



APPENDIX D1.4: SPECIAL PROCESSING FORM

Digi Tech: _____

Date: _____

Tape ID: _____

Procedure Type

- Cassette Shell Replacement
- Damaged Tape Removal
- Foam Pad Replacement

Special Processing Information

Measurement of Tape Removed: _____

Manufacturer of Cassette Shell Removed: _____

Final Outcome

Special processing was..... Successful / Unsuccessful

If unsuccessful, what further work is needed: