
Utah Office of Museum Services

617 E South Temple
Salt Lake City, UT 84102
(801) 245-7289



Condition Report

Object Number: _____

Title/Name: _____

Creator/Maker/Trademark: _____

Description:

Dimensions (in/cm): H _____ W _____ D _____

Composition and Materials:

Previous Repairs or Conservation:

Weaknesses or Handling Concerns:

General Condition: Excellent Good Fair Poor

Examiner's name: _____ Date of Exam: _____

FRONT:

Notes:	TL	TC	TR
	CL	C	CR
	BL	BC	BR

BACK:

Notes:	TL	TC	TR
	CL	C	CR
	BL	BC	BR