

AMNH FOSSIL PREPARATION RECORD

AMNH catalog number: _____ field number(s): _____ other museum number: _____

taxon name: _____ storage location: _____

specimen/matrix description: _____ locality data: _____

preparator name: _____ curator name: _____ date started: _____ date finished: _____ total time: _____
first last first last day month year day month year hours

tools:	common materials used:	consolidant	adhesive	filler	other (explain below)
<input type="checkbox"/> airscribe	Acryloid/Paraloid B72	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> needle	Butvar B76	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> grinder	cyanoacrylate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> air abrasive	5 minute epoxy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> acid	2 ton epoxy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> other: _____	epoxy putty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	other epoxy _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	plaster	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	other (explain below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

description of preparation work: be sure to include any materials not listed above

molding: <input type="checkbox"/> silicone _____ <input type="checkbox"/> latex _____ <input type="checkbox"/> other: _____	casting: <input type="checkbox"/> epoxy number of casts: _____ <input type="checkbox"/> polyester resin _____ <input type="checkbox"/> other: _____	resin fillers/pigments used _____
---	--	--------------------------------------

description of molding/casting:

comments

date returned: _____ returned to: _____
day month year *person and/or location*