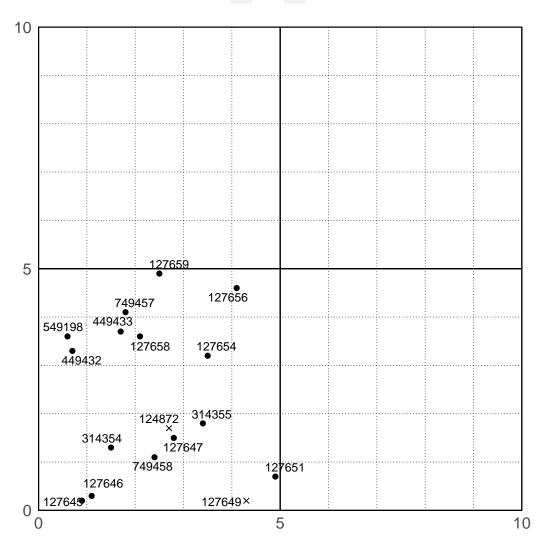
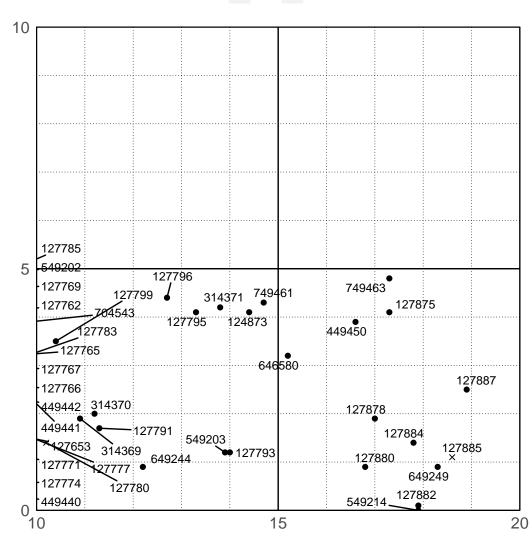
Checking: _____ Checked date: _____ Recording: _____ Measuring: ____ Measurement date: _____

alive × other

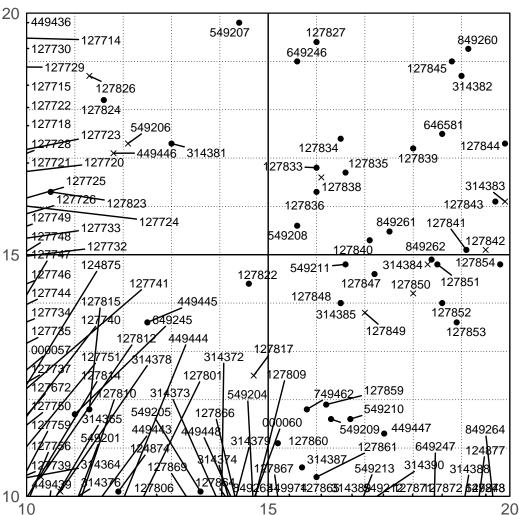


Checking: _____ Checked date: _____ Recording: _____ Measurement date: _____

alive × other

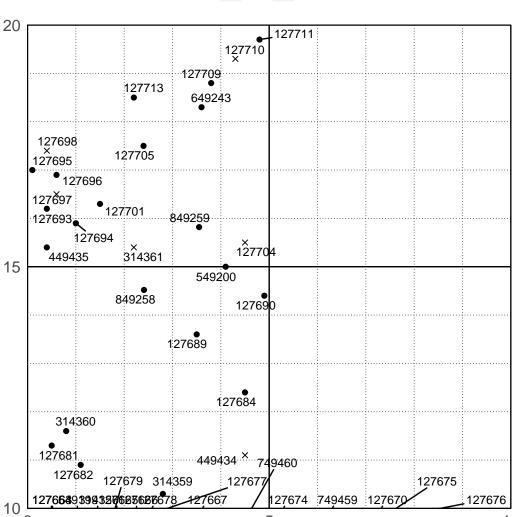


Checking: Checked date: Recording: Measurement date: _____ Measuring: _____ alive × other



Checking: _____ Checked date: _____ Recording: ____ Measurement date: _____

alive × other



5 10