

|                                                                                                                                                                                                                                                                                                          |                                                                                                                          |                                                                                                                                                                                                           |                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| SITE<br><i>CM</i>                                                                                                                                                                                                                                                                                        | YEAR<br><i>04</i>                                                                                                        | ROOM # or AREA NAME<br><i>STREET</i>                                                                                                                                                                      | CONTEXT NUMBER<br><i>434</i> |
| TYPE (positive, negative, wall)                                                                                                                                                                                                                                                                          | DEFINITION (cut in floor of X, fill of pit Y, north wall of room Z, etc.)<br><i>TRE COLLAPSE IN STREET NE of BULWARK</i> |                                                                                                                                                                                                           |                              |
| DESCRIPTION (include consistency, color, composition, inclusions, dimensions; for cuts, also include shape and orientation)<br><i>Collapse from buildings - roofing material as well as wall material, lot of tile some ceramic although notably less than <del>roof</del> ahead space.</i>              |                                                                                                                          |                                                                                                                                                                                                           |                              |
| MUNSELL COLOR                                                                                                                                                                                                                                                                                            |                                                                                                                          | ELEVATIONS (if more than one, sketch locations on back)                                                                                                                                                   |                              |
| FORMATION PROCESSES <input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> ARTIFICIAL (circle one) <input checked="" type="checkbox"/> CASUAL <input type="checkbox"/> INTENTIONAL (circle one) TYPE: <i>DISASTROUS</i>                                                                    |                                                                                                                          |                                                                                                                                                                                                           |                              |
| STATE OF PRESERVATION<br><input type="checkbox"/> Very poor <input checked="" type="checkbox"/> Poor <input type="checkbox"/> Medium <input type="checkbox"/> Good <input type="checkbox"/> Very Good                                                                                                    |                                                                                                                          | STRATIGRAPHIC RELIABILITY<br><input type="checkbox"/> Very poor <input checked="" type="checkbox"/> Poor <input type="checkbox"/> Medium <input type="checkbox"/> Good <input type="checkbox"/> Very Good |                              |
| COVERS<br><i>485</i>                                                                                                                                                                                                                                                                                     |                                                                                                                          | COVERED BY<br><i>#23</i>                                                                                                                                                                                  |                              |
| CUTS                                                                                                                                                                                                                                                                                                     |                                                                                                                          | CUT BY                                                                                                                                                                                                    |                              |
| FILLS                                                                                                                                                                                                                                                                                                    |                                                                                                                          | FILLED BY                                                                                                                                                                                                 |                              |
| ABUTS                                                                                                                                                                                                                                                                                                    |                                                                                                                          | ABUTTED BY                                                                                                                                                                                                |                              |
| EQUALS                                                                                                                                                                                                                                                                                                   |                                                                                                                          | BONDS WITH                                                                                                                                                                                                |                              |
| INTERPRETATION                                                                                                                                                                                                                                                                                           |                                                                                                                          |                                                                                                                                                                                                           |                              |
| MATERIAL DATABLE IN FIELD? (if yes, specify)                                                                                                                                                                                                                                                             |                                                                                                                          |                                                                                                                                                                                                           | PRELIMINARY DATE             |
| FINDS (tick)<br><input type="checkbox"/> Pot <input type="checkbox"/> Bone <input type="checkbox"/> Glass<br><input type="checkbox"/> Metal <input type="checkbox"/> Wood <input type="checkbox"/> Leather<br><input type="checkbox"/> Tile <input type="checkbox"/> Other <input type="checkbox"/> None | TILE: (quantity buckets?)                                                                                                | SPECIAL FINDS (number and description, continue on back if necessary)<br><i>2704 - Washed bone</i><br><i>2709 Iron obj</i><br><i>2717 - Arch FRAG</i>                                                     |                              |
| 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                                                                                                                                                                                                                                                                                                     |                                                                                                                          |                                                                                                                                                                                                           | INITIALS                     |

