


Artefact record sheet

SF. No.: _____

 E & F Foulds Artefact Specialists	Site: _____		Code: _____	
	Area/Phase/Trench: _____	Context: _____	Sample: _____	
	Object count: _____		Fragment count: _____	
Material: _____	Object: _____			

Measurements (dimensions in millimeters and weight in grams)

Length: _____	Width: _____	Thickness: _____
Diameter: _____	Height: _____	Weight: _____

Condition (tick condition rating)

Very good <input type="checkbox"/>	Good <input type="checkbox"/>	Poor <input type="checkbox"/>	Very poor <input type="checkbox"/>
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Completeness (tick completeness rating)

Complete <input type="checkbox"/>	Incomplete <input type="checkbox"/>	Fragment <input type="checkbox"/>	Uncertain <input type="checkbox"/>
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Date

Period: _____	From: _____	To: _____
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Description

Record illustration (if other than 1:1 then include scale)

Recommendations/Actions needed (tick applicable)

X-ray <input type="checkbox"/>	Conservation <input type="checkbox"/>	Illustrate <input type="checkbox"/>	Photograph <input type="checkbox"/>	Report treasure <input type="checkbox"/>
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Location: _____	Treasure no.: _____
Photo no.: _____	Illustration no.: _____
X-ray no.: _____	Conserved by: _____

Recorded by: _____	Date of record: _____
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