

1a. ADDITIONAL PAGE MARKERS ETC.

1. 2nd PAGE MARKERS SERIES YES NO NK

TYPE

Folded
 Folded and knotted
 Straight
 Other

ATTACHMENT
 Adhesive
 Sewn
 Other

MATERIAL
 Tawed
 Tanned
 Parchment
 Textile
 Silk
 Other

No. LOCATION
 Head
 Foredge
 Tail

No. CONDITION
 Sound
 Detached
 Broken off
 Dangling
 Worn
 Other

Leaf edge

Profile

Colour(s)

2. 3rd PAGE MARKERS SERIES YES NO NK

TYPE

Folded
 Folded and knotted
 Straight
 Other

ATTACHMENT
 Adhesive
 Sewn
 Other

MATERIAL
 Tawed
 Tanned
 Parchment
 Textile
 Silk
 Other

No. LOCATION
 Head
 Foredge
 Tail

No. CONDITION
 Sound
 Detached
 Broken off
 Dangling
 Worn
 Other

Leaf edge

Profile

Colour(s)

3. 2nd LIFTING TABS SERIES

 YES NO NK

LOCATION

Foredge, right board
 Foredge, left board
 Foredge, both boards
 Other

MATERIAL

Tanned skin
 NK
 Other

CONDITION

Left board

Sound
 Detached
 Broken off
 Dangling
 Worn
 Missing
 Other

Right board

Nailed
 Glued
 Under turn-in
 Over turn-in

4. 3rd LIFTING TABS SERIES

 YES NO NK

LOCATION

Foredge, right board
 Foredge, left board
 Foredge, both boards
 Other

MATERIAL

Tanned skin
 NK
 Other

CONDITION

Left board

Sound
 Detached
 Broken off
 Dangling
 Worn
 Missing
 Other

Right board

Nailed
 Glued
 Under turn-in
 Over turn-in

5. 2nd BOOKMARK

 YES Simple Material NO Compound Material NK Loose Material Colour Primary Type Secondary Type Primary Attachment Type Decoration Type

6. 3rd BOOKMARK

 YES Simple Material NO Compound Material NK Loose Material Colour Primary Type Secondary Type Primary Attachment Type Decoration Type

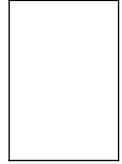
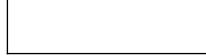
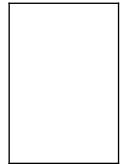
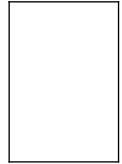
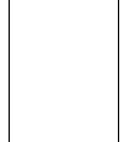
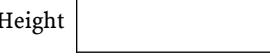
2. TEXT LEAVES

1	<input type="checkbox"/> PARCHMENT	<input type="checkbox"/> PAPER	<input type="checkbox"/> PAPYRUS	<input type="checkbox"/> PAPER/PARCHMENT	<input type="checkbox"/> Ruled	Pricking tools
	<input type="checkbox"/> Goat	TYPE	<input type="checkbox"/> Western	Paper/parchment arrangement	<input type="checkbox"/> None	
	<input type="checkbox"/> Sheep		<input type="checkbox"/> Eastern		<input type="checkbox"/> Mastara	
	<input type="checkbox"/> Hairsheep		<input type="checkbox"/> NK		<input type="checkbox"/> Pricked	
	<input type="checkbox"/> Calf		<input type="checkbox"/> Burnished		<input type="checkbox"/> Dry point	
	<input type="checkbox"/> NK		<input type="checkbox"/> All over		<input type="checkbox"/> Frame	
ARRANGEMENT			<input type="checkbox"/> Text area only		<input type="checkbox"/> NK	
<input type="checkbox"/> Hairside/hairside			<input type="checkbox"/> NK		<input type="checkbox"/> Other	
<input type="checkbox"/> Hairside/fleshside			<input type="checkbox"/> Watermark			
<input type="checkbox"/> Irregular						
<input type="checkbox"/> NK						
Colour				COMPOSITE TEXT	Leaf dimensions	
				<input type="checkbox"/> Yes	Height	Width
				<input type="checkbox"/> No		

2. CONDITION - COMPLETE LEAVES	<input type="checkbox"/> Sound	<input type="checkbox"/> Damaged	SUBSTRATE	<input type="checkbox"/> Thin	<input type="checkbox"/> Medium	<input type="checkbox"/> Thick
	<input type="checkbox"/> Extent	<input type="checkbox"/> Severity	Location	<input type="checkbox"/> Supple	<input type="checkbox"/> Medium	<input type="checkbox"/> Stiff
	<input type="checkbox"/> Split/torn spine fold					
	<input type="checkbox"/> Cockled		Marginal			
	<input type="checkbox"/> Worn		Text area			
	<input type="checkbox"/> Ragged					
	<input type="checkbox"/> Tears					
	<input type="checkbox"/> Insect					
	<input type="checkbox"/> Rodent					
	<input type="checkbox"/> Losses					
	<input type="checkbox"/> Mould					
	<input type="checkbox"/> Water damage					
	<input type="checkbox"/> Stains					
	<input type="checkbox"/> Grime					
	<input type="checkbox"/> Blocking					
	<input type="checkbox"/> Skinning					
	<input type="checkbox"/> Pleating/folding					
	<input type="checkbox"/> Adhesive tape					
	<input type="checkbox"/> Other					
				<input type="checkbox"/> Deposits		
				Lost/removed	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3. OLD REPAIRS	<input type="checkbox"/> Yes	4. NEW REPAIRS	<input type="checkbox"/> Paper
<input type="checkbox"/> None		<input type="checkbox"/> Overcasting	<input type="checkbox"/> Extent
<input type="checkbox"/> Spine fold		<input type="checkbox"/> All through	<input type="checkbox"/> Severity
<input type="checkbox"/> Marginal		<input type="checkbox"/> Occasional	<input type="checkbox"/> Spine fold
<input type="checkbox"/> Text area		<input type="checkbox"/> Left/right	<input type="checkbox"/> Marginal
<input type="checkbox"/> Sewn leaf repairs		<input type="checkbox"/> Other	<input type="checkbox"/> Text area
<input type="checkbox"/> Paper		<input type="checkbox"/> Parchment	<input type="checkbox"/> Other
<input type="checkbox"/> Plain		<input type="checkbox"/> Plain	
<input type="checkbox"/> MS		<input type="checkbox"/> MS	
<input type="checkbox"/> Printed		<input type="checkbox"/> Printed	
<input type="checkbox"/> Other		<input type="checkbox"/> Other	
		<input type="checkbox"/> Repairs needed	<input type="checkbox"/> Parchment
		<input type="checkbox"/> No repairs needed	<input type="checkbox"/> Spine fold
			<input type="checkbox"/> Marginal
			<input type="checkbox"/> Text area
			<input type="checkbox"/> Cockling
			<input type="checkbox"/> Other
<input type="checkbox"/> Other material			

2a. TEXT LEAVES

2	<input type="checkbox"/> PARCHMENT <input type="checkbox"/> Goat <input type="checkbox"/> Sheep <input type="checkbox"/> Hairsheep <input type="checkbox"/> Calf <input type="checkbox"/> NK	<input type="checkbox"/> PAPER TYPE <input type="checkbox"/> Western <input type="checkbox"/> Eastern <input type="checkbox"/> NK	<input type="checkbox"/> PAPYRUS <input type="checkbox"/> Burnished <input type="checkbox"/> All over <input type="checkbox"/> Text area only <input type="checkbox"/> NK <input type="checkbox"/> Watermark	<input type="checkbox"/> PAPER/PARCHMENT Paper/parchment arrangement 	<input type="checkbox"/> Ruled <input type="checkbox"/> None <input type="checkbox"/> Mastara <input type="checkbox"/> Pricked <input type="checkbox"/> Dry point <input type="checkbox"/> Frame <input type="checkbox"/> NK <input type="checkbox"/> Other 
	ARRANGEMENT <input type="checkbox"/> Hairside/hairside <input type="checkbox"/> Hairside/fleshside <input type="checkbox"/> Irregular <input type="checkbox"/> NK				Pricking tools 
	Colour 				Leaf dimensions Height  Width 
3	<input type="checkbox"/> PARCHMENT <input type="checkbox"/> Goat <input type="checkbox"/> Sheep <input type="checkbox"/> Hairsheep <input type="checkbox"/> Calf <input type="checkbox"/> NK	<input type="checkbox"/> PAPER TYPE <input type="checkbox"/> Western <input type="checkbox"/> Eastern <input type="checkbox"/> NK	<input type="checkbox"/> PAPYRUS <input type="checkbox"/> Burnished <input type="checkbox"/> All over <input type="checkbox"/> Text area only <input type="checkbox"/> NK <input type="checkbox"/> Watermark	<input type="checkbox"/> PAPER/PARCHMENT Paper/parchment arrangement 	<input type="checkbox"/> Ruled <input type="checkbox"/> None <input type="checkbox"/> Mastara <input type="checkbox"/> Pricked <input type="checkbox"/> Dry point <input type="checkbox"/> Frame <input type="checkbox"/> NK <input type="checkbox"/> Other 
	ARRANGEMENT <input type="checkbox"/> Hairside/hairside <input type="checkbox"/> Hairside/fleshside <input type="checkbox"/> Irregular <input type="checkbox"/> NK				Leaf dimensions Height  Width 
4	<input type="checkbox"/> PARCHMENT <input type="checkbox"/> Goat <input type="checkbox"/> Sheep <input type="checkbox"/> Hairsheep <input type="checkbox"/> Calf <input type="checkbox"/> NK	<input type="checkbox"/> PAPER TYPE <input type="checkbox"/> Western <input type="checkbox"/> Eastern <input type="checkbox"/> NK	<input type="checkbox"/> PAPYRUS <input type="checkbox"/> Burnished <input type="checkbox"/> All over <input type="checkbox"/> Text area only <input type="checkbox"/> NK <input type="checkbox"/> Watermark	<input type="checkbox"/> PAPER/PARCHMENT Paper/parchment arrangement 	<input type="checkbox"/> Ruled <input type="checkbox"/> None <input type="checkbox"/> Mastara <input type="checkbox"/> Pricked <input type="checkbox"/> Dry point <input type="checkbox"/> Frame <input type="checkbox"/> NK <input type="checkbox"/> Other 
	ARRANGEMENT <input type="checkbox"/> Hairside/hairside <input type="checkbox"/> Hairside/fleshside <input type="checkbox"/> Irregular <input type="checkbox"/> NK				Leaf dimensions Height  Width 
5	<input type="checkbox"/> PARCHMENT <input type="checkbox"/> Goat <input type="checkbox"/> Sheep <input type="checkbox"/> Hairsheep <input type="checkbox"/> Calf <input type="checkbox"/> NK	<input type="checkbox"/> PAPER TYPE <input type="checkbox"/> Western <input type="checkbox"/> Eastern <input type="checkbox"/> NK	<input type="checkbox"/> PAPYRUS <input type="checkbox"/> Burnished <input type="checkbox"/> All over <input type="checkbox"/> Text area only <input type="checkbox"/> NK <input type="checkbox"/> Watermark	<input type="checkbox"/> PAPER/PARCHMENT Paper/parchment arrangement 	<input type="checkbox"/> Ruled <input type="checkbox"/> None <input type="checkbox"/> Mastara <input type="checkbox"/> Pricked <input type="checkbox"/> Dry point <input type="checkbox"/> Frame <input type="checkbox"/> NK <input type="checkbox"/> Other 
	ARRANGEMENT <input type="checkbox"/> Hairside/hairside <input type="checkbox"/> Hairside/fleshside <input type="checkbox"/> Irregular <input type="checkbox"/> NK				Leaf dimensions Height  Width 
	Colour 				

3. INK & PIGMENT

MS

3a. PIGMENTS & ADDITIONAL FOILS

MS

7. PIGMENTS			8. CONDITION OF PIGMENTS		
Colour			PIGMENT 1 <input type="checkbox"/> Sound Extent Severity <input type="checkbox"/> Flaking <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Abraded <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Corroding <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Oxidising <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Spreading <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Washed off <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/>		
PIGMENT 2 <input type="checkbox"/> Sound Extent Severity <input type="checkbox"/> Flaking <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Abraded <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Corroding <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Oxidising <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Spreading <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Washed off <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/>					
PIGMENT 3 <input type="checkbox"/> Sound Extent Severity <input type="checkbox"/> Flaking <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Abraded <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Corroding <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Oxidising <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Spreading <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Washed off <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/>			PIGMENT 4 <input type="checkbox"/> Sound Extent Severity <input type="checkbox"/> Flaking <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Abraded <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Corroding <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Oxidising <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Spreading <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Washed off <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/>		
PIGMENT 5 <input type="checkbox"/> Sound Extent Severity <input type="checkbox"/> Flaking <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Abraded <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Corroding <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Oxidising <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Spreading <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Washed off <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/>					
PIGMENT 6 <input type="checkbox"/> Sound Extent Severity <input type="checkbox"/> Flaking <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Abraded <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Corroding <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Oxidising <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Spreading <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Washed off <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/>			PIGMENT 7 <input type="checkbox"/> Sound Extent Severity <input type="checkbox"/> Flaking <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Abraded <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Corroding <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Oxidising <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Spreading <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Washed off <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/>		
PIGMENT 8 <input type="checkbox"/> Sound Extent Severity <input type="checkbox"/> Flaking <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Abraded <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Corroding <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Oxidising <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Spreading <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Washed off <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/>					
PIGMENT 9 <input type="checkbox"/> Sound Extent Severity <input type="checkbox"/> Flaking <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Abraded <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Corroding <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Oxidising <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Spreading <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Washed off <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/>			PIGMENT 10 <input type="checkbox"/> Sound Extent Severity <input type="checkbox"/> Flaking <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Abraded <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Corroding <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Oxidising <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Spreading <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Washed off <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/>		
PIGMENT 11 <input type="checkbox"/> Sound Extent Severity <input type="checkbox"/> Flaking <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Abraded <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Corroding <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Oxidising <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Spreading <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Washed off <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/>					
9. CONDITION OF FOILS					
FOIL 3 <input type="checkbox"/> Sound Flaking <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Abraded <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Dirt <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			FOIL 4 <input type="checkbox"/> Sound Flaking <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Abraded <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Dirt <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
FOIL 5 <input type="checkbox"/> Sound Flaking <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Abraded <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Dirt <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					

4. ENDLEAVES

MS

1. LEFT		RIGHT																																					
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NK <input type="checkbox"/> INTEGRAL <input type="checkbox"/> SEPARATE		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NK <input type="checkbox"/> INTEGRAL <input type="checkbox"/> SEPARATE																																					
No.		No.																																					
outermost gathering		outermost gathering																																					
<input type="checkbox"/> Full size <input type="checkbox"/> Undersize <input type="checkbox"/> Extended <input type="checkbox"/> Deckles <input type="checkbox"/> NK		<input type="checkbox"/> Full size <input type="checkbox"/> Undersize <input type="checkbox"/> Extended <input type="checkbox"/> Deckles <input type="checkbox"/> NK																																					
2. MATERIAL		2. MATERIAL																																					
<input type="checkbox"/> PARCHMENT <input type="checkbox"/> MS waste <input type="checkbox"/> PAPYRUS <input type="checkbox"/> Greek <input type="checkbox"/> PAPER <input type="checkbox"/> Arabic <input type="checkbox"/> Western <input type="checkbox"/> Syriac <input type="checkbox"/> Eastern <input type="checkbox"/> Hebrew <input type="checkbox"/> NK <input type="checkbox"/> Latin <input type="checkbox"/> Other		<input type="checkbox"/> PARCHMENT <input type="checkbox"/> MS waste <input type="checkbox"/> PAPYRUS <input type="checkbox"/> Greek <input type="checkbox"/> PAPER <input type="checkbox"/> Arabic <input type="checkbox"/> Western <input type="checkbox"/> Syriac <input type="checkbox"/> Eastern <input type="checkbox"/> Hebrew <input type="checkbox"/> NK <input type="checkbox"/> Latin <input type="checkbox"/> Other																																					
<input type="checkbox"/> Polished <input type="checkbox"/> Printed waste <input type="checkbox"/> NK <input type="checkbox"/> Greek <input type="checkbox"/> Watermark <input type="checkbox"/> Arabic <input type="checkbox"/> 1st use <input type="checkbox"/> Hebrew <input type="checkbox"/> Ruled <input type="checkbox"/> Black letter <input type="checkbox"/> Mastara <input type="checkbox"/> Roman/Italic <input type="checkbox"/> Pricked <input type="checkbox"/> Other		<input type="checkbox"/> Polished <input type="checkbox"/> Printed waste <input type="checkbox"/> NK <input type="checkbox"/> Greek <input type="checkbox"/> Watermark <input type="checkbox"/> Arabic <input type="checkbox"/> 1st use <input type="checkbox"/> Hebrew <input type="checkbox"/> Ruled <input type="checkbox"/> Black letter <input type="checkbox"/> Mastara <input type="checkbox"/> Roman/Italic <input type="checkbox"/> Pricked <input type="checkbox"/> Other																																					
<input type="checkbox"/> Ruled same as text <input type="checkbox"/> NK		<input type="checkbox"/> Ruled same as text <input type="checkbox"/> NK																																					
3. CONDITION		3. CONDITION																																					
<input type="checkbox"/> Sound <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td>Extent</td> <td>Severity</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Worn</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Ragged</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Tears</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Insect</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Rodent</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Losses</td> </tr> <tr> <td colspan="2" style="text-align: center;">Detached/loose</td> </tr> <tr> <td colspan="2" style="text-align: center;">Split/torn spinefold</td> </tr> </table>		Extent	Severity	<input type="checkbox"/>	<input type="checkbox"/> Worn	<input type="checkbox"/>	<input type="checkbox"/> Ragged	<input type="checkbox"/>	<input type="checkbox"/> Tears	<input type="checkbox"/>	<input type="checkbox"/> Insect	<input type="checkbox"/>	<input type="checkbox"/> Rodent	<input type="checkbox"/>	<input type="checkbox"/> Losses	Detached/loose		Split/torn spinefold		<input type="checkbox"/> Sound <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td>Extent</td> <td>Severity</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Cockling</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Pleating</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Folding</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Stains</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Adhesive tape</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Other</td> </tr> <tr> <td colspan="2" style="text-align: center;">Detached/loose</td> </tr> <tr> <td colspan="2" style="text-align: center;">Split/torn spinefold</td> </tr> </table>		Extent	Severity	<input type="checkbox"/>	<input type="checkbox"/> Cockling	<input type="checkbox"/>	<input type="checkbox"/> Pleating	<input type="checkbox"/>	<input type="checkbox"/> Folding	<input type="checkbox"/>	<input type="checkbox"/> Stains	<input type="checkbox"/>	<input type="checkbox"/> Adhesive tape	<input type="checkbox"/>	<input type="checkbox"/> Other	Detached/loose		Split/torn spinefold	
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4. ADDED ENDLEAVES		4. ADDED ENDLEAVES																																					
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<input type="checkbox"/> Paper <input type="checkbox"/> Parchment <input type="checkbox"/> NK <input type="checkbox"/> Western <input type="checkbox"/> Other		<input type="checkbox"/> Paper <input type="checkbox"/> Parchment <input type="checkbox"/> NK <input type="checkbox"/> Western <input type="checkbox"/> Other																																					
5. ADDED ENDLEAVES CONDITION		5. ADDED ENDLEAVES CONDITION																																					
<input type="checkbox"/> Sound <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td>Extent</td> <td>Severity</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Worn</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Ragged</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Tears</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Insect</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Rodent</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Losses</td> </tr> <tr> <td colspan="2" style="text-align: center;">Detached/loose</td> </tr> <tr> <td colspan="2" style="text-align: center;">Split/torn spinefold</td> </tr> </table>		Extent	Severity	<input type="checkbox"/>	<input type="checkbox"/> Worn	<input type="checkbox"/>	<input type="checkbox"/> Ragged	<input type="checkbox"/>	<input type="checkbox"/> Tears	<input type="checkbox"/>	<input type="checkbox"/> Insect	<input type="checkbox"/>	<input type="checkbox"/> Rodent	<input type="checkbox"/>	<input type="checkbox"/> Losses	Detached/loose		Split/torn spinefold		<input type="checkbox"/> Sound <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td>Extent</td> <td>Severity</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Cockling</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Pleating</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Folding</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Stains</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Adhesive tape</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Other</td> </tr> <tr> <td colspan="2" style="text-align: center;">Detached/loose</td> </tr> <tr> <td colspan="2" style="text-align: center;">Split/torn spinefold</td> </tr> </table>		Extent	Severity	<input type="checkbox"/>	<input type="checkbox"/> Cockling	<input type="checkbox"/>	<input type="checkbox"/> Pleating	<input type="checkbox"/>	<input type="checkbox"/> Folding	<input type="checkbox"/>	<input type="checkbox"/> Stains	<input type="checkbox"/>	<input type="checkbox"/> Adhesive tape	<input type="checkbox"/>	<input type="checkbox"/> Other	Detached/loose		Split/torn spinefold	
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<input type="checkbox"/>	<input type="checkbox"/> Other																																						
Detached/loose																																							
Split/torn spinefold																																							

5. SEWING (CURRENT), EDGES

MS

<p>1. <input type="text"/> No. of stations</p> <p>PREPARATION</p> <p><input type="checkbox"/> Pierced hole <input type="checkbox"/> Single knife cut <input type="checkbox"/> V-nick <input type="checkbox"/> Other <input type="text"/></p> <p><input type="checkbox"/> NK <input type="text"/></p>			<p>6. SEWING SUPPORTS</p> <p><input type="text"/> Number of supports</p> <p><input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> NK</p>	<p>8. STATION MEASUREMENTS</p> <p><input type="checkbox"/> First sewing <input type="checkbox"/> Resewn <input type="checkbox"/> NK</p> <p>head <input type="text"/> <input type="text"/> <input type="text"/></p>																											
<p>2. SEWING GUARDS</p> <p><input type="checkbox"/> None <input type="checkbox"/> Parchment <input type="checkbox"/> All gatherings <input type="checkbox"/> Paper <input type="checkbox"/> Beginning & end <input type="checkbox"/> Inside <input type="checkbox"/> NK <input type="checkbox"/> Outside</p>			<p>MATERIAL</p> <p><input type="checkbox"/> Tawed <input type="checkbox"/> Tanned <input type="checkbox"/> Cord <input type="checkbox"/> Parchment <input type="checkbox"/> NK <input type="checkbox"/> Other</p>	<p>FORMATION</p> <p><input type="checkbox"/> Strap <input type="checkbox"/> Twisted <input type="checkbox"/> Rolled <input type="checkbox"/> NK <input type="checkbox"/> Other</p>																											
<p>3. THREAD</p> <p><input type="checkbox"/> Single <input type="checkbox"/> Same as endband <input type="checkbox"/> Double <input type="checkbox"/> Thin <input type="checkbox"/> S-ply <input type="checkbox"/> Medium <input type="checkbox"/> Z-ply <input type="checkbox"/> Thick <input type="checkbox"/> NK <input type="checkbox"/> Tight twist <input type="checkbox"/> Plain <input type="checkbox"/> Medium twist <input type="checkbox"/> Silk <input type="checkbox"/> Loose twist <input type="checkbox"/> NK <input type="checkbox"/> Thread colour <input type="checkbox"/> Waxed <input type="text"/></p>			<p>7. SUPPORT ROUTE</p> <p>Double </p> <p>Single </p> <p>Raised </p> <p>Recessed </p> <p>Flat </p> <p><input type="checkbox"/> NK</p>	<p>tail <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Current <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Previous <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Earlier <input type="text"/> <input type="text"/> <input type="text"/></p>																											
<p>4. SUPPORTED <input type="checkbox"/> Yes</p> <p><input type="checkbox"/> All-along <input type="checkbox"/> 2-on <input type="checkbox"/> Other <input type="text"/></p> <p><input type="checkbox"/> NK</p>																															
<p>5. UNSUPPORTED</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> 2-needle <input type="checkbox"/> Single sequence <input type="checkbox"/> Double sequence <input type="checkbox"/> NK</p>																															
<p>9. SEWING CONDITION</p> <p>STRUCTURE</p> <p><input type="checkbox"/> Sound <input checked="" type="checkbox"/> Loose <input type="checkbox"/> Broken left / right <input type="checkbox"/> Broken in centre <input type="checkbox"/> Complete breakdown <input type="checkbox"/> Sewing removed <input type="checkbox"/> Other</p>			<p>THREAD</p> <p><input type="checkbox"/> Sound <input checked="" type="checkbox"/> Weak <input checked="" type="checkbox"/> Totally decayed <input type="checkbox"/> Existing repairs</p>	<p>tail <input type="text"/></p> <p>head <input type="text"/></p> <p>Spine: location of broken areas <input type="text"/></p>																											
<p>10. EDGES</p> <p><input type="checkbox"/> Uncut <input type="checkbox"/> Cut <input type="checkbox"/> Cut before sewing <input type="checkbox"/> Retrimmed</p> <p>METHOD</p> <p><input type="checkbox"/> Plain cut <input type="checkbox"/> Knife cut <input type="checkbox"/> Blade marks <input type="checkbox"/> NK</p>	<p>DECORATION</p> <p><input type="checkbox"/> None <input type="checkbox"/> Coloured <input type="checkbox"/> Painted <input type="checkbox"/> Gilt <input type="checkbox"/> Gauffered <input type="checkbox"/> Sprinkled <input type="checkbox"/> NK <input type="checkbox"/> Other</p>	<p>COLOURS</p> <p><input type="text"/> <input type="text"/></p>	<p>11. EDGE CONDITION</p> <table border="1"> <thead> <tr> <th>Extent</th> <th>Severity</th> <th>Condition</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Sound</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Worn</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Rounded</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Stained</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Grime</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Soft</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Faded</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Other</td> </tr> </tbody> </table> <p><input type="text"/></p>		Extent	Severity	Condition	<input type="checkbox"/>	<input type="checkbox"/>	Sound	<input type="checkbox"/>	<input type="checkbox"/>	Worn	<input type="checkbox"/>	<input type="checkbox"/>	Rounded	<input type="checkbox"/>	<input type="checkbox"/>	Stained	<input type="checkbox"/>	<input type="checkbox"/>	Grime	<input type="checkbox"/>	<input type="checkbox"/>	Soft	<input type="checkbox"/>	<input type="checkbox"/>	Faded	<input type="checkbox"/>	<input type="checkbox"/>	Other
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<input type="checkbox"/>	<input type="checkbox"/>	Grime																													
<input type="checkbox"/>	<input type="checkbox"/>	Soft																													
<input type="checkbox"/>	<input type="checkbox"/>	Faded																													
<input type="checkbox"/>	<input type="checkbox"/>	Other																													

6. BOARDS

MS

7. SPINE, SPINE LININGS AND ENDBANDS

MS

1. SPINE		3. SPINE CONDITION						
ADHESIVE <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> NK Adhesive type <input type="checkbox"/> Animal <input type="checkbox"/> Starch <input type="checkbox"/> NK		2. Spine & joint profile SHAPE (original) <input type="checkbox"/> Flat <input type="checkbox"/> Slight round <input type="checkbox"/> Round <input type="checkbox"/> Heavy round <input type="checkbox"/> NK JOINTS <input type="checkbox"/> None <input type="checkbox"/> Curved <input type="checkbox"/> Angled <input type="checkbox"/> Right angle <input type="checkbox"/> NK		ADHESIVE <input type="checkbox"/> NA <input type="checkbox"/> Sound Extent <input type="checkbox"/> Extent <input type="checkbox"/> Extent <input type="checkbox"/> Extent Loss of adhesion <input type="checkbox"/> Cracked Severity <input type="checkbox"/> Rodent damage <input type="checkbox"/> Insect damage <input type="checkbox"/> Mould damage				
				Current profile EXTRA APPLICATION <input type="checkbox"/> Animal <input type="checkbox"/> Starch <input type="checkbox"/> NK <input type="checkbox"/> Other				
4. LINING <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> NK <input type="checkbox"/> Overall <input type="checkbox"/> Transverse <input type="checkbox"/> Comb <input type="checkbox"/> Panel <input type="checkbox"/> H&T only <input type="checkbox"/> NK <input type="checkbox"/> Other		LINING MATERIAL <input type="checkbox"/> Parchment <input type="checkbox"/> Paper <input type="checkbox"/> Textile <input type="checkbox"/> Tanned skin <input type="checkbox"/> Tawed skin <input type="checkbox"/> NK <input type="checkbox"/> Other Colour		MATERIAL TYPE <input type="checkbox"/> Plain <input type="checkbox"/> MS <input type="checkbox"/> Printed <input type="checkbox"/> Decorated <input type="checkbox"/> NK Right Lining(s) from outside Left				
				5. LINING CONDITION <input type="checkbox"/> Missing <input type="checkbox"/> Spine detach Extent Left Right Extent <input type="checkbox"/> Split at joint <input type="checkbox"/> Lifted from bds Severity <input type="checkbox"/> Mechanical damage <input type="checkbox"/> Rodent damage <input type="checkbox"/> Insect damage <input type="checkbox"/> Mould damage <input type="checkbox"/> Other				
				<input type="checkbox"/> No. of layers <table border="1"> <tr><td>1st</td></tr> <tr><td>2nd</td></tr> <tr><td>3rd</td></tr> </table>		1st	2nd	3rd
1st								
2nd								
3rd								
6. ENDBAND <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NK <input type="checkbox"/> Greek <input type="checkbox"/> Western <input type="checkbox"/> Islamic <input type="checkbox"/> Other <input type="checkbox"/> Missing		PRIMARY <input type="checkbox"/> Plain thread <input type="checkbox"/> Silk <input type="checkbox"/> Metal thread <input type="checkbox"/> NK <input type="checkbox"/> Other		Colours <input type="checkbox"/> No bead <input type="checkbox"/> No front bead <input type="checkbox"/> Reversing twist <input type="checkbox"/> Greek, single core <input type="checkbox"/> Greek, double core <input type="checkbox"/> Warps only <input type="checkbox"/> NK <input type="checkbox"/> Other				
<input type="checkbox"/> No. of cores <input type="checkbox"/> Cord <input type="checkbox"/> Tanned <input type="checkbox"/> Parchment <input type="checkbox"/> Tawed <input type="checkbox"/> NK <input type="checkbox"/> Other		<input type="checkbox"/> cross section		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3				
BOARD ATTACH <input type="checkbox"/> None <input type="checkbox"/> Sewn <input type="checkbox"/> Laced <input type="checkbox"/> Sewn & recessed <input type="checkbox"/> Adhered <input type="checkbox"/> NK <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/> Straight <input type="checkbox"/> Angled		SECONDARY <input type="checkbox"/> None <input type="checkbox"/> Plain thread <input type="checkbox"/> Silk <input type="checkbox"/> Metal thread <input type="checkbox"/> Stuck-on <input type="checkbox"/> NK <input type="checkbox"/> Other		Colours <input type="checkbox"/> Front <input type="checkbox"/> Back				
NO. OF TIEDOWNS <input type="checkbox"/> Every gathering <input type="checkbox"/> Frequent <input type="checkbox"/> Infrequent <input type="checkbox"/> NK		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		Front <input type="checkbox"/> Back				
				<input type="checkbox"/> Extra stuck-on folded endbands				
7. ENDBAND CONDITION Slips detached from board <input type="checkbox"/> L <input type="checkbox"/> R Slip(s) broken at joint(s) <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Core broken across spine		HEAD Extent <input type="checkbox"/> Loose <input type="checkbox"/> Missing <input type="checkbox"/> Tiedowns pulled out <input type="checkbox"/> Primary broken <input type="checkbox"/> Secondary broken <input type="checkbox"/> Warps broken <input type="checkbox"/> Primary worn away <input type="checkbox"/> Secondary worn away <input type="checkbox"/> Missing core <input type="checkbox"/> Missing endband <input type="checkbox"/> Other		TAIL Extent <input type="checkbox"/> Sound Slips detached from board <input type="checkbox"/> L <input type="checkbox"/> R Slip(s) broken at joint(s) <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Core broken across spine				
				<input type="checkbox"/> Sound <input type="checkbox"/> Loose <input type="checkbox"/> Missing <input type="checkbox"/> Tiedowns pulled out <input type="checkbox"/> Primary broken <input type="checkbox"/> Secondary broken <input type="checkbox"/> Warps broken <input type="checkbox"/> Primary worn away <input type="checkbox"/> Secondary worn away <input type="checkbox"/> Missing core <input type="checkbox"/> Missing endband <input type="checkbox"/> Other				

7a. ALTERNATIVE ENDBAND

MS

6. TAILBAND		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NK	<input type="checkbox"/> Greek	<input type="checkbox"/> Western	<input type="checkbox"/> Islamic	<input type="checkbox"/> Other	<input type="checkbox"/> Missing
<input type="checkbox"/> No. of cores	<input type="checkbox"/> Cord	<input type="checkbox"/> Tanned	<input type="checkbox"/> Parchment	cross section					
<input type="checkbox"/> Tawed	<input type="checkbox"/> NK	<input type="checkbox"/> Other	<input type="checkbox"/> Other						
BOARD ATTACH				PRIMARY		<input type="checkbox"/> No bead	<input type="checkbox"/> Colours		
<input type="checkbox"/> None	<input type="checkbox"/> Laced	<input type="checkbox"/> Adhered	<input type="checkbox"/> Other	<input type="checkbox"/> Sewn	<input type="checkbox"/> Sewn & recessed	<input type="checkbox"/> Plain thread	<input type="checkbox"/> 1	Front	
<input type="checkbox"/> Straight	<input type="checkbox"/> Angled	<input type="checkbox"/> NK	<input type="checkbox"/> Other	<input type="checkbox"/> Silk	<input type="checkbox"/> Metal thread	<input type="checkbox"/> Reversing twist	<input type="checkbox"/> 2		
NO. OF TIEDOWNS				<input type="checkbox"/> NK	<input type="checkbox"/> Other	<input type="checkbox"/> Greek, single core	<input type="checkbox"/> 3		
<input type="checkbox"/> Every gathering	<input type="checkbox"/> Frequent	<input type="checkbox"/> Infrequent	<input type="checkbox"/> NK	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Greek, double core	<input type="checkbox"/> Other	<input type="checkbox"/> Warps only	<input type="checkbox"/> NK
				SECONDARY		<input type="checkbox"/> Colours			
				<input type="checkbox"/> None	<input type="checkbox"/> Other	<input type="checkbox"/> 1	Front		
				<input type="checkbox"/> Plain thread	<input type="checkbox"/> Other	<input type="checkbox"/> 2			
				<input type="checkbox"/> Silk	<input type="checkbox"/> Other	<input type="checkbox"/> 3			
				<input type="checkbox"/> Metal thread	<input type="checkbox"/> Other	<input type="checkbox"/> 4			
				<input type="checkbox"/> Stuck-on	<input type="checkbox"/> Other	<input type="checkbox"/> 5			
				<input type="checkbox"/> NK	<input type="checkbox"/> Other	<input type="checkbox"/> Extra stuck-on folded endbands			
								<input type="checkbox"/> Back	<input type="checkbox"/> Back

8. PRIMARY COVERING

MS

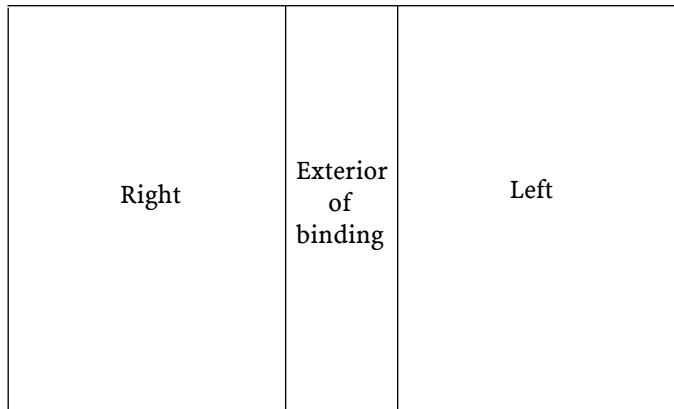
1. PRIMARY <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NK																																														
TYPE	MATERIAL	SOURCE	STATUS	CORNERS																																										
				<input type="checkbox"/> Full	<input type="checkbox"/> Tanned skin	<input type="checkbox"/> Goat	<input type="checkbox"/> First use	<input type="checkbox"/> Lapped Fe over																																						
<input type="checkbox"/> Quarter	<input type="checkbox"/> Tawed skin	<input type="checkbox"/> Sheep	<input type="checkbox"/> Re-used	<input type="checkbox"/> Lapped H & T over																																										
<input type="checkbox"/> None	<input type="checkbox"/> Parchment	<input type="checkbox"/> Hairsheep	<input type="checkbox"/> MS	<input type="checkbox"/> Lapped mixed																																										
<input type="checkbox"/> Missing	<input type="checkbox"/> Cartonnage	<input type="checkbox"/> Calf	<input type="checkbox"/> Printed	<input type="checkbox"/> Tongued mitre																																										
<input type="checkbox"/> NK	<input type="checkbox"/> Paper	<input type="checkbox"/> NK	<input type="checkbox"/> Book cover	<input type="checkbox"/> Butt mitre																																										
<input type="checkbox"/> See below, 3	<input type="checkbox"/> Textile	<input type="checkbox"/> Other	<input type="checkbox"/> Pieced	<input type="checkbox"/> Open mitre																																										
<input type="checkbox"/> Hairside out	<input type="checkbox"/> NK		<input type="checkbox"/> NK	<input type="checkbox"/> NK																																										
<input type="checkbox"/> Fleshside out	<input type="checkbox"/> Other		<input type="checkbox"/> Other	<input type="checkbox"/> Other																																										
COLOUR																																														
<input type="checkbox"/> EXISTING REPAIRS <input type="checkbox"/> Overback <input type="checkbox"/> Patched <input type="checkbox"/> Other				<input type="checkbox"/> Cap core																																										
2. TOOLING <input type="checkbox"/> None <input type="checkbox"/> NK		<input type="checkbox"/> Fillets <input type="checkbox"/> Rolls <input type="checkbox"/> Small tools <input type="checkbox"/> Centre piece <input type="checkbox"/> Corner piece <input type="checkbox"/> Other																																												
<input type="checkbox"/> Yes <input type="checkbox"/> Blind tooling <input type="checkbox"/> Gold tooling <input type="checkbox"/> NK <input type="checkbox"/> Other																																														
IMPRESSION QUALITY <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low		<input type="checkbox"/> No. of rolls <input type="checkbox"/> No. of small tools																																												
3. CONDITION (PRIMARY)		[HATCH ALL THE MISSING AREAS OF COVERING MATERIAL]																																												
		OUTSIDE OF COVER																																												
		Right		Spine	Left																																									
4. CONDITION (PRIMARY)		<table border="1"> <thead> <tr> <th>Extent</th> <th>Severity</th> <th>Extent</th> <th>Severity</th> <th>Extent</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Missing</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Deposits</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Detached, spine</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Torn</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Laceration</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Detached, boards</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Abraded</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Embrittled</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Lifted turn-ins</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Rodent</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Encrusted</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Secured by metal fittings only</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Insect</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Other</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Adhesive tape</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Water</td> <td colspan="2"></td> <td colspan="2"><input type="checkbox"/> Other</td> </tr> </tbody> </table>				Extent	Severity	Extent	Severity	Extent	<input type="checkbox"/>	<input type="checkbox"/> Missing	<input type="checkbox"/>	<input type="checkbox"/> Deposits	<input type="checkbox"/>	<input type="checkbox"/> Detached, spine	<input type="checkbox"/>	<input type="checkbox"/> Torn	<input type="checkbox"/>	<input type="checkbox"/> Laceration	<input type="checkbox"/>	<input type="checkbox"/> Detached, boards	<input type="checkbox"/>	<input type="checkbox"/> Abraded	<input type="checkbox"/>	<input type="checkbox"/> Embrittled	<input type="checkbox"/>	<input type="checkbox"/> Lifted turn-ins	<input type="checkbox"/>	<input type="checkbox"/> Rodent	<input type="checkbox"/>	<input type="checkbox"/> Encrusted	<input type="checkbox"/>	<input type="checkbox"/> Secured by metal fittings only	<input type="checkbox"/>	<input type="checkbox"/> Insect	<input type="checkbox"/>	<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/> Adhesive tape	<input type="checkbox"/>	<input type="checkbox"/> Water			<input type="checkbox"/> Other	
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<input type="checkbox"/>	<input type="checkbox"/> Insect	<input type="checkbox"/>	<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/> Adhesive tape																																									
<input type="checkbox"/>	<input type="checkbox"/> Water			<input type="checkbox"/> Other																																										
5. SECONDARY COVER		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NK																																												

8b. FOREEDGE FLAP / EDGE FLAPS

MS

1. <input type="checkbox"/> Foredge flap	<input type="checkbox"/> Edge flap - head	<input type="checkbox"/> Edge flap - tail	<input type="checkbox"/> Edge flap - foredge	<input type="checkbox"/> NK					
MATERIAL <input type="checkbox"/> Same as primary <input type="checkbox"/> Same as secondary <input type="checkbox"/> Tanned skin <input type="checkbox"/> Tawed skin <input type="checkbox"/> Parchment <input type="checkbox"/> Cartonnage <input type="checkbox"/> Paper <input type="checkbox"/> Textile <input type="checkbox"/> NK <input type="checkbox"/> Other		STATUS <input type="checkbox"/> Original <input type="checkbox"/> Added <input type="checkbox"/> Removed/lost <input type="checkbox"/> Cut off <input type="checkbox"/> NK		FORMER MATERIAL <input type="checkbox"/> None <input type="checkbox"/> WOOD <input type="checkbox"/> Hardwood <input type="checkbox"/> Softwood <input type="checkbox"/> NK		PAPER <input type="checkbox"/> Laminated <input type="checkbox"/> Pulp <input type="checkbox"/> NK <input type="checkbox"/> Other		HINGE LINING <input type="checkbox"/> Tanned skin <input type="checkbox"/> Tawed skin <input type="checkbox"/> Parchment <input type="checkbox"/> Paper <input type="checkbox"/> Textile <input type="checkbox"/> NK <input type="checkbox"/> Other	
		ATTACHMENT <input type="checkbox"/> Integral <input type="checkbox"/> Adhesive <input type="checkbox"/> Sewn <input type="checkbox"/> Nailed <input type="checkbox"/> NK <input type="checkbox"/> Other		<input type="checkbox"/> Long grain <input type="checkbox"/> Short grain <input type="checkbox"/> NK		<input type="checkbox"/> Plain paper <input type="checkbox"/> Printed paper <input type="checkbox"/> MS paper <input type="checkbox"/> NK <input type="checkbox"/> Other			
				OTHER <input type="checkbox"/>					
								FASTENING (see p.9) <input type="checkbox"/> Yes <input type="checkbox"/> No	
								<input type="checkbox"/> NK	

2. LOCATION AND SHAPE OF FLAPS (ORIGINAL AND CURRENT)



3. CONDITION

COVERING <table border="1"> <tr> <td>Extent</td> <td>Severity</td> <td><input type="checkbox"/> Sound</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Missing</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Torn</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Abraded</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Rodent</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Insect</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Water</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Deposits</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Laceration</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Embrittled</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Encrusted</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Adhesive tape</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Other</td> </tr> </table>		Extent	Severity	<input type="checkbox"/> Sound			<input type="checkbox"/> Missing			<input type="checkbox"/> Torn			<input type="checkbox"/> Abraded			<input type="checkbox"/> Rodent			<input type="checkbox"/> Insect			<input type="checkbox"/> Water			<input type="checkbox"/> Deposits			<input type="checkbox"/> Laceration			<input type="checkbox"/> Embrittled			<input type="checkbox"/> Encrusted			<input type="checkbox"/> Adhesive tape			<input type="checkbox"/> Other	FORMER <table border="1"> <tr> <td>Extent</td> <td>Severity</td> <td><input type="checkbox"/> Sound</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Missing</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Torn</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Split</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Rodent</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Insect</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Delaminated</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Other</td> </tr> </table>		Extent	Severity	<input type="checkbox"/> Sound			<input type="checkbox"/> Missing			<input type="checkbox"/> Torn			<input type="checkbox"/> Split			<input type="checkbox"/> Rodent			<input type="checkbox"/> Insect			<input type="checkbox"/> Delaminated			<input type="checkbox"/> Other	ATTACHMENT FOREEDGE <table border="1"> <tr> <td>Extent</td> <td>Severity</td> <td><input type="checkbox"/> Sound</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Covering</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Hinge lining</td> </tr> </table> AVERAGE HEAD <table border="1"> <tr> <td>Extent</td> <td>Severity</td> <td><input type="checkbox"/> Sound</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Covering</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Hinge lining</td> </tr> </table> AVERAGE TAIL <table border="1"> <tr> <td>Extent</td> <td>Severity</td> <td><input type="checkbox"/> Sound</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Covering</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Hinge lining</td> </tr> </table> AVERAGE		Extent	Severity	<input type="checkbox"/> Sound			<input type="checkbox"/> Covering			<input type="checkbox"/> Hinge lining	Extent	Severity	<input type="checkbox"/> Sound			<input type="checkbox"/> Covering			<input type="checkbox"/> Hinge lining	Extent	Severity	<input type="checkbox"/> Sound			<input type="checkbox"/> Covering			<input type="checkbox"/> Hinge lining
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9. FURNITURE & FASTENINGS

MS

1

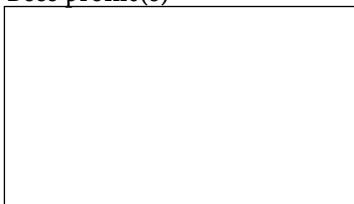
3. LOCATION AND SHAPE

Outside right cover

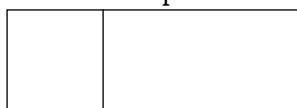
Outside left cover

Boss profile(s)

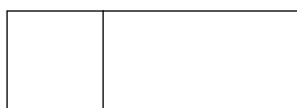
Spine



*Pin head shape



End Side



4 CONDITION

10. ADDITIONAL NOTES

MS

Re-examination required of:

TITLING & EDGE
DECORATION

Head

Foredge

Tail

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URGENT MINIMAL REPAIRS

Yes No

- Leaves
- Sewing
- Boards
- Endbands
- Covering
- Other