

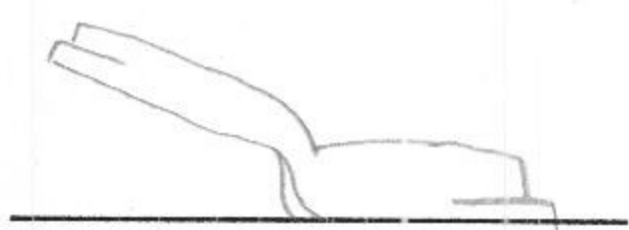
1. BIBLIOGRAPHICAL, ETC.

Date: 25 / 01 / 2005

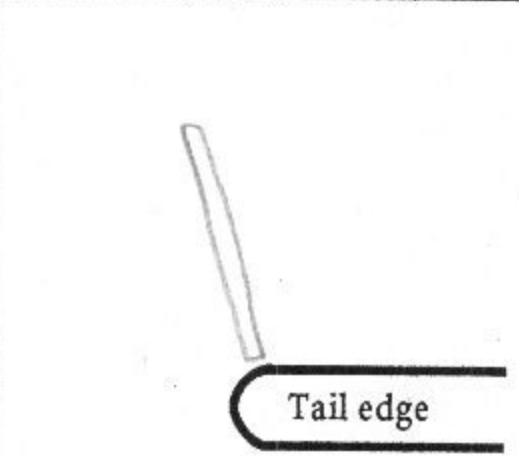
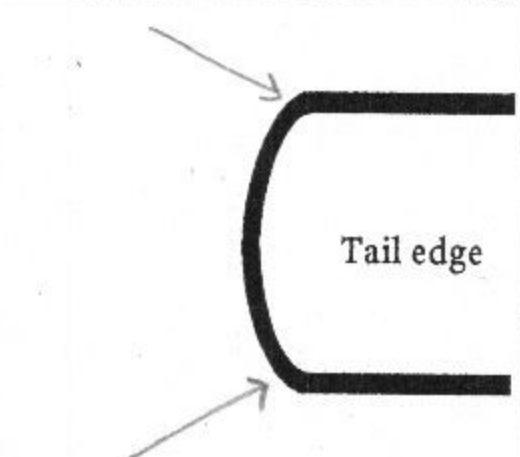
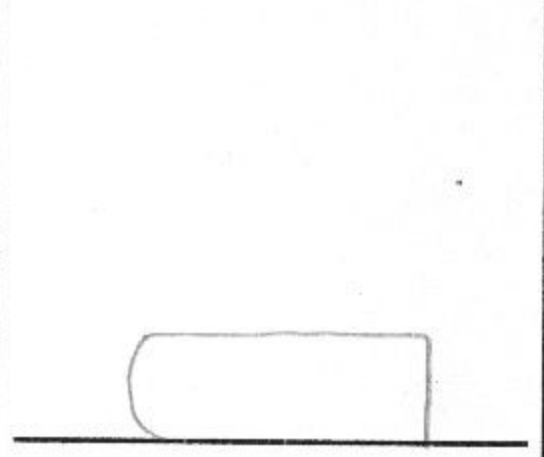
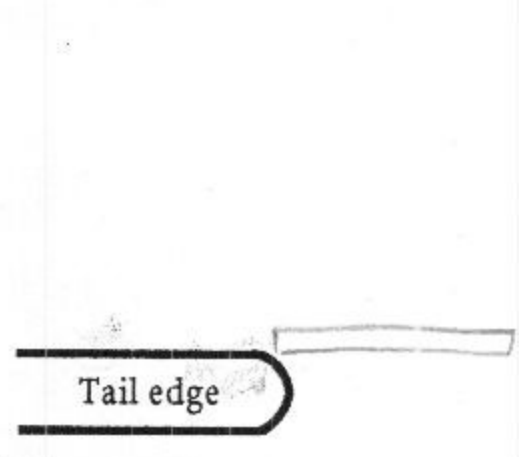
No of leaves 270
 H 165 W 127 T 06167

1. OPENING CHARACTERISTICS

Hollow back



Left of centre Angle Centre Angle Right of centre Angle



Right board Angle Closed book Min.T. Textblock breaks Left board Angle

2. PAGE MARKERS

YES NO NK
TYPE
 Folded
 Folded and knotted
 Straight
 Other
ATTACHMENT
 Adhesive
 Sewn
 Other
MATERIAL
 Tawed
 Tanned
 Parchment
 Textile
 Silk
 Other
No. LOCATION
 Head
 Foreedge
 Tail
No. CONDITION
 Sound
 Detached
 Broken off
 Dangling
 Worn
 Other
Leaf edge **Profile**
Colour(s)

3. LIFTING TABS

YES NO NK

LOCATION
 Foreedge, right board
 Foreedge, left board
 Foreedge, both boards
 Other
MATERIAL
 Tanned skin
 NK
 Other
 Nailed Glued Under turn-in Over turn-in

CONDITION

Sound
 Detached
 Broken off
 Dangling
 Worn
 Missing
 Other
Left board **Right board**

5. INSERTED MATERIAL

YES NO

4. BOOKMARK

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

2. TEXT LEAVES

1 PARCHMENT PAPER PAPYRUS PAPER/PARCHMENT

Goat Sheep Hairsheep Calf NK

ARRANGEMENT
 Hairside/hairside
 Hairside/fleshside
 Irregular
 NK

Colour

TYPE
 Western
 Eastern
 NK

Burnished
 All over
 Text area only
 NK
 Watermark

Paper/parchment arrangement

Ruled None Mastara
 Pricked Dry point
 Frame NK
 Other

Pricking tools

COMPOSITE TEXT
 Yes No

Leaf dimensions
 Height Width

2. CONDITION - COMPLETE LEAVES

Sound Damaged

SUBSTRATE Thin Medium Thick
 Supple Medium Stiff

Extent Severity Split/torn spine fold

	Extent	Severity		Marginal	Text area	Location
<input type="checkbox"/>	90	5-10	<input checked="" type="checkbox"/> Cockled	50	50	
<input type="checkbox"/>			<input type="checkbox"/> Worn			
<input type="checkbox"/>			<input checked="" type="checkbox"/> Ragged			
<input type="checkbox"/>	5	5	<input checked="" type="checkbox"/> Tears	100		
<input type="checkbox"/>	5	5	<input checked="" type="checkbox"/> Insect	50	50	
<input type="checkbox"/>			<input type="checkbox"/> Rodent			
<input type="checkbox"/>			<input type="checkbox"/> Losses			
<input type="checkbox"/>			<input type="checkbox"/> Mould			
<input type="checkbox"/>	50	5-60	<input checked="" type="checkbox"/> Water damage	50	50	
<input type="checkbox"/>			<input type="checkbox"/> Stains			
<input type="checkbox"/>			<input type="checkbox"/> Grime			
<input type="checkbox"/>			<input type="checkbox"/> Blocking			
<input type="checkbox"/>			<input type="checkbox"/> Skinning			
<input type="checkbox"/>			<input type="checkbox"/> Pleating/folding			
<input type="checkbox"/>			<input type="checkbox"/> Adhesive tape			
<input type="checkbox"/>			<input type="checkbox"/> Other			
<input type="checkbox"/>	5	5	<input checked="" type="checkbox"/> Deposits	50	50	

Lost/removed quires Yes No

3. OLD REPAIRS Yes None

Spine fold Marginal Text area Sewn leaf repairs

Paper Plain MS Printed Other

Overcasting All through Occasional Left/right Other

Parchment Plain MS Printed Other

Other material

4. NEW REPAIRS

Repairs needed No repairs needed

Paper

	Extent	Severity	
<input type="checkbox"/>			<input type="checkbox"/> Spine fold
<input type="checkbox"/>			<input type="checkbox"/> Marginal
<input type="checkbox"/>			<input type="checkbox"/> Text area
<input type="checkbox"/>			<input type="checkbox"/> Other

Parchment

	Extent	Severity	
<input type="checkbox"/>			<input type="checkbox"/> Spine fold
<input type="checkbox"/>			<input type="checkbox"/> Marginal
<input type="checkbox"/>			<input type="checkbox"/> Text area
<input type="checkbox"/>			<input type="checkbox"/> Cockling
<input type="checkbox"/>			<input type="checkbox"/> Other

3. INK & PIGMENT

1. INKS Colour Text Deco-ration Palimpsest 1 2 3 Ink 1 <u>BROWN</u> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Ink 2 <u>RED</u> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Ink 3 Ink 4 Ink 5 Ink 6 Ink 7 Ink 8 Ink 9 Ink 10	3. PAINTED DECORATION		Drawn Painted <input type="checkbox"/> <input type="checkbox"/> No. of full page miniatures 5 <input type="checkbox"/> No. of smaller miniatures/ headpieces <input type="checkbox"/> None <input type="checkbox"/> No. of initials
	4. METAL FOILS CONDITION		
	1 <input type="checkbox"/> Gold mordant 2 <input type="checkbox"/> Gold support 3 <input type="checkbox"/> Shell gold 4 <input type="checkbox"/> Other	FOIL 1 <input type="checkbox"/> Sound Extent Severity Flaking <input type="checkbox"/> <input type="checkbox"/> Abraded <input type="checkbox"/> <input type="checkbox"/> Dirt <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/>	FOIL 2 <input type="checkbox"/> Sound Extent Severity Flaking <input type="checkbox"/> <input type="checkbox"/> Abraded <input type="checkbox"/> <input type="checkbox"/> Dirt <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/>

2. CONDITION OF INKS

INK 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 checked="" type="checkbox"/> Washed off 30 5-80 <input checked="" type="checkbox"/> Off-set 30 5-90 <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/>	INK 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 checked="" type="checkbox"/> Washed off 30 5-80 <input checked="" type="checkbox"/> Off-set 30 5-90 <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/>	INK 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"/> Off-set <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/>
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INK 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"/> Off-set <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/>	INK 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"/> Off-set <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/>	5. SILK CURTAINS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NK <input type="checkbox"/> Sewn <input type="checkbox"/> Adhered <input type="checkbox"/> NK <input type="checkbox"/> Evidence of earlier curtains <input type="checkbox"/> Tissue interleaving Colour of curtain
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6. GENERAL COMMENT

MINIATURES

- Hairside
- Fleshside
- NK
- NA

PIGMENT

- Thin
- Medium
- Thick
- Sound
- Damaged but stable
- Damaged & dangerous

4. ENDLEAVES

<p>1. LEFT</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NK <input checked="" type="checkbox"/> INTEGRAL <input type="checkbox"/> SEPARATE</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p style="text-align: center;">outermost gathering</p> </div> <p style="text-align: right; margin-right: 5px;">No. 1 2 3</p> <p><input checked="" type="checkbox"/> Full size <input type="checkbox"/> Undersize <input type="checkbox"/> Extended <input type="checkbox"/> Deckles <input type="checkbox"/> NK</p>	<p>RIGHT</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NK <input checked="" type="checkbox"/> INTEGRAL <input type="checkbox"/> SEPARATE</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p style="text-align: center;">outermost gathering</p> </div> <p style="text-align: left; margin-left: 5px;">No. 1 2 3</p> <p><input checked="" type="checkbox"/> Full size <input type="checkbox"/> Undersize <input type="checkbox"/> Extended <input type="checkbox"/> Deckles <input type="checkbox"/> NK</p>																																																																																												
<p>2. MATERIAL <input checked="" type="checkbox"/> Same as text <input type="checkbox"/> Decorated paper</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;"> <input type="checkbox"/> PARCHMENT <input type="checkbox"/> PAPYRUS <input checked="" type="checkbox"/> PAPER <input checked="" type="checkbox"/> Western <input type="checkbox"/> Eastern <input type="checkbox"/> NK <input checked="" type="checkbox"/> Polished <input type="checkbox"/> NK <input checked="" type="checkbox"/> Watermark <input checked="" type="checkbox"/> 1st use <input type="checkbox"/> Ruled <input type="checkbox"/> Mastara <input type="checkbox"/> Pricked <input type="checkbox"/> Ruled same as text <input checked="" type="checkbox"/> NK </td> <td style="width:50%; border: none;"> <input type="checkbox"/> MS waste <input type="checkbox"/> Greek <input type="checkbox"/> Arabic <input type="checkbox"/> Syriac <input type="checkbox"/> Hebrew <input type="checkbox"/> Latin <input type="checkbox"/> Other <input type="checkbox"/> Printed waste <input type="checkbox"/> Greek <input type="checkbox"/> Arabic <input type="checkbox"/> Hebrew <input type="checkbox"/> Black letter <input type="checkbox"/> Roman/Italic <input type="checkbox"/> Other </td> </tr> </table>	<input type="checkbox"/> PARCHMENT <input type="checkbox"/> PAPYRUS <input checked="" type="checkbox"/> PAPER <input checked="" type="checkbox"/> Western <input type="checkbox"/> Eastern <input type="checkbox"/> NK <input checked="" type="checkbox"/> Polished <input type="checkbox"/> NK <input checked="" type="checkbox"/> Watermark <input checked="" type="checkbox"/> 1st use <input type="checkbox"/> Ruled <input type="checkbox"/> Mastara <input type="checkbox"/> Pricked <input type="checkbox"/> Ruled same as text <input checked="" type="checkbox"/> NK	<input type="checkbox"/> MS waste <input type="checkbox"/> Greek <input type="checkbox"/> Arabic <input type="checkbox"/> Syriac <input type="checkbox"/> Hebrew <input type="checkbox"/> Latin <input type="checkbox"/> Other <input type="checkbox"/> Printed waste <input type="checkbox"/> Greek <input type="checkbox"/> Arabic <input type="checkbox"/> Hebrew <input type="checkbox"/> Black letter <input type="checkbox"/> Roman/Italic <input type="checkbox"/> Other	<p><input checked="" type="checkbox"/> Same as text <input type="checkbox"/> Decorated paper</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;"> <input type="checkbox"/> PARCHMENT <input type="checkbox"/> PAPYRUS <input checked="" type="checkbox"/> PAPER <input checked="" type="checkbox"/> Western <input type="checkbox"/> Eastern <input type="checkbox"/> NK <input checked="" type="checkbox"/> Polished <input type="checkbox"/> NK <input checked="" type="checkbox"/> Watermark <input checked="" type="checkbox"/> 1st use <input type="checkbox"/> Ruled <input type="checkbox"/> Mastara <input type="checkbox"/> Pricked <input type="checkbox"/> Ruled same as text <input type="checkbox"/> NK </td> <td style="width:50%; border: none;"> <input type="checkbox"/> MS waste <input type="checkbox"/> Greek <input type="checkbox"/> Arabic <input type="checkbox"/> Syriac <input type="checkbox"/> Hebrew <input type="checkbox"/> Latin <input type="checkbox"/> Other <input type="checkbox"/> Printed waste <input type="checkbox"/> Greek <input type="checkbox"/> Arabic <input type="checkbox"/> Hebrew <input type="checkbox"/> Black letter <input type="checkbox"/> Roman/Italic <input type="checkbox"/> Other </td> </tr> </table>	<input type="checkbox"/> PARCHMENT <input type="checkbox"/> PAPYRUS <input checked="" type="checkbox"/> PAPER <input checked="" type="checkbox"/> Western <input type="checkbox"/> Eastern <input type="checkbox"/> NK <input checked="" type="checkbox"/> Polished <input type="checkbox"/> NK <input checked="" type="checkbox"/> Watermark <input checked="" type="checkbox"/> 1st use <input type="checkbox"/> Ruled <input type="checkbox"/> Mastara <input type="checkbox"/> Pricked <input type="checkbox"/> Ruled same as text <input type="checkbox"/> NK	<input type="checkbox"/> MS waste <input type="checkbox"/> Greek <input type="checkbox"/> Arabic <input type="checkbox"/> Syriac <input type="checkbox"/> Hebrew <input type="checkbox"/> Latin <input type="checkbox"/> Other <input type="checkbox"/> Printed waste <input type="checkbox"/> Greek <input type="checkbox"/> Arabic <input type="checkbox"/> Hebrew <input type="checkbox"/> Black letter <input type="checkbox"/> Roman/Italic <input type="checkbox"/> Other																																																																																								
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5. SEWING (CURRENT), EDGES

<p>1. <input type="text" value="4"/> No. of stations</p> <p>PREPARATION</p> <p><input type="checkbox"/> Pierced hole</p> <p><input type="checkbox"/> Single knife cut</p> <p><input checked="" type="checkbox"/> V-nick</p> <p><input type="checkbox"/> Other <input type="text"/></p> <p><input type="checkbox"/> NK</p>	<p>6. SEWING SUPPORTS</p> <p><input type="text"/> Number of supports</p> <p><input type="checkbox"/> Single</p> <p><input type="checkbox"/> Double</p> <p><input type="checkbox"/> NK</p> <p>MATERIAL</p> <p><input type="checkbox"/> Tawed</p> <p><input type="checkbox"/> Tanned</p> <p><input type="checkbox"/> Cord</p> <p><input type="checkbox"/> Parchment</p> <p><input type="checkbox"/> NK</p> <p><input type="checkbox"/> Other <input type="text"/></p> <p>FORMATION</p> <p><input type="checkbox"/> Strap</p> <p><input type="checkbox"/> Twisted</p> <p><input type="checkbox"/> Rolled</p> <p><input type="checkbox"/> NK</p> <p><input type="checkbox"/> Other <input type="text"/></p>	<p>8. STATION MEASUREMENTS</p> <p><input checked="" type="checkbox"/> First sewing <input type="checkbox"/> Resewn <input type="checkbox"/> NK</p> <p>head</p> <p>14</p> <p>56</p> <p>97</p> <p>140</p> <p>154 tail</p> <p>Current Previous Earlier</p>
<p>2. SEWING GUARDS</p> <p><input checked="" type="checkbox"/> None <input type="checkbox"/> Parchment</p> <p><input type="checkbox"/> All gatherings <input type="checkbox"/> Paper</p> <p><input type="checkbox"/> Beginning & end <input type="checkbox"/> Inside</p> <p><input type="checkbox"/> NK <input type="checkbox"/> Outside</p>	<p>7. SUPPORT ROUTE</p> <p>Double</p> <p><input type="checkbox"/> Linked</p> <p><input type="checkbox"/> Not linked</p> <p><input type="checkbox"/> NK</p> <p>Single</p> <p><input type="checkbox"/> Raised <input type="checkbox"/> Recessed</p> <p><input type="checkbox"/> Flat <input type="checkbox"/> NK</p>	
<p>3. THREAD</p> <p><input type="checkbox"/> Same as endband</p> <p><input checked="" type="checkbox"/> Single <input type="checkbox"/> Thin</p> <p><input type="checkbox"/> Double <input checked="" type="checkbox"/> Medium</p> <p><input type="checkbox"/> S-ply <input type="checkbox"/> Thick</p> <p><input checked="" type="checkbox"/> Z-ply <input type="checkbox"/> Tight twist</p> <p><input type="checkbox"/> NK <input type="checkbox"/> Medium twist</p> <p><input checked="" type="checkbox"/> Plain <input checked="" type="checkbox"/> Loose twist</p> <p><input type="checkbox"/> Silk <input type="checkbox"/> Thread colour</p> <p><input type="checkbox"/> NK <input type="text" value="natural"/></p> <p><input checked="" type="checkbox"/> Waxed</p>		
<p>4. SUPPORTED <input type="checkbox"/> Yes</p> <p><input type="checkbox"/> All-along</p> <p><input type="checkbox"/> 2-on</p> <p><input type="checkbox"/> Other <input type="text"/></p> <p><input type="checkbox"/> NK</p>		
<p>5. UNSUPPORTED</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> 2-needle</p> <p><input type="checkbox"/> Single sequence</p> <p><input checked="" type="checkbox"/> Double sequence</p> <p><input type="checkbox"/> NK</p>		

<p>9. SEWING CONDITION</p> <p>STRUCTURE</p> <p><input type="checkbox"/> Sound</p> <p><input checked="" type="checkbox"/> Loose</p> <p><input checked="" type="checkbox"/> Broken left / right</p> <p><input type="checkbox"/> Broken in centre</p> <p><input type="checkbox"/> Complete breakdown</p> <p><input type="checkbox"/> Sewing removed</p> <p><input type="checkbox"/> Other <input type="text"/></p> <p>THREAD</p> <p><input checked="" type="checkbox"/> Sound</p> <p><input type="checkbox"/> Weak</p> <p><input type="checkbox"/> Totally decayed</p> <p><input type="checkbox"/> Existing repairs</p>	<p>tail</p> <p>head</p> <p>Spine: location of broken areas</p>
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<p>10. EDGES</p> <p><input type="checkbox"/> Uncut</p> <p><input checked="" type="checkbox"/> Cut</p> <p><input type="checkbox"/> Cut before sewing</p> <p><input type="checkbox"/> Retrimmed</p> <p>METHOD</p> <p><input checked="" type="checkbox"/> Plain cut</p> <p><input type="checkbox"/> Knife cut</p> <p><input type="checkbox"/> Blade marks</p> <p><input type="checkbox"/> NK</p> <p>DECORATION</p> <p><input checked="" type="checkbox"/> None</p> <p><input type="checkbox"/> Coloured</p> <p><input type="checkbox"/> Painted</p> <p><input type="checkbox"/> Gilt</p> <p><input type="checkbox"/> Gauffered</p> <p><input type="checkbox"/> Sprinkled</p> <p><input type="checkbox"/> NK</p> <p><input type="checkbox"/> Other <input type="text"/></p> <p>COLOURS</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>	<p>11. EDGE CONDITION</p> <table border="1" style="width:100%; border-collapse: collapse;"> <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><input type="checkbox"/> Sound</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Worn</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>5 10</td> <td><input checked="" type="checkbox"/> Rounded</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>90 5-60</td> <td><input checked="" type="checkbox"/> Stained</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Grime</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Soft</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Faded</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Other <input type="text"/></td> </tr> </tbody> </table>	Extent	Severity	Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Sound	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Worn	<input checked="" type="checkbox"/>	5 10	<input checked="" type="checkbox"/> Rounded	<input checked="" type="checkbox"/>	90 5-60	<input checked="" type="checkbox"/> Stained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Grime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Soft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Faded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other <input type="text"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other <input type="text"/>																										

6. BOARDS

1. Yes No NK

2. ATTACHMENT

Outside

3. MATERIAL - LEFT Same as right

WOOD OTHER

Hardwood Softwood NK

Vertical grain Same size Horizontal grain Squares NK Undersize

Composite Re-used Non-original

Board thickness: mm

PAPER Plain paper Laminated Printed paper Pulp MS paper NK Other

3a. MATERIAL - RIGHT (if different)

WOOD OTHER

Hardwood Softwood NK

Vertical grain Same size Horizontal grain Squares NK Undersize

Composite Re-used Non-original

Board thickness: mm

PAPER Plain paper Laminated Printed paper Pulp MS paper NK Other

4. EDGE TREATMENT Centre bevels Clasp bevels Internal bevel Other shapes

1 2 3 4 Other edge groove Unknown grooved NK

5. CORNER TREATMENT

1 2 3 4 5 6 Other Unknown grooved NK

6. Spine edge profile

Outer surface

Left board

Inner surface

Right board

Inner surface

Outer surface

7. LINING(S) No Yes NK

Parchment Plain MS Printed Paper Eastern Western Burnished Plain MS Printed Script/type Textile Plain Decorated Colour Other

8. BOARD DAMAGE

Left board inner surface

Right board inner surface

Spine

9a. BOARD ATTACHMENT CONDITION

Left		Right	
Extent	Severity	Extent	Severity
<input type="checkbox"/> 75	<input type="checkbox"/> 100	<input type="checkbox"/> 100	<input type="checkbox"/> 100
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 100	<input type="checkbox"/> 100
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 10	<input type="checkbox"/> 100
<input type="checkbox"/> 10	<input type="checkbox"/> 100	<input type="checkbox"/> 40	<input type="checkbox"/> 100
<input type="checkbox"/> 20	<input type="checkbox"/> 50	<input type="checkbox"/> 60	<input type="checkbox"/> 100
AVERAGE			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Repaired		<input type="checkbox"/>	
<input type="checkbox"/> Stiffness		<input type="checkbox"/>	
<input type="checkbox"/> Replacement board(s)			

9b. BOARD CONDITION

Left board		Right board	
Extent	Severity	Extent	Severity
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Old repair		<input type="checkbox"/>	

7. SPINE, SPINE LININGS AND ENDBANDS

1. SPINE

ADHESIVE

- No
 Yes
 NK

Adhesive type

- Animal
 Starch
 NK

2. Spine & joint profile



SHAPE (original)

- Flat
 Slight round
 Round
 Heavy round
 NK

JOINTS

- None
 Curved
 Angled
 Right angle
 NK

3. SPINE CONDITION

ADHESIVE

- NA
 Sound

same

Current profile

- Extent 100

- Extent 80

- Extent

- Extent

- Extent

- Loss of adhesion

- Cracked

- Rodent damage

- Insect damage

- Mould damage

EXTRA APPLICATION

- Animal
 Starch
 NK
 Other

4. LINING

- No
 Yes
 NK

- Overall
 Transverse
 Comb
 Panel
 H&T only
 NK
 Other

LINING MATERIAL

- Parchment
 Paper
 Textile
 Tanned skin
 Tawed skin
 NK
 Other

MATERIAL TYPE

- Plain
 MS
 Printed
 Decorated
 NK

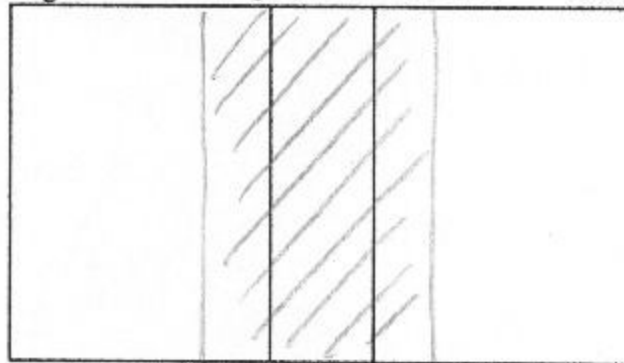
LINING JOINTS

- Inside boards
 Outside boards
 NK

Colour

unlined

Lining(s) from outside



No. of layers

1

1st

2nd

3rd

5. LINING CONDITION

- Missing
 Spine detach
 Sound

- Extent Left Right Extent 10
 Split at joint
 Lifted from bds

- Extent Severity
 Mechanical damage
 Rodent damage
 Insect damage
 Mould damage
 Other

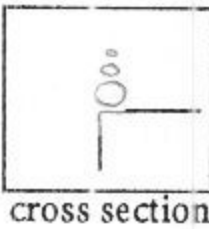
6. ENDBAND

- Yes No NK Greek Western Islamic Other Missing

No. of cores

3

- Cord
 Tanned
 Parchment
 Tawed
 NK
 Other



cross section

PRIMARY

- Plain thread
 Silk
 Metal thread
 NK
 Other

- No bead
 No front bead
 Reversing twist
 Greek, single core
 Greek, double core
 Warps only
 NK
 Other

Colours

- 1 unlined
 2
 3

Front

Back

BOARD ATTACH

- None Sewn
 Laced Sewn & recessed
 Adhered NK
 Other
 Straight Angled

SECONDARY

- None
 Plain thread
 Silk
 Metal thread
 Stuck-on
 NK
 Other

Colours

- 1 GREEN
 2 RED
 3
 4
 5

Front

Back

NO. OF TIEDOWNS

- Every gathering
 Frequent
 Infrequent
 NK

Extra stuck-on folded endbands

7. ENDBAND CONDITION

- Sound

HEAD

TAIL

- Sound

- Slips detached from board
- L
 R

- Slip(s) broken at joint(s)
- L
 100 R

- Extent 70 Loose Missing
- 30 Tiedowns pulled out
 30 Primary broken
 10 Secondary broken
 Warps broken
 Primary worn away
 70 Secondary worn away
 30 Missing core
 Missing endband
 Other

- Slips detached from board
- L
 R

- Slip(s) broken at joint(s)
- L
 100 R

- Extent 20 Loose Missing
- Tiedowns pulled out
 Primary broken
 Secondary broken
 Warps broken
 Primary worn away
 10 Secondary worn away
 Missing core
 Missing endband
 Other

Core broken across spine

Core broken across spine

8. PRIMARY COVERING

1. PRIMARY Yes No NK *SEE P. 10*

TYPE <input checked="" type="checkbox"/> Full <input type="checkbox"/> Quarter <input type="checkbox"/> None <input type="checkbox"/> Missing <input type="checkbox"/> NK <input type="checkbox"/> See below, 3 <input checked="" type="checkbox"/> Hairside out <input type="checkbox"/> Fleshside out COLOUR <i>brown</i>	MATERIAL <input checked="" 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	SOURCE <input type="checkbox"/> Goat <input type="checkbox"/> Sheep <input checked="" type="checkbox"/> Hairsheep <input type="checkbox"/> Calf <input type="checkbox"/> NK <input type="checkbox"/> Other	STATUS <input checked="" type="checkbox"/> First use <input type="checkbox"/> Re-used <input type="checkbox"/> MS <input type="checkbox"/> Printed <input type="checkbox"/> Book cover <input type="checkbox"/> Pieced <input type="checkbox"/> NK <input type="checkbox"/> Other	CORNERS <input type="checkbox"/> Lapped Fe over <input type="checkbox"/> Lapped H & T over <input type="checkbox"/> Lapped mixed <input type="checkbox"/> Tongued mitre <input checked="" type="checkbox"/> Butt mitre <input type="checkbox"/> Open mitre <input type="checkbox"/> NK <input type="checkbox"/> Other
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EXISTING REPAIRS Overback Patched Other Cap core

2. TOOLING None NK Fillets

Yes Blind tooling Gold tooling NK Other

Rolls Small tools Centre piece Corner piece Other

No. of rolls
 No. of small tools

IMPRESSION QUALITY High Medium Low

3. CONDITION (PRIMARY) [HATCH ALL THE MISSING AREAS OF COVERING MATERIAL]

Right OUTSIDE OF COVER Spine Left

4. CONDITION (PRIMARY)

Extent	Severity	Extent	Severity	Extent	Severity
<input type="checkbox"/> 10	<input type="checkbox"/> 10-100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 80	<input checked="" type="checkbox"/> Detached, spine
<input type="checkbox"/> 20	<input type="checkbox"/> 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Detached, boards
<input type="checkbox"/> 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Lifted turn-ins
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Secured by metal fittings only
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> Adhesive tape
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Missing Deposits
 Torn Laceration
 Abraded Embrittled
 Rodent Encrusted
 Insect Other
 Water

5. SECONDARY COVER Yes No NK

9. FURNITURE & FASTENINGS

1

	Clasp	Catchplate	Edge pin	Side pin	Bosses 1	Bosses 2	Bosses 3	Edge nails	Surface nails	Corners	Plates	Full cover	Straps	Strap plates	Strap collars	Articulated metal spines	Continuous	Separated
Copper alloy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Silver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Silver gilt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Iron	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bone/ivory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sheet metal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Repoussé	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enamelled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thr' pastedown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2 CATCHPLATE/PIN

Simple edge pin *

Fastened edge pin*

Bent and slotted

Rolled round bar

Raised lip

NK

Other

CLASP

Stirrup ring

Simple hook

Folded hook

Pierced strap

NK

Other

STRAP

Triple braided strap

Double braided strap

Flat strap

NK

Other

Under pastedown

Thru' pastedown

NK

STRAP MATERIAL

Tanned skin

Tawed skin

Parchment

Textile

Laminate

Metal hinge

NK

Other

TIES

Tanned skin

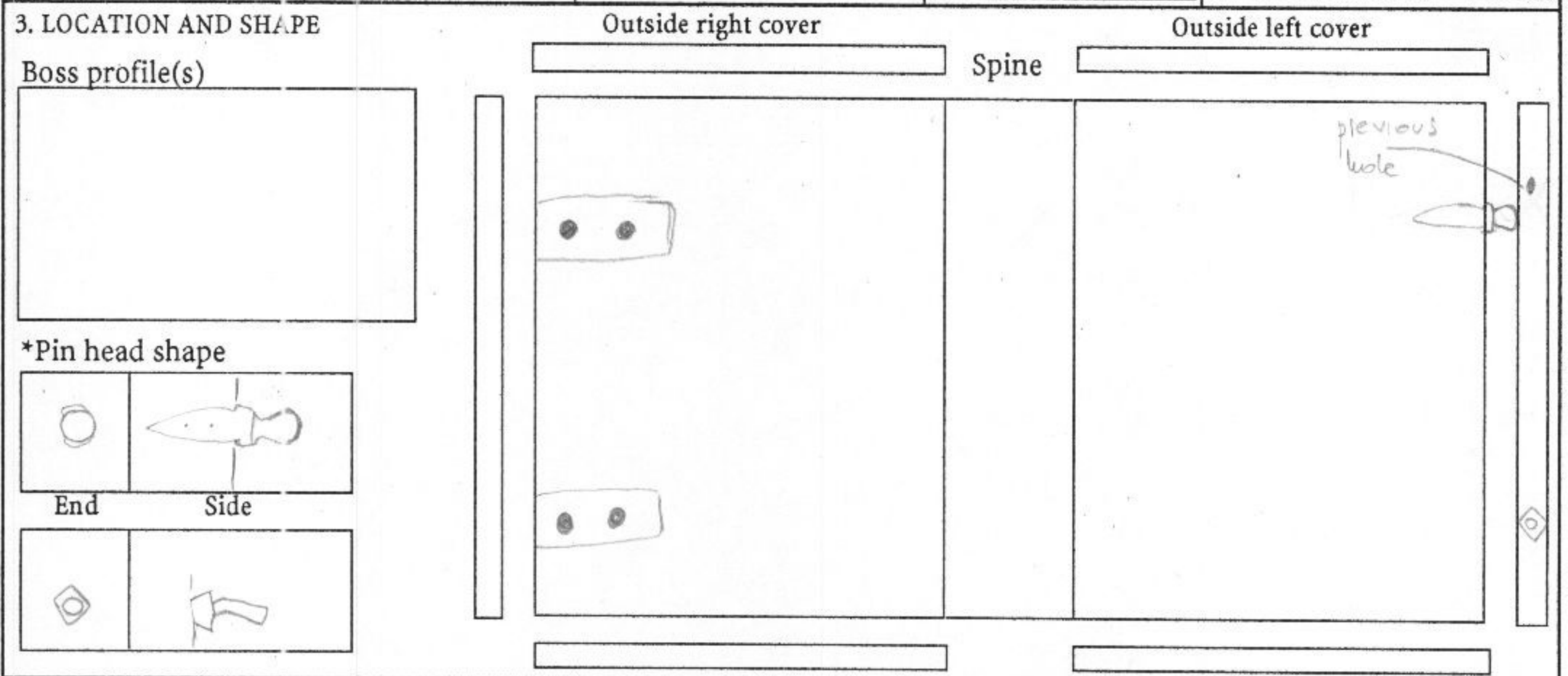
Tawed skin

Textile

NK

Other

Colour



4 CONDITION

	CLASP	CATCH-PLATE	EDGE PINS	CORNERS	BOSSSES	PLATES	FULL COVER	EDGE NAILS	TIES	STRAPS	FLAT STRAPS
Sound	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Nails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corroded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Detached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bent	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Broken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Broken off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

10. ADDITIONAL NOTES

Re-examination required of:

TITLING & EDGE DECORATION

Head

Foreedge

Tail

	<input type="checkbox"/>	
	<input type="checkbox"/>	

URGENT MINIMAL REPAIRS

Yes No

Leaves

Sewing

Boards

Endbands

Covering

Other

walking tape

1.4 Between f. 89-90 mark of the bookmark (single thread)

8.1 Caps sewn through the endband with blue silk thread
(see photos)