

Ceramic Vessel Documentation Form

Site No: _____ Site Name: _____ Date: _____

County: _____ Project: _____ Facility/Collection: _____ Analyst: _____

Accession No: _____ Vessel No: _____ Other Catalog Info: _____

Authentic Inauthentic Authenticity Uncertain Description: _____ Burial No: _____

Type: _____ Variety: _____ Citation: _____

Collegiate Pattern/Design name & no: _____ Photos/ref in publication: _____

Check one of the following:

Complete Sherds Partial - describe missing portions: _____

Complete, reassembled (long term) Partial, reassembled (long term) - describe missing portions: _____

Complete, reassembled (short term) Partial, reassembled (short term) - describe missing portions: _____

| Color | | | |
|----------|--|--|--|
| Exterior | | | |
| Interior | | | |
| Core | | | |

Unit of measurement (cm/mm preferred, i.e. 00.00cm): _____

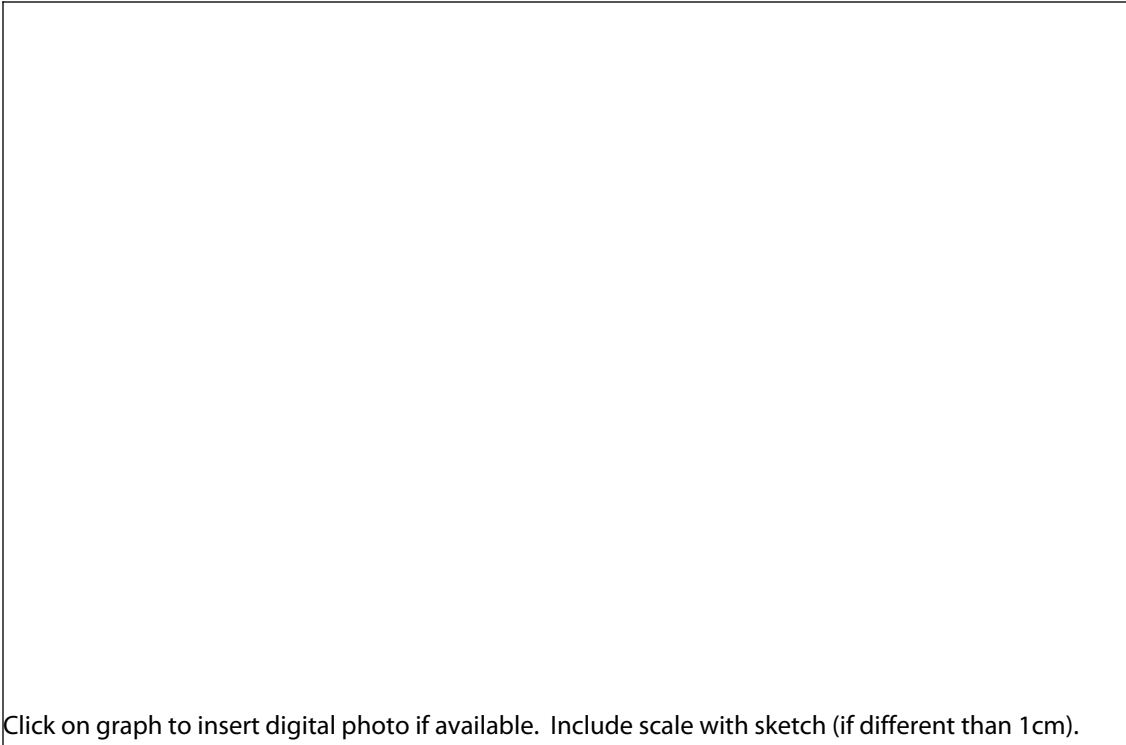
Cultural Affiliation: _____

Use wear on vessel (pre-depositional): _____

Carbonized remains/encrustations: _____

| | |
|---|---|
| <p>Vessel: Shape: _____</p> <p>Surface Treatment: (interior) _____ (exterior) _____</p> <p>Height: _____ Max diameter: _____ at: _____</p> <p>Paste: _____</p> <p>Temper: _____</p> <p>Observation Method: _____</p> | <p>Rim: Shape: _____</p> <p>Height: _____ Diameter: _____ Thickness: _____</p> <p>Rim mode: _____</p> <p>Surface treatment: _____</p> <p>Decoration: _____</p> |
| <p>Lip: Shape: _____ Thickness: _____</p> <p>Surface treatment: _____</p> <p>Decoration: _____</p> | <p>Neck: Shape: _____</p> <p>Height: _____ Orifice diam: _____ Thickness: _____</p> <p>Mid exterior diam: _____ base exterior diam: _____</p> <p>Surface treatment: _____</p> <p>Decoration: _____</p> |
| <p>Handle: Shape: _____</p> <p>Decoration: _____</p> | |

Accession No: _____



Click on graph to insert digital photo if available. Include scale with sketch (if different than 1cm).

Body: Shape: _____

Height: _____ Diameter: _____ Thickness: _____

Body Mode: _____

Surface treatment: _____

Decoration: _____

Base: Shape: _____

Diameter: (top of base) _____ (bottom of base) _____

Surface treatment: _____

Decoration: _____

Effigy description (if applicable): _____

- vessel sketched on written form
- digital form only
- written form also, no sketch

1 cm

Appendages: _____

Photo Numbers:

Black & White: _____

Color Slide: _____

Digital: _____

Photographer: _____

Other comments: _____