

DIVISION OF PALEONTOLOGY CONDITION REPORT FORM

Collection: FR___ FF___ FI___ FM___

Specimen ID (= Catalog Number): _____

Name: _____

Building# ___ Floor # ___ Door/Shelf Unit ___ Drawer/Shelf: ___

Assessor: _____ Date: _____

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Object Name (e.g. skull, mandible, fragment): _____

Material (circle one):	Fossil Bone	Subfossil Bone	Fossil Bone + Matrix
	Fossil Bone + Plaster	Fossil Bone + Other	Horn/Keratin
	Bone	Cast: Plaster	Cast: Other
Condition Level, Overall:	1 (poor)	2	3
			4 (excellent)
Structural Stability (circle one):	Stable		Unstable
Losses (circle one):	Extreme		Moderate
			Minor
Breaks (circle one):	Extreme		Moderate
			Minor
Fresh Breaks: Y N			Repaired Breaks: Y N
Associated Element(s):	Y	N	
Cracking (circle one):	Extreme		Moderate
			Minor
Fresh Cracks: Y N			Repaired Cracks: Y N
Surface Stability (circle one):	Stable		Unstable
Spalling/Delamination:	Extreme		Moderate
			Minor
Dust/Dirt/Soot:	Extreme		Moderate
			Minor
Surface Coating:	Overall		Localized
Surface Condition:	Yellowed		Flaking
			Tacky
Rehousing needed:	Y	N	
Circle Materials Used:	Blue Board Box	Regular Tray	Tri Rod
	Ethafoam block mount	Tyvek/Volara Lining	Mylar Label Cover
Repair Needed?	Y	N	