

Duplicating Facility Report Schedule 5-6

REPORT PERIOD ENDING 9/30/2007

Region : Schedule 03 5-6

NAME OF DEPARTMENT OR AGENC

Name and address of activity

Department of Energy

0 0

Part I - COST INFORMATION FOR FISCAL YEAR							
	STAFFING			OPERATIONS OTHER THAN			
ITEM			DUPLICATING /1	DUPLICATING /2			
	ADMIN	PRODUCTION	(COLUMN A)	(COLUMN B)			
Staff personnel and salaries							
Cost of paper, ink, etc (Cost per 1000 units=\$11.49)							
Depreciation of equipment							
Amount spent for repairs							
Allowance for space used Sq. Footage:							
Amount spent for rentals							
		TOTAL COST	\$ -	\$ -			

1 / Include in column A cost of all duplicating, including but not limited to, platemaking, duplicating, scoring numbering, folding, collating, drilling, stitching, tying padding, trimming, wrapping, and all other operations necessary to complete the duplicating or binding 2/ Include in column B cost of all operations not involving duplicating (column A). Cost to be included in column B will include, but not be restricted to, addressing, distribution, camera work (other than lithographic), photostating, etc.

PART II - PRODUCTION INFORMATION FOR FISCAL YEAR #Machine in each Number of Originals Total Produced **EQUIPMENT** UNITS PER IMPRESSION Category Reported or Plates **Exchanging Overruns** (Column C) (Column D) (Column E) (Column F) 11" X 17" or less 1 (Maximum image 10 3/4" X 14") 11" X 17" or less, tandem 2 (Maximum image 10 3/4" X 14") Electrostatic Duplicators * (Staffed): Rated speed 70-89 cpm 1 Rated speed over 89 cpm 1 Other (Specify) TOTAL PRODUCED IN FACILITY FOR FISCAL YEAR 0 Cost per 1000 Units (Total cost of duplicating) Err:502 FORMULA: Part I, Col A / Part II, Col F. (Drop last 3 digits of Col F when computing cost / 1000) NAME / TITLE OF PERSON IN CHARGE DATE SIGNED **SIGNATURE**

* Electrostatic duplicators include, but	are not limited to,	Xerox 8000 and	9000 series; Kodak 10	00 AF's, 150 AF's, and	250 AF's and IBM	Copier III's when
used in a duplicating facility.						
	Duplicating	Facility Repo	ort		Region:	03
PART III - EQUIPMENT INVENTORY					Schedule	5-6
NAME OF DEPARTMENT OR AGENCY NAME AND LOCATION OF PLANT					FOR PERIOD	
Department of Energy				0		
1 : 3	0			30/2007		
	Age	Condition	INSTALL Status			
DESCRIPTION	Years	See *	Serial Number	MODEL	DATE	See **
Duplication:	Tears	Sec	Seriai ivanibei	MODEL	BITTE	566
Binding:						
Dirianig.						
		:	1			

- $*\ CONDITION: N=NEW,\ E=EXCELLENT,\ G=GOOD, F=FAIR, P=POOR, U=UNSERVICABLE$
- ** STATUS: "ADDED" OR "DELETED" when applicable

	Region:	03				
PART	III - EQUIF	PMENT INVE	NTORY	Schedule	5-6	
NAME OF DEPARTMENT OR AGENCY Department of Energy	NAME AND LOCATION OF PLANT 0 0				9/30/2007	
DESCRIPTION	Age Years	Condition See *	Serial Number	MODEL	INSTALL DATE	Status See **
Binding Continues:						

		:	:
-			i

 $^{* \} CONDITION: N=NEW, \ E=EXCELLENT, \ G=GOOD, F=FAIR, P=POOR, U=UNSERVICABLE$

^{**} STATUS: "ADDED" OR "DELETED" when applicable