



## Paleo Reposited Collection Checklist

**NATURAL  
HISTORY  
MUSEUM  
OF UTAH**

### Natural History Museum of Utah (UMNH)

The University of Utah  
301 Wakara Way  
Salt Lake City, Utah 84108  
801-581-6927

Acc'n #: UMNH.A. \_\_\_\_\_

Repository #: UMNH.R. \_\_\_\_\_

Date collections reviewed \_\_\_\_\_

\_\_\_ Acceptable \_\_\_ Not Acceptable

UMNH CM Final Acceptance

Date of Final Acceptance \_\_\_\_\_

### Repositor

Institution/Company \_\_\_\_\_

Individual \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

### Land Agency

Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Agency Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Project name \_\_\_\_\_

Site number(s) \_\_\_\_\_

Site name(s) \_\_\_\_\_

### Associated Records\*: prepared according to UMNH Paleo Guidelines (\*to be contained in archival record box)

*Hard copy documentation (double-sided) must be an exact duplicate of digital documentation and organized in comparable folder systems.*

___ <b>Field Notes</b>	___ <b>Final UMNH Inventory Spreadsheet</b>
___ Quarry Maps	___ <b>Final Report (1 printed copy archivally bound)</b>
___ Stratigraphic Sections	___ <b>All photos files w photographic log</b>
___ Lab and Analysis records	___ <b>Contact sheet(s) of all images</b>
___ <b>Aerial/Topo Map(s) with Site Location(s)</b>	___ <b>Copies of all permits associated w project</b>
___ <b>Locality form(s)</b>	___ <b>Full box/ archival jacket inventory</b>
___ <b>Preparation Sheets</b>	___ <b>Archival gold CD, DVD or M-Disk in sleeve</b>
___ Publications referring to any specimen in this collection	___ Other _____

Specimen Containers: Total Number of Boxes \_\_\_\_\_ Archival Jackets (include cu. ft.) #: \_\_\_\_\_ cu ft: \_\_\_\_\_

Document Boxes: Total Number/ Size of Archival \_\_\_\_\_ / 2" or 4" **Total Payment (\$ \_\_\_\_\_/box) \_\_\_\_\_**

### Preliminary Receipt

Repositor Signature, Printed Name & Date \_\_\_\_\_

UMNH Collection Manager Signature & Date \_\_\_\_\_

CM Printed Name \_\_\_\_\_

Registrar Initials Payment Received \_\_\_\_\_ Check # or C/C \_\_\_\_\_