

SITE CH	YEAR 05	ROOM # or AREA NAME RM 37	CONTEXT NUMBER 620
TYPE (positive, negative, wall) POSITIVE	DEFINITION (cut in floor of X, fill of pit Y, north wall of room Z, etc.) THE FLOOR 2 IN SW part of RM 37.		
DESCRIPTION (include consistency, color, composition, inclusions, dimensions; for cuts, also include shape and orientation) ON THE TOP OF 620 THERE WERE TOO MANY SHELLS. FLOOR OR HARDENED SOIL.			
MUNSELL COLOR 2.5Y 4/3			
FORMATION PROCESSES NATURAL <input type="checkbox"/> ARTIFICIAL <input checked="" type="checkbox"/> (circle one) CASUAL <input type="checkbox"/> INTENTIONAL <input checked="" type="checkbox"/> (circle one) TYPE:			
STATE OF PRESERVATION <input type="checkbox"/> Very poor <input type="checkbox"/> Poor <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Good <input type="checkbox"/> Very Good		STRATIGRAPHIC RELIABILITY <input type="checkbox"/> Very poor <input type="checkbox"/> Poor <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Good <input type="checkbox"/> Very Good	
COVERS 639, 637, 638, 693	COVERED BY 591		
CUTS	CUT BY 430		
FILLS	FILLED BY		
ABUTS	ABUTTED BY		
EQUALS	BONDS WITH		
INTERPRETATION			
MATERIAL DATABLE IN FIELD? (if yes, specify)		PRELIMINARY DATE	
FINDS (tick) <input checked="" type="checkbox"/> Pot <input checked="" type="checkbox"/> Bone <input type="checkbox"/> Glass <input checked="" type="checkbox"/> Metal <input type="checkbox"/> Wood <input type="checkbox"/> Leather <input checked="" type="checkbox"/> Tile <input type="checkbox"/> Other <input type="checkbox"/> None	TILE: (quantity buckets?)	SPECIAL FINDS (number and description, continue on back if necessary) 3219 - HOOK 3220 - LEAD OBJ.	
FLOAT? (Y/N)	SAMPLE? (if yes, # and type)	SECTION? (Y/N)	
PHOTO? (Y/N)	PLAN? (Y/N)	NOTEBOOK PAGES	SKETCH ON BACK? (Y/N)
STRATIGRAPHIC NOTES/DOUBTS (include any comments on methods, contamination, excavation conditions, or anything else that seems relevant)			
		DATE 19/11/05	INITIALS DVD

