



Appendix D1.2b: Audio Cassette Condition Report

Tape ID: _____

Assessment Date: _____

Project Name: _____

Locator #: _____

Digi Tech: _____

Final Recommendations	
<input type="checkbox"/> Digitization <input type="checkbox"/> Heightened Monitoring <input type="checkbox"/> Set aside for special processing <ul style="list-style-type: none"> <input type="checkbox"/> Remove damaged section <input type="checkbox"/> Replace/Reattach foam pad <input type="checkbox"/> Replace Shell <input type="checkbox"/> Playback assessment <input type="checkbox"/> Other: _____ <input type="checkbox"/> Do not digitize	Recommendation Notes:

Cassette Case
Case Type: Plastic, Paper board, other:
Is there hub support? Yes / No
Is the case broken or damaged? Yes / No
Cassette Case Label
Date Recorded:
Primary Participants:
Label Summary:

Audio Cassette					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Tape Type</td> <td style="width: 25%;">Type I</td> <td style="width: 25%;">Type II</td> <td style="width: 25%;">Type III</td> <td style="width: 10%;">Type IV</td> </tr> </table>	Tape Type	Type I	Type II	Type III	Type IV
Tape Type	Type I	Type II	Type III	Type IV	
Manufacturer / Model:					
Run Time:					

Biological Contamination: Mould: Yes / No Pest: Yes / No Other: Yes / No	Description of Contamination:
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Odour: Yes / No	Description of Odour:
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Liquid Contamination: Yes / No	Description of Contamination:
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Particulate Contamination: <input type="checkbox"/> Foreign Objects <input type="checkbox"/> Dust <input type="checkbox"/> Particles <input type="checkbox"/> Oxide Flaking <input type="checkbox"/> Other: _____	Contamination Description:
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Shell Damage: Yes / No	Damage Description:
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Tape Deformation: <input type="checkbox"/> Cinching <input type="checkbox"/> Cupping <input type="checkbox"/> Creases <input type="checkbox"/> Edge Damage <input type="checkbox"/> Stretching <input type="checkbox"/> Breakage <input type="checkbox"/> Gapping or Windowing <input type="checkbox"/> Other	Description of Deformation:
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