

1 Bibliographic

Title: _____
 Year Published: _____
 Dimensions (cm): h w d
 Collection/Call #: _____
 Add'l Information: _____

Selection by _____ Date _____
 Description by _____ Date _____
 Data input by _____ Date _____
 Scanning by _____ Date _____

Description Questions

2 Cover Format

(Full)
 Quarter
 Half
 Three-quarter

3 Cover Material

1	2	3	
(spine)	(sides)	(inlay or onlay)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	cloth
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	paper
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	leather
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	photograph

4 Cover Color

1	2	3	
(spine)	(sides)	(inlay or onlay)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	black
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	red
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	orange
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	yellow
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	green
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	blue

1	2	3	
(spine)	(sides)	(inlay or onlay)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	purple
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	cream
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	tan
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	brown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	white
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gray

Sample Description:

Quarter brown rib-grain cloth with red patterned-sand-grain cloth sides. Gold and black stamping and green morocco-grain cloth onlay with gold stamping on front. Blind and black stamping on spine and back. Cream endpapers printed with blue floral pattern. All gilt.

Add'l 1: _____
 Color 2: _____
 Desc. 3: _____

Description Complete

5 Cover Grain Pattern (only applies to cloth)

1	2	3	
(spine)	(sides)	(inlay or onlay)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	rib
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ripple
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	wave
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	dotted-line
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	dot-and-line
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	dot-and-ribbon
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	net
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	criss-cross
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	checkerboard
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	diaper
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	bead
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	beaded-line
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	hexagon
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	honeycomb
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	pansy
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	patterned-sand

1	2	3	
(spine)	(sides)	(inlay or onlay)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	calico
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	linen
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	morocco
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	crocodile
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	sand
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	pebble
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	bubble
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	crackle
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	frond
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	dotted-hexagon
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	double-line-diaper
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	trefoil-leaf-trelis
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	cross-and-circle
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	scallop-tile
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	stepped-wave

6 Decorative Techniques

Front	Spine	Back	Add'l	Stamping
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	blind
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gold
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	white metal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	black
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	red
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	orange
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	yellow
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	green
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	blue
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	purple
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	cream
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	tan
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	brown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	white
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gray
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	inlay
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	onlay

Add'l 1: _____
 Grain 2: _____
 Desc. 3: _____

Add'l Desc.: _____

Data Input Questions

7 Binding Decoration and Style ("Themes")

Indicate on reverse

8 Binding Designer: _____
 (Add name to Creator field with ": Designer")
 (Unsigned binding)
 Signed binding: _____

 (Describe monogram or signature and its location)
 Attributed to [Binding Designer]

 (Provide source for attribution)

9 Endpaper Description

(colored -- use color 1)
 (color 1) coated
 (color 1) embossed
 (color 1) marbled
 (color 1) paste-paper endpapers
 printed with (color 2) _____ pattern
 narrative scene _____

Data Input Complete

10 Endpaper Color

1	2	3
<input type="checkbox"/>	<input type="checkbox"/>	black
<input type="checkbox"/>	<input type="checkbox"/>	red
<input type="checkbox"/>	<input type="checkbox"/>	orange
<input type="checkbox"/>	<input type="checkbox"/>	yellow
<input type="checkbox"/>	<input type="checkbox"/>	green
<input type="checkbox"/>	<input type="checkbox"/>	blue
<input type="checkbox"/>	<input type="checkbox"/>	purple
<input type="checkbox"/>	<input type="checkbox"/>	cream
<input type="checkbox"/>	<input type="checkbox"/>	tan
<input type="checkbox"/>	<input type="checkbox"/>	brown
<input type="checkbox"/>	<input type="checkbox"/>	white
<input type="checkbox"/>	<input type="checkbox"/>	gray

Edge Color

3
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

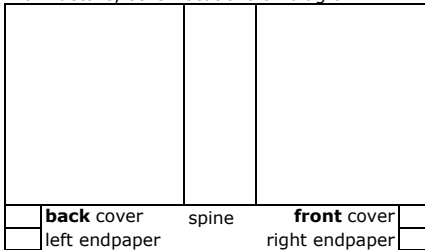
13 Scanning Instructions

File Naming: [ItemID] [Part Code*] [Sequence (two digits)].tif (e.g. pba99999f01.tif)

front	spine	back	endpapers†	other:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

To Scan Detail of _____
 Notes: _____

Mark details, other locations on diagram



*Part Codes:
 f = front
 s = spine
 b = back
 e = endpapers
 o = other

†endpapers:
 Circle pages or spreads to scan
 f = front
 b = back
 l = left
 r = right

Scanning Questions

Scanning Complete

Physical Location _____
 post description: _____

12 Additional Description: