

2. Use only the ticks or falls or BDs. The rises will however show where mass lies.
 - A. If A or any of the A Group, and the pc has *had* an Int RD,

Date—tell pc date Int RD was run from Folder Summary, then date the point it was flat by exact time—hour, minute, second until it F/Ns and he says something blew.

Locate—have pc point where the Int RD was done, get distance away, part of room, etc until it F/Ns and he says something blew.

If these do not happen it is not Flat so do L3B on each Flow and handle per the L3B directions.

If Pc *has never had an Int RD*, then give him a standard Int RD providing you have checked out on the Int-Ext pack and are good at R3R.
 - B. If any of these read, do an L4B on the earliest lists you can find that have not been corrected. Lacking these do an L4B in general. You can go over an L4B several times handling each read to F/N until the whole L4B gives nothing but F/Ns.
 - C. If any of these, handle with 2 way comm and earlier similar to F/N. If more than one reads do biggest read first and then clean up each of the others E/S to F/N. If all read on assessment you have to get an F/N for each or 6 F/Ns.
 - D. If any of these, do full Drug RD as per HCO B 15 July 1971, Issue III.
 - E. If any of these, do L3B and handle according to what is stated to do on L3B.
 - F. Do exactly as in A using the earliest time it was done.
 - G. Find out what it is. If Yoga or Mystic exercises or some such 2wc E/S it to first time done, find out what upset had occurred before that and if TA now down do L1C on *that* period of pc's life.

General. Handle Int RD (A) if it reads at all before handling rest as nothing will go right if Int is still out. For the remainder prefer to handle any BD group if you get a BD. If in doubt about what to do, return to the C/S.

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