

APPENDIX A: COMMUNITY RECORDING DOCUMENTATION FORM



File name or number:			
Date: ___/___/___	Time: ___:___ AM/PM to ___:___ AM/PM		Location:
Format: WAV/MP3	Sample rate: ___ kHz	Bit rate: ___ bits	Equipment used:
Participant # 1: _____ (Name)			
Participant # 2: _____ (Name)			
Participant # 3: _____ (Name)			
Interviewer: _____ (Name)			
Community Name:		Language(s) Used:	
Content Notes:		Access Restrictions:	

*Please change this form to suit your requirements.*