BIN BULK SELECTOR ERROR RECORD

PAGE OF PAGES

FACILITY NAME AND LOCATION

CHIEF, STATISTICAL SAMPLING BRANCH *(Signature)*

DAY AND DATE

DOCUMENT NUMBER VERIFIED (a)	SELECTOR NUMBER (b)	STOCK NUMBER (c)	QUANTITY REQ'D. (d)	QUANTITY PICKED (e)	QUANTITY OVER (SHORT) (f)	MSIR GAIN OR (LOSS) IN DOLLARS (g)	REMARKS (h)

SUMMARY *(Complete on Page 1)*

TOTAL LINES SELECTED FOR DAY		ERROR TYPES	NUMBER	VALUE
TOTAL LINES VERIFIED FOR DAY		OVER		$
TOTAL ERRORS FOR DAY		SHORT		$
ERROR RATE	%	WRONG ITEM		$

GENERAL SERVICES ADMINISTRATION

GSA FORM AUG 70 2564