



Collection Summary Form
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Number of Boxes: Artifact Document **Accession No.** (Assigned by Waring Lab)

Principal Investigator (P.I.) and Affiliation

Legal Owner of Collection

Project Name *(as Identified by the P.I.)*

Project Date **Project/P.I. No(s)** *(if applicable)*

Restrictions to Collection Yes No **Documents Separated from Artifacts** Yes No

Catalog attached to this form Yes No **Completed Inventory of Each Box** Yes No
(including documents)

Collection Information (Attach additional sheet(s) as necessary)

Abstract Statement

Describe the collection and its continuing research value (200 word limit).

Does this collection contain any NAGPRA remains or object(s)? If yes, please specify. Yes No

Explanation of the Artifact Catalog System and Catalog Anomalies

Collection Summary Form - Back page

Collection Information continued (Attach additional sheet(s) as necessary)

Conservation Needs

Yes No

For either artifacts or documents. If yes, please specify.

Direct Labeling

Identify materials and methods used for direct labeling of artifacts.

Special Housing Needs Requirement

Yes No

For either artifacts or documents (over-sized, or special environment). If yes, please specify.

Culled Materials

Identify any object(s) culled from the collection and provide the rationale used for culling.

Collection Component Information (Check ALL that apply)

Historic Pre-Contact

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Pre-Contact Pottery | <input type="checkbox"/> Glass | <input type="checkbox"/> Metal | <input type="checkbox"/> Shell |
| <input type="checkbox"/> Animal Bone | <input type="checkbox"/> Historic Ceramics | <input type="checkbox"/> Plastic | <input type="checkbox"/> Soil/Midden Sample |
| <input type="checkbox"/> C-14 Sample/Charcoal | <input type="checkbox"/> Human Bone | <input type="checkbox"/> Recent Ceramics | <input type="checkbox"/> Textiles |
| <input type="checkbox"/> Flotation | <input type="checkbox"/> Lithics | <input type="checkbox"/> Seeds/Botanical | <input type="checkbox"/> Wood |
| <input type="checkbox"/> Analysis Records | <input type="checkbox"/> Digital Photo | <input type="checkbox"/> Photos | <input type="checkbox"/> Negatives (Photo) |
| <input type="checkbox"/> Cassette Tape Catalog | <input type="checkbox"/> Field Notes | <input type="checkbox"/> Slides | <input type="checkbox"/> CD/DVD |
| <input type="checkbox"/> (Hard Copy) | <input type="checkbox"/> Floppy Disk or Zip | <input type="checkbox"/> Map/Blue Print/Illustrations | |
| <input type="checkbox"/> Catalog (Digital) Software and Version: | <div style="background-color: #cccccc; height: 15px;"></div> | | |
| <input type="checkbox"/> Final Report: No. of Unbound Copies: | <div style="background-color: #cccccc; width: 40px; height: 15px;"></div> | No. of Bound Copies: | <div style="background-color: #cccccc; width: 40px; height: 15px;"></div> |
| <input type="checkbox"/> Other: | <div style="background-color: #cccccc; height: 15px;"></div> | | |

Form Completed by:

Name and Title

Date