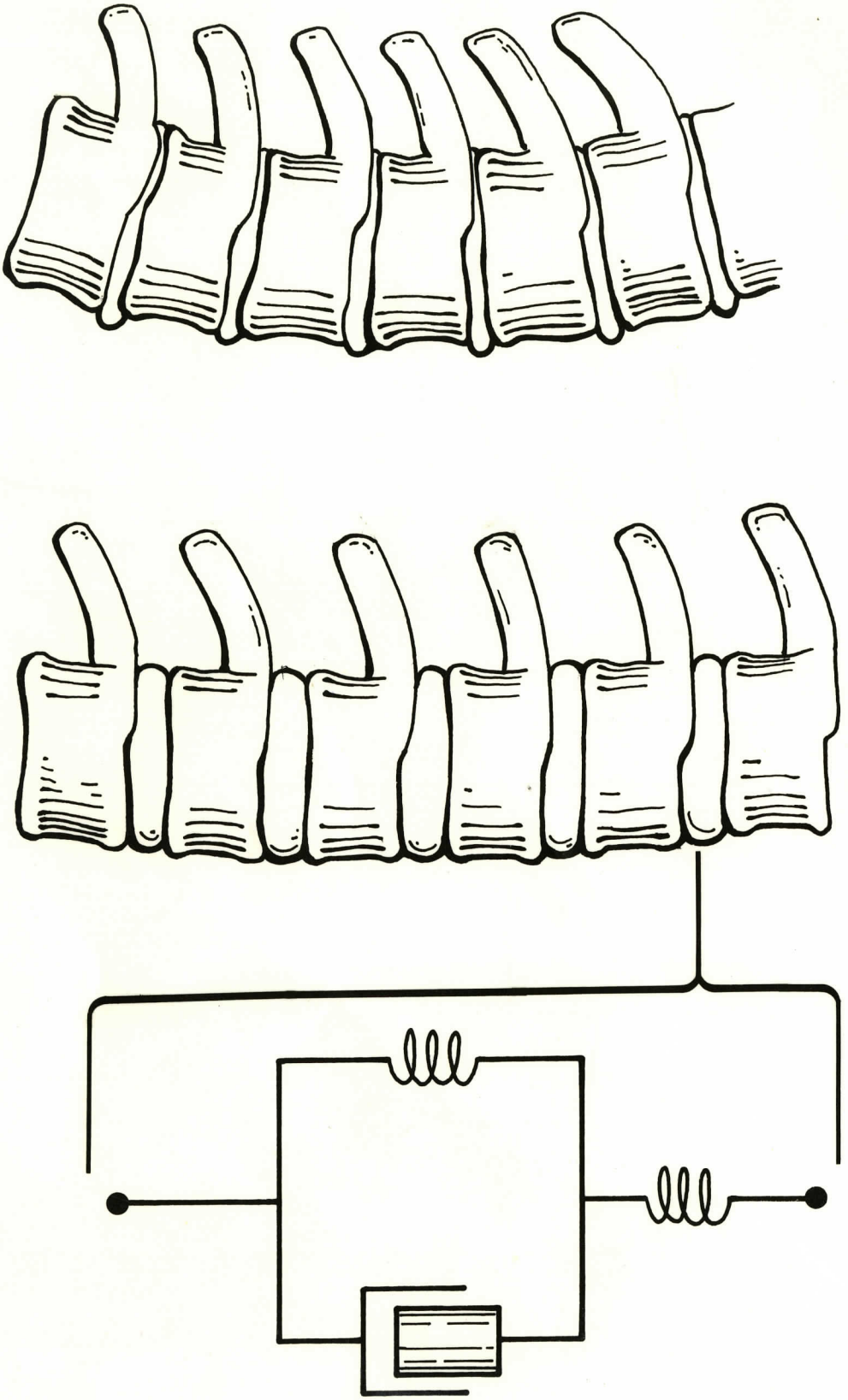
* Special Instructions: **DOES THIS MATERIAL REQUIRE NASA NUMBERING AND FILING?** ☐ YES ☐ NO

Please make two (2) 35MM Black and White slides of each of the attached drawings and graphs.

TIME IN		TIME OUT		Photographer/Lab Technician		Screened...Date & Initial	

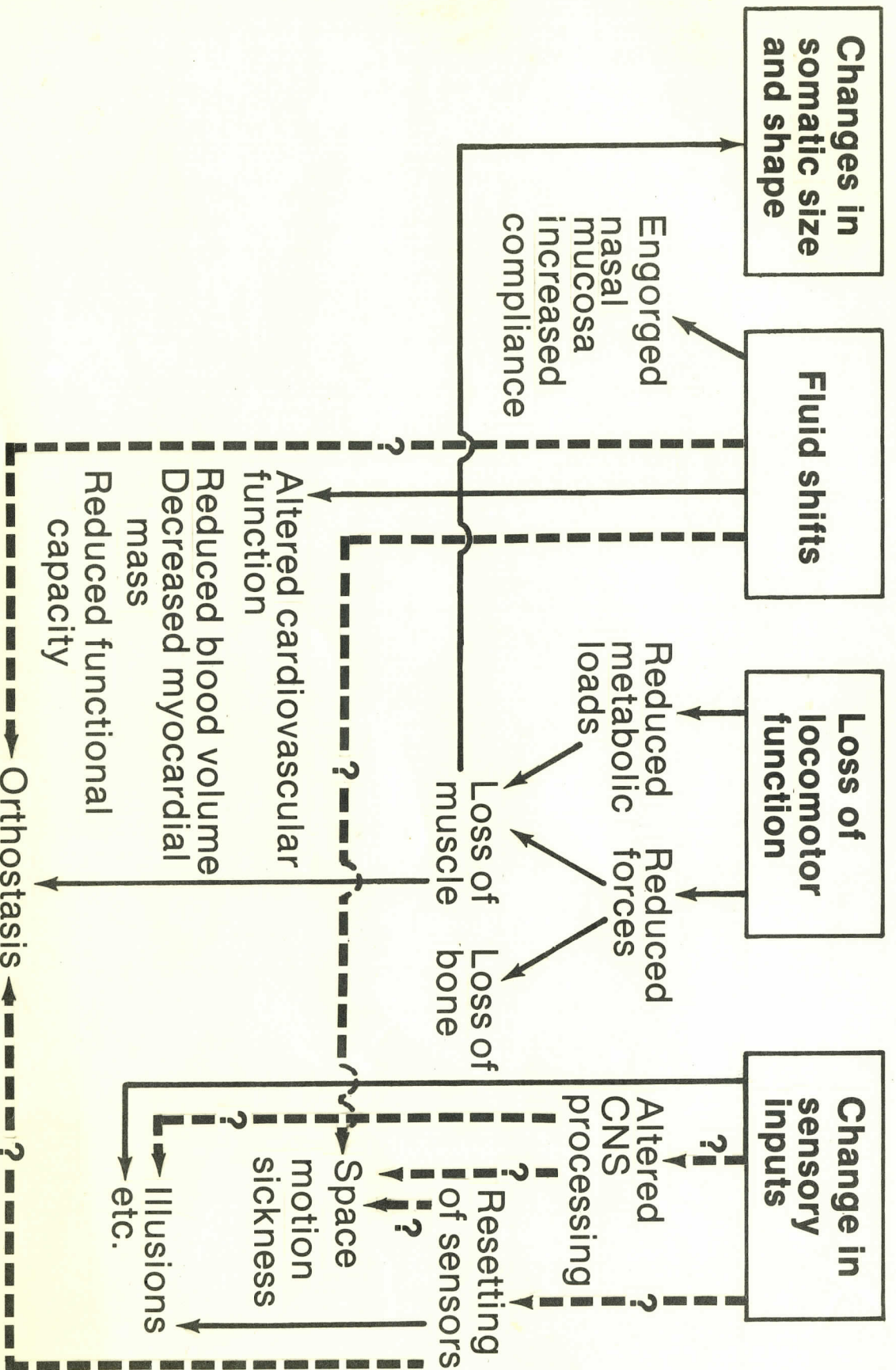
INTERNAL LAB ROUTING	METRIC	MOPIC	REPOSITORY
	STILL LAB	FRL	PSLS

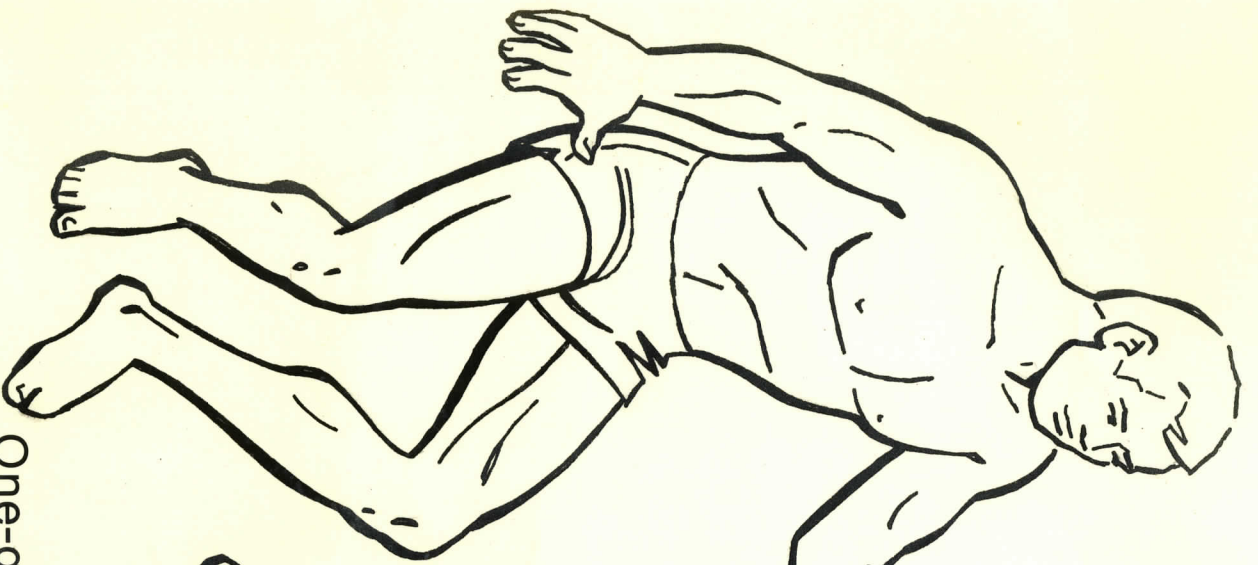
Expansion of Vertebral Column



Absence of Weight

Removal of Hydrostatic Pressures





One-g diet
with exercise



Reduced diet
without exercise



One-g diet
without exercise

