

**Item Description and Condition Form  
KBOO Collection**

<b>Program Name</b>		<b>Unique Identifier</b> - ex M7-0002_t1	
<b>Part</b> _____ <b>of</b> _____	<b>Box #</b>	<b>Date</b> - YYYY-MM-DD  <input type="checkbox"/> Created/Recorded <input type="checkbox"/> Broadcast <input type="checkbox"/> Unknown	<b>Duration of Content</b> - HH:MM:SS  <input type="checkbox"/> Unknown
<b>Total Number of Tapes:</b>			
<b>Title</b> - Record verbatim the item's label			
<b>Description</b> - Written notes on container			
<b>Rights</b>			
<b>Publisher</b> <input type="checkbox"/> KBOO <input type="checkbox"/> KRAB <input type="checkbox"/> WYSO <input type="checkbox"/> Other:		<b>Contributor(s)</b>	
<b>Audio</b>			
<input type="checkbox"/> <b>Audio Format</b> <input type="checkbox"/> ¼ inch - 10 ½" Reel <input type="checkbox"/> ¼ inch - 7" Reel <input type="checkbox"/> ¼ inch - 5" Reel <input type="checkbox"/> Cassette		<input type="checkbox"/> <input type="checkbox"/> 12" Record <input type="checkbox"/> 10" Record <input type="checkbox"/> 7" Record <input type="checkbox"/> Other: <input type="checkbox"/>	
<input type="checkbox"/> <b>Generation</b> <input type="checkbox"/> Master <input type="checkbox"/> Duplication/Dub/Copy <input type="checkbox"/> Original <input type="checkbox"/> Other:			
<b>Audio Brand/Stock</b> - transcribe from the tape, e.g. TDK SA (Type 1)		<b>Record Tab Locked?</b> If present, remove lock tab <input type="checkbox"/> YES <input type="checkbox"/> N/A	
<b>Reel Base Material</b> <input type="checkbox"/> acetate <input type="checkbox"/> polyester <input type="checkbox"/> paper			
<b>Track Type</b> <input type="checkbox"/> full track <input type="checkbox"/> half track <input type="checkbox"/> quarter track <input type="checkbox"/> Other:		<b>Reel Recording Speed</b> <input type="checkbox"/> 1 7/8 IPS <input type="checkbox"/> 3 3/4 IPS <input type="checkbox"/> 7 1/2 IPS	
<b>Channel Configuration</b> <input type="checkbox"/> stereo <input type="checkbox"/> mono		<b>Additional Technical Notes</b>	

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Condition			
<input type="checkbox"/> Excellent: like new <input type="checkbox"/> Good: a little wear <input type="checkbox"/> Fair: more wear, include notes <input type="checkbox"/> Poor: major problems, include notes	<b>Condition Notes:</b>  		
Condition Defects			
<input type="checkbox"/> Broken cassette <input type="checkbox"/> Hydrolysis <input type="checkbox"/> Brittleness <input type="checkbox"/> Shrinkage <input type="checkbox"/> Curling <input type="checkbox"/> Flakes of brown oxide inside container <input type="checkbox"/> White powder or crystalline residue <input type="checkbox"/> Patterned black, brown, or mustard colored contamination <input type="checkbox"/>	<table style="width: 100%;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Fuzzy or thread-like growths  <input type="checkbox"/> Smells waxy  <input type="checkbox"/> Smells like dirty socks  <input type="checkbox"/> Smells astringent or pungent  <input type="checkbox"/> Tape wind is spoking  <input type="checkbox"/> Tape wind has popped strands  <input type="checkbox"/> Tape wind has stepped pack  <input type="checkbox"/> Tape wind has edge damage  <input type="checkbox"/> Tape wind has shiners  <input type="checkbox"/> Tape wind has windows  <input type="checkbox"/> </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Additional Notes:   </td> </tr> </table>	<input type="checkbox"/> Fuzzy or thread-like growths <input type="checkbox"/> Smells waxy <input type="checkbox"/> Smells like dirty socks <input type="checkbox"/> Smells astringent or pungent <input type="checkbox"/> Tape wind is spoking <input type="checkbox"/> Tape wind has popped strands <input type="checkbox"/> Tape wind has stepped pack <input type="checkbox"/> Tape wind has edge damage <input type="checkbox"/> Tape wind has shiners <input type="checkbox"/> Tape wind has windows <input type="checkbox"/>	<input type="checkbox"/> Additional Notes:  
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Digitization Notes			
<b>Prepped for Digitization?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO  Additional Digitization Notes:	<b>Digitized?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO  Date Digitized - YYYY-MM-DD  Digitized By:		
Digitization Specifications			
Sample rate:  Bit depth:  Preservation File Size:  Preservation File Duration:	<b>.mp3 derivative created?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO  <b>.md5 checksum created?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>Digital QC notes:</b>  			
<b>Preservation File Location:</b>  			