COLLECTION ITEM(S) CONDITION REPORT

Accession # _____ Date Accessioned: _____ Acknowledged By Registrar: □ Yes □ No

Accessioned By: _____

Loan # _____ Donation # _____ Date Received: _____

Source: _____ Received By: _____

Donor's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Received As: _____ Purchase Price or Value $ _____

Object ID:	Object Name - Description	Accessed Condition	Inspection Condition	Recommendation

Total Objects: _____

Items Inspected By: _____ Date: _____

Reviewed by Collections Committee: □ Yes □ No Date: _____

Recommendation: □ Approve □ Disapprove

_____ _____

Archivist Date