

SURVEY FORM 1 PAPER BASED ITEMS	
Collection: _____	Date completed: _____
Assessor: _____	DATA ENTRY COMPLETE? <input type="checkbox"/>

CHECK ALL THAT APPLY unless otherwise specified

<input type="checkbox"/> Paper or other things found in item that do not belong to item.
<input type="checkbox"/> Damaged by poor shelving
<input type="checkbox"/> Poorly shelved – no direct damage

	Year Published
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A. What is it? General Description.

A.1. TYPE (pick one):	
<input type="checkbox"/>	Book
<input type="checkbox"/>	Pamphlet (single signature)
<input type="checkbox"/>	Unbound paper
<input type="checkbox"/>	Other – specify _____

A.2.COVER (pick one – plus “Special Cover” if applicable):	
<input type="checkbox"/> Rigid Board – cloth	<input type="checkbox"/> Econo-bind or Lamijack
<input type="checkbox"/> Rigid Board – paper	<input type="checkbox"/> Pam bound
<input type="checkbox"/> Rigid Board - buckram	<input type="checkbox"/> Thermal bound
<input type="checkbox"/> Rigid Board – Leather	<input type="checkbox"/> N/A-unbound
<input type="checkbox"/> Paperback	<input type="checkbox"/> Other – specify _____
	<input type="checkbox"/> Special Cover

A.3. ADDITIONAL PROTECTIVE COVERING:	
<input type="checkbox"/> NONE	
<input type="checkbox"/> Box –paper board	<input type="checkbox"/> Dust Cover
<input type="checkbox"/> Box – rigid board w/buckram	<input type="checkbox"/> Local box – manila
<input type="checkbox"/> Slip case	
<input type="checkbox"/> Portfolio w/flaps	<input type="checkbox"/> Special Enclosure
<input type="checkbox"/> Portfolio -flapless	<input type="checkbox"/> Other – specify _____

A.4. TYPE OF PAPER (pick one):	
<input type="checkbox"/> Acidic - Non-coated paper	<input type="checkbox"/> Multiple paper types – acidic (describe)
<input type="checkbox"/> Non-acidic - Non-coated paper	<input type="checkbox"/> Multiple paper types – none acidic (describe)
<input type="checkbox"/> Coated	<input type="checkbox"/> Other – specify _____
<input type="checkbox"/> Newspaper	
<input type="checkbox"/> Onion skin	

A.5. LEAF ATTACHMENT (pick one):	
Adhesive – <input type="checkbox"/> Double fan	<input type="checkbox"/> Loose-leaf notebook
<input type="checkbox"/> Other	<input type="checkbox"/> Pam bound - Stapled or sewn,
Sewn - <input type="checkbox"/> Signature -STF	<input type="checkbox"/> Pam bound - Taped/glued
<input type="checkbox"/> Other	<input type="checkbox"/> Unbound pages
<input type="checkbox"/> Side Stapled	<input type="checkbox"/> Other – specify _____
<input type="checkbox"/> Spiral bound	

A.6. ATTACHMENTS OR INCLUSIONS	
<input type="checkbox"/> NONE	
<input type="checkbox"/> Paper item(s)	<input type="checkbox"/> Foldouts, centerfolds
<input type="checkbox"/> CD or DVD	<input type="checkbox"/> Photos or illustrations (glued or taped)
<input type="checkbox"/> Diskette	<input type="checkbox"/> Special Endsheets
<input type="checkbox"/> Audio Cassette	<input type="checkbox"/> Other – specify _____
<input type="checkbox"/> Video Cassette	

A.7. PAST PRESERVATION ACTIONS	
<input type="checkbox"/> None evident	
<input type="checkbox"/> Rebound – Heckman	<input type="checkbox"/> Book Repair – in house
<input type="checkbox"/> Rebound – Houchen	<input type="checkbox"/> Brittle book review – Boxed or archival copy
<input type="checkbox"/> Rebound - Other	<input type="checkbox"/> Patron
<input type="checkbox"/> Pam bound – in house	<input type="checkbox"/> Other – specify _____

B. What is item's condition?

B.1. COVER CONDITION:	
<input type="checkbox"/> Good	<input type="checkbox"/> Acidic (pam , paper)
<input type="checkbox"/> N/a-unbound pages	<input type="checkbox"/> Damage from light
<input type="checkbox"/> Spine loose, detached, or damaged	<input type="checkbox"/> Bug damage
<input type="checkbox"/> Boards loose or detached	<input type="checkbox"/> Animal damage
<input type="checkbox"/> Worn	<input type="checkbox"/> Mold
<input type="checkbox"/> Dirty	<input type="checkbox"/> Water damaged
	<input type="checkbox"/> Other – specify _____

B.2. PROTECTIVE COVER OR ENCLOSURE CONDITION:	
<input type="checkbox"/> None	
<input type="checkbox"/> Good	
<input type="checkbox"/> Acidic	
<input type="checkbox"/> Damaged	
<input type="checkbox"/> Bad fit	
<input type="checkbox"/> Other – specify _____	

B.3. PAPER FLEXIBILITY (pick one):

- Paper flexible and in good condition
- Paper nearly brittle
- Paper too brittle for commercial binding

B.4. LEAF (page) ATTACHMENT (pick one):

- | | |
|--|--|
| <input type="checkbox"/> Intact | <input type="checkbox"/> Unbound-intact |
| <input type="checkbox"/> Pages loose or detached | <input type="checkbox"/> Unbound-missing |
| <input type="checkbox"/> Pages missing | |

B.5. TEXT BLOCK CONDITION:

- | | |
|---|---|
| Margins (pick one): | Text Block attachment: |
| <input type="checkbox"/> Adequate to rebind | <input type="checkbox"/> Good |
| <input type="checkbox"/> Inadequate to rebind | <input type="checkbox"/> Shaken Hinges |
| | <input type="checkbox"/> Broken text block (interior) |
| | <input type="checkbox"/> Broken hinge (pastedown/flyleaf) |
| | <input type="checkbox"/> Damaged hinge |
| | <input type="checkbox"/> Other – specify _____ |

B.6. PAGE CONDITION:

- | | |
|---|--|
| <input type="checkbox"/> Good | <input type="checkbox"/> Unbound-folded |
| <input type="checkbox"/> Pages – mild damage | <input type="checkbox"/> Bug damage |
| <input type="checkbox"/> Pages – heavy damage | <input type="checkbox"/> Animal damage |
| <input type="checkbox"/> Pages mutilated or cut out | <input type="checkbox"/> Mold |
| <input type="checkbox"/> Pages stuck together | <input type="checkbox"/> Foxing |
| <input type="checkbox"/> Water damaged | <input type="checkbox"/> Print burns |
| <input type="checkbox"/> Grubby | |
| <input type="checkbox"/> Pages uncut | <input type="checkbox"/> Other – specify _____ |

B.7. ATTACHMENTS OR INCLUSIONS CONDITION:

NONE

- Good
- Damaged
- Missing
- Needs Pocket/envelope
- Other – specify _____

B.8. CAUSE(S) OF DAMAGE:

Not Applicable

- Library environment
- Patron
- Normal wear and tear
- Poor original design or workmanship
- Previous preservation actions (ours or others) Size
- Processing damage: TT BC Other
- Other –specify _____
- Unknown

C. What needs to be done?

C. 1. Little to no damage.

C.2. Moderate damage – Action needed.

- | | |
|---|--|
| <input type="checkbox"/> Thermal bind | STAFF: |
| <input type="checkbox"/> Pam bind | <input type="checkbox"/> Recase – new cover |
| <input type="checkbox"/> Level 1 Book Repair (see list) | <input type="checkbox"/> Recase – use original cover |
| <input type="checkbox"/> Level 2 Book Repair (see list) | <input type="checkbox"/> Rebind |

C.3. Refer for Secondary Review

D. Notes or comments.