

Laboratory Record Form

Name of Object: _____

Artefact Type: (select one)

Stone Tool Pottery Bone Other: _____

Material Type: (select one)

Stone Clay Glass Other: _____

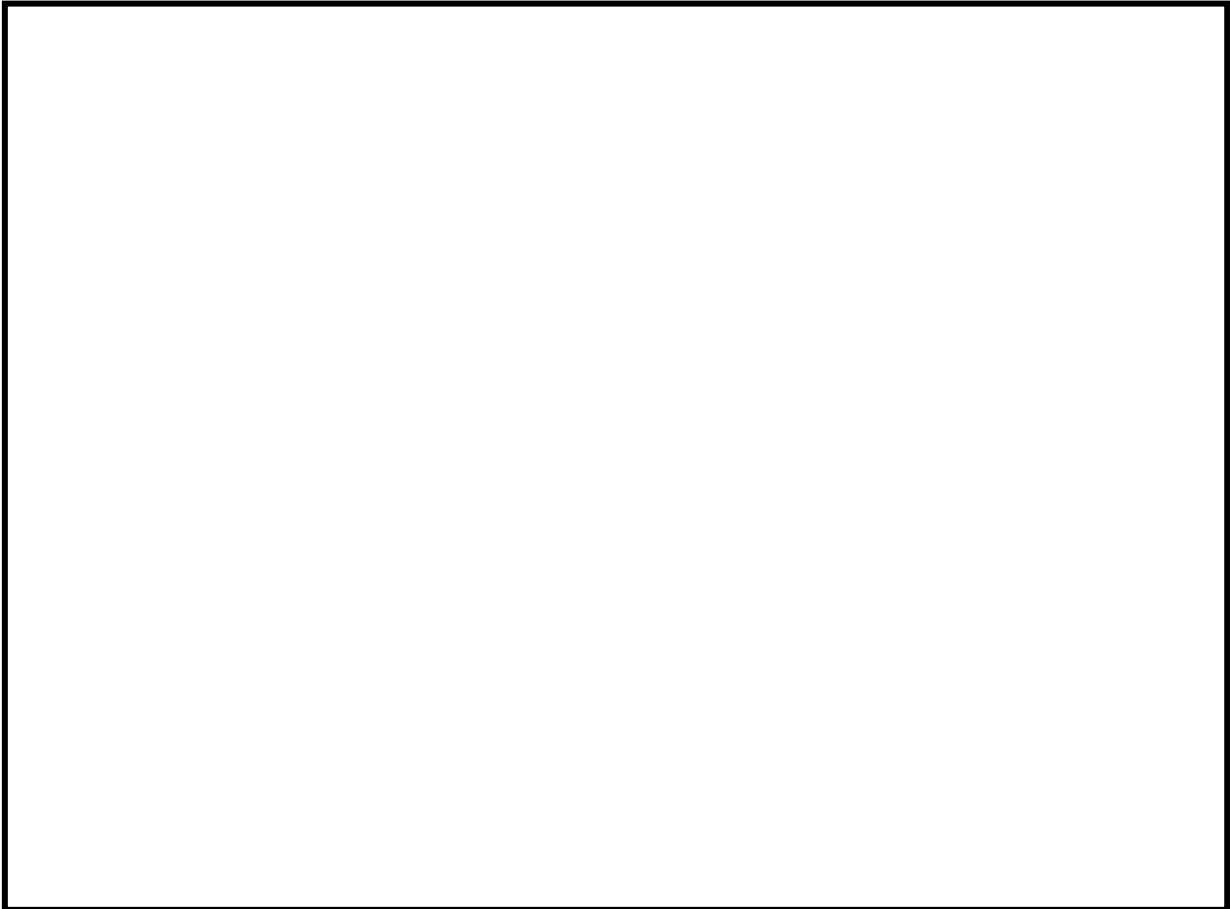
Bone Metal Plastic Other: _____

Size: _____ cm long X _____ cm wide X _____ cm thick **Weight:** _____ grams

Colour(s): _____

Other Information: _____

Artefact Illustration



Name: _____ **Date:** _____