

Archaeological Collection Transfer Record

Site Number/Name: _____

Project: _____

Agency/Firm: _____

Survey & Excavation Records:

Survey Maps: _____ Site Maps: _____

Excavation Unit Forms: _____ Unit Plan Drawings: _____ Unit Profile Drawings: _____

Feature Forms: _____ Feature Plan Drawings: _____ Feature Profile Drawings: _____

STP Forms: _____ Field Notes/Journals: _____

Photographic Resources:

Printed Contact Sheet: _____ Photo Log: _____ Digital Images: _____

Other (Describe): _____

Artifact Collection/Collection Records

Artifact Catalogue Hard Copy: _____ Artifact Catalog Digital Copy: _____

Laboratory Records (Describe): _____

Analysis Reports/Results (Describe): _____

Conservation Records: _____

Deed of Gift (if artifacts were recovered from privately owned land): _____

Box Inventory: _____ Folder Inventory: _____

Other Records (Describe): _____

Final Report:

Hard Copies (2 Bound Copies): _____ Digital Copy: _____

Box & Folder Count:

of Flats: _____ # of Record Storage Boxes: _____ # of Oversize Boxes: _____

of Human Remains Boxes: _____ # of Record Folders: _____

Estimated Cubic Footage:

Records (Standard Record Box = 1 cubic ft., half box = 0.5 cubic ft.) : _____

Artifact Collection (one flat = 0.7 cubic ft): _____

DHCA Staff Use Only

Collection Inspection:

Date of Delivery: _____

Curation Fee: _____

Notes and Comments:

Agency/Firm Representative: _____ Date: _____

Curator of Archaeology, HCA: _____ Date: _____

Director/Deputy Director, HCA: _____ Date: _____

Engagement & Collections Manager, HCA: _____ Date: _____