



HUMAN REMAINS DOCUMENTATION PACKET

PROVENIENCE

Site Name: _____ Site No.: _____

Designation/ID: _____

Observer(s): _____ Date: _____

BIOLOGICAL PROFILE

MNI: _____

Age: _____

Sex: _____

Ancestry: _____

PRESERVATION

- Complete skeleton (>75%)
- Partial skeleton (25-75% present)
- Fragmentary skeleton (<25% present, includes at least one complete element)
- Fragments of bone (small amount of fragmented bone; <<25% is present)
- Skull (only cranial remains present and partially preserved)
- Teeth (only loose teeth are present)
- Cremated bone (burned remains of any quantity; excludes cases of incidental charring of otherwise unburned skeleton)
- Soft tissues present

Describe: _____

FORM LIST (indicate forms used)

- 1 Skeletal Inventory
- 2a Age and Sex Assessment - Adult
- 2b Age Assessment - Juvenile
- 3a Permanent Dental Inventory/Pathology
- 3b Deciduous Dental Inventory/Pathology
- 4a Dental Morphology - Permanent
- 4b Dental Morphology - Deciduous
- 5a Measurements - Adult
- 5b Measurements - Juvenile
- 6 Non-Metric Traits
- 7 Pathology Checklist
- 8 Degenerative Joint Disease
- 9 Spinal Osteophytosis
- 10 Artificial Cranial Modification
- 11 Cremated Remains
- 12 Isolated Remains
- Skeletal Visual Recording Forms
- Additional Forms, Notes, Sketches, Photo Log, etc.

CONDITION

Yes	No	Unobservable	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cracking
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Breaks
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Brittle
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exfoliation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warping
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cut marks
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gnaw marks
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Root or insect damage
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Staining
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Soil adhering

Describe (include severity & elements affected):



Codes:
f = 1-25% present
p = 25-75% present
c = 75-100% present

Provenience: _____

Designation/ID: _____

Table with columns for CRANIAL (left, right), teeth (#, cond), AXIAL (#, cond), and APPEND. (left, right). Rows include Frontal, Parietal, Occipital, Temporal, TMJ, Mandible, Zygomatic, Maxilla, Nasal, Lacrimal, I. N. C., Palatine, Sphenoid, Ethmoid, Vomer, Hyoid, Thyroid/Crycoid, Ossicles, Unidentified Cranial (#), Incisors, Canines, Premolars, Molars, Unidentified Teeth (#), 1st-12th Cervical, 1-4 Lumbar, 5th Lumbar, Sacrum, Coccyx, Sternum (manubrium, body, xiphoid), Left/Right Ribs, Unidentified Axial (#), Scapula (glenoid), Clavicle (med. epi.), Ilium (auricular), Pubis (symphysis), Ischium (acetabulum), Patella, and Unidentified Append. (#).

Table for APPENDICULAR bones with columns for left and right sides, and sub-columns for epi-p / prox / mid / dist / epi-d. Rows include Humerus, Radius, Ulna, Femur, Tibia, and Fibula. Includes Unidentified Long Bones (#): _____

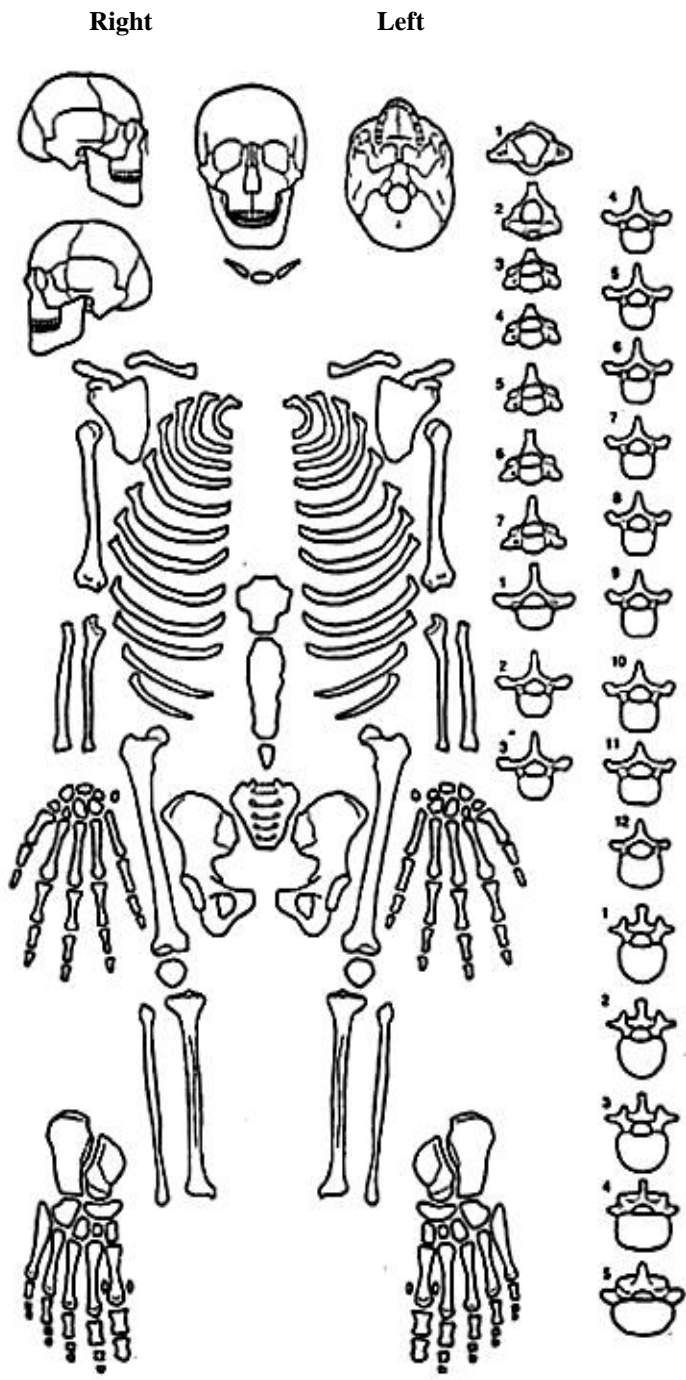
Table for EXTREMITIES bones with columns for # and cond. Rows include Scaphoid, Lunate, Trapezium, Trapezoid, Capitate, Hamate, Triquetral, Pisiform, Metacarpals, Prox. Phalanges, Mid. Phalanges, Dist. Phalanges, Sesamoids, Calcaneus, Talus, Cuboid, Navicular, Med. Cuneiform, Inter. Cuneiform, Lat. Cuneiform, Metatarsals, Prox. Phalanges, Mid. Phalanges, Dist. Phalanges, and Sesamoids. Includes Unidentified Extremities (#): _____

Notes:

†This form includes information derived from Buikstra and Ubelaker (1994), Standards for Data Collection from Human Skeletal Remains, Arkansas Archeological Survey, and is used with permission of the publisher.



Fill in skeletal elements present and record notes along side. Label "U" if unisided, and "A" to denote approximated location.



Additional observations:



Age: _____
Sex: _____

Provenience: _____

Designation/ID: _____

AGE

PELVIC: left right
Pubic Symphysis
 Todd (1-10) _____
 Suchey-Brooks (1-6) _____
Auricular Surface
 Lovejoy et al. (1-8) _____

POSTCRANIAL: Epiphyseal Union*
Clavicle Sternal epiphysis _____

Vertebral Annular Epiphyses
 Cervical superior _____
 inferior _____
 Thoracic superior _____
 inferior _____
 Lumbar superior _____
 inferior _____

Sacrum S1/S2 fusion _____
Innominate Iliac crest _____

Estimated Age: Subadult (12-20 years) _____
 Young Adult (20-35 years) _____
 Middle Adult (35-50 years) _____
 Old Adult (50+ years) _____

CRANIAL: Suture Closure*
External
 1. Midlambdoid _____
 2. Lambda _____
Cranial Vault
 3. Obelion _____
 4. Anterior Sagittal _____
 5. Bregma _____
 6. Midcoronal _____
 7. Pterion _____
 8. Sphenofrontal _____
 9. Inf. Sphenotemporal _____
 10. Sup. Sphenotemporal _____
Palatine
 11. Incisive Suture _____
 12. Anterior Median _____
 13. Posterior Median _____
 14. Transverse Palatine _____
Internal Cranial Vault
 15. Sagittal _____
 16. Left Lambdoid _____
 17. Left Coronal _____

* Suture and Epiphysis Codes:
 0 = open
 1 = minimal
 2 = significant
 3 = complete

Observations:

SEX

PELVIC: left right
 Ventral Arc (1-3) _____
 Subpubic Concavity (1-3) _____
 Ischiopubic Ramus Ridge (1-3) _____
 Greater Sciatic Notch (1-5) _____
 Preauricular Sulcus (0-4) _____

Estimated Sex, Pelvis (1-5): _____ = _____

CRANIAL:
 Nuchal Crest (1-5) _____
 Mastoid Process (1-5) _____
 Supraorbital Margin (1-5) _____
 Glabella (1-5) _____
 Mental Eminence (1-5) _____

Estimated Sex, Skull (1-5): _____ = _____

Observations:

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Stage of Union:

- 0 = open
- 1 = minimal
- 2 = complete

Provenience: _____

Designation/ID: _____

Epiphyseal Union				Primary Ossification Centers		
Element	epiphysis	stage of union		Element	area of union	stage of union
		left	right			
Scapula	coracoid	___	___	Innominate	ilium-pubis	___
	acromium	___	___		ischium-pubis	___
Clavicle	sternal	___	___		Sacrum	ischium-ilium
Humerus	head	___	___	1-2		___
	distal	___	___	2-3		___
	med. epicondyle	___	___	3-4		___
Radius	proximal	___	___	4-5	___	
	distal	___	___	Cervical vertebrae		
Ulna	proximal	___	___	neural arches to each other	___	
	distal	___	___	neural arches to centrum	___	
Os Coxa	iliac crest	___	___	Thoracic vertebrae		
	ischial tuberosity	___	___	neural arches to each other	___	
Femur	head	___	___	neural arches to centrum	___	
	greater trochanter	___	___	Lumbar vertebrae		
	lesser trochanter	___	___	neural arches to each other	___	
	distal	___	___	neural arches to centrum	___	
Tibia	proximal	___	___	Cranium		
	distal	___	___	basilar suture	___	
Fibula	proximal	___	___	Occipital		
	distal	___	___	lateral – squama	___	
Metacarpals	proximal (1st)	___	___	basilar – lateral	___	
	distal (2-5)	___	___	Mandibular Symphysis	___	
Metatarsals	proximal (1st)	___	___	Metopic Suture	___	
	distal (2-5)	___	___			
C. Phalanges	proximal	___	___			
T. Phalanges	proximal	___	___			

Age Assessment

	Age class	Age range in months or years
Fetus	___	lunar months ___
Infant (birth – 2 yr)	___	months/years ___
Child (2 – 12 yr)	___	years ___
Subadult (12-20yr)	___	years ___

Comments (criteria used for age assessment):

Empty box for comments



Mark a dash if not observable

Provenience: _____

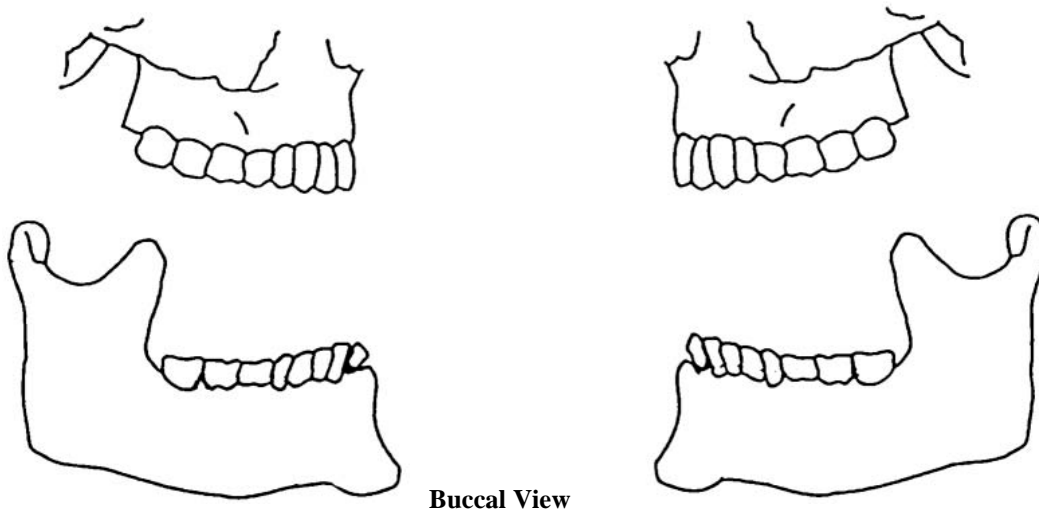
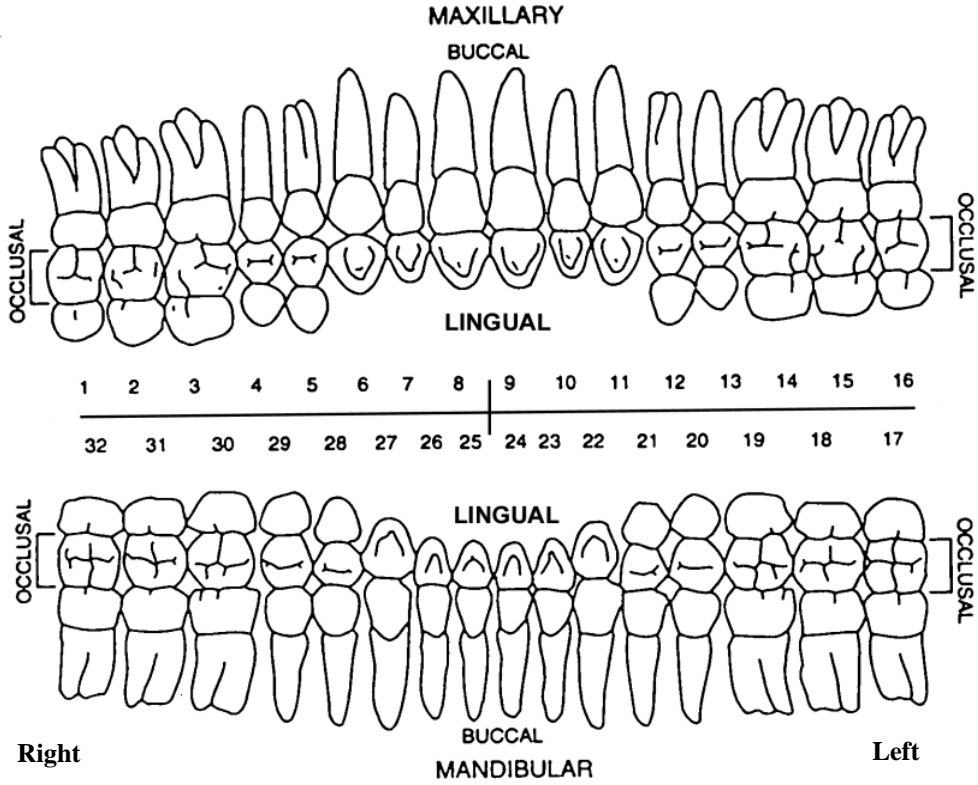
Designation/ID: _____

	Right								Left							
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Maxilla	M ³	M ²	M ¹	PM ²	PM ¹	C	I ²	I ¹	I ¹	I ²	C	PM ¹	PM ²	M ¹	M ²	M ³
Inventory (1-9)																
Development (1-14)																
Caries (1-7)																
Abscesses (1-2)																
Calculus (1-3)																
Chipping (#)																
Periodontitis (1-2)																
Attrition Score*																
Mesio-Buccal (1-10)				*[Attrition scores: I, C, PM (1-8); M (1-10)]												
Mesio-Lingual (1-10)																
Disto-Lingual (1-10)																
Disto-Buccal (1-10)																
M-D diameter (mm)																
B-L diameter (mm)																
Crown height (mm)																
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
Mandible	M ³	M ²	M ¹	PM ²	PM ¹	C	I ²	I ¹	I ¹	I ²	C	PM ¹	PM ²	M ¹	M ²	M ³
Inventory (1-9)																
Development (1-14)																
Caries (1-7)																
Abscesses (1-2)																
Calculus (1-3)																
Chipping (#)																
Periodontitis (1-2)																
Attrition Score*																
Mesio-Buccal (1-10)				*[Attrition scores: I, C, PM (1-8); M (1-10)]												
Mesio-Lingual (1-10)																
Disto-Lingual (1-10)																
Disto-Buccal (1-10)																
M-D diameter (mm)																
B-L diameter (mm)																
Crown height (mm)																

Enamel Defects																
Tooth																
Defect No. on Tooth																
Defect Type (1-7)																
Distance from CEJ (mm)																
Color (1-4)																



Note pathology locations and severity, wear, and any additional observations.



Additional observations:



Mark a dash for not observable

Provenience: _____

Designation/ID: _____

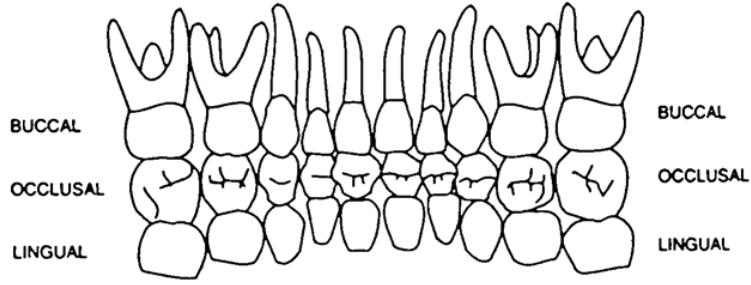
	Right					Left				
	51	52	53	54	55	56	57	58	59	60
Maxilla	M ²	M ¹	C	I ²	I ¹	I ¹	I ²	C	M ¹	M ²
Inventory (1-9)										
Development (1-14)										
Caries (1-7)										
Abscesses (1-2)										
Calculus (1-3)										
Chipping (#)										
Attrition Score*										
Mesio-Buccal (1-10)										
Mesio-Lingual (1-10)										
Disto-Lingual (1-10)										
Disto-Buccal (1-10)										
M-D diameter (mm)										
B-L diameter (mm)										
Crown height (mm)										
	70	69	68	67	66	65	64	63	62	61
Mandible	M ²	M ¹	C	I ²	I ¹	I ¹	I ²	C	M ¹	M ²
Inventory (1-9)										
Development (1-14)										
Caries (1-7)										
Abscesses (1-2)										
Calculus (1-3)										
Chipping (#)										
Attrition Score										
Mesio-Buccal (1-10)										
Mesio-Lingual (1-10)										
Disto-Lingual (1-10)										
Disto-Buccal (1-10)										
M-D diameter (mm)										
B-L diameter (mm)										
Crown height (mm)										

Enamel Defects											
Tooth											
Defect No. on Tooth											
Defect Type (1-7)											
Distance from CEJ (mm)											
Color (1-4)											

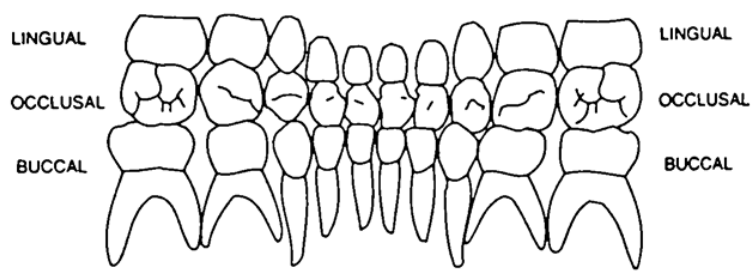


Note pathology locations and severity, wear, and any additional observations.

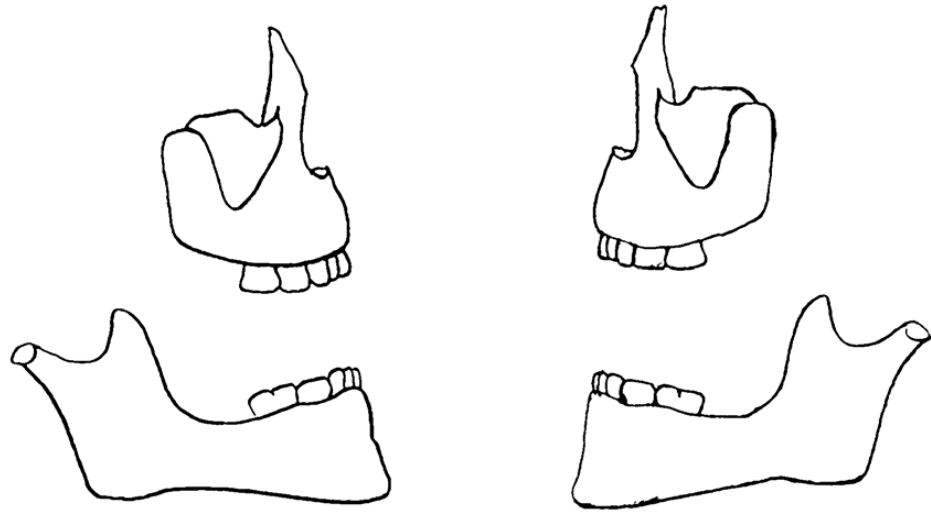
MAXILLARY



Right	51	52	53	54	55	56	57	58	59	60	Left
	70	69	68	67	66	65	64	63	62	61	



MANDIBULAR



Buccal View

Additional observations:



Mark with a dash if not recordable or unobservable

Provenience: _____

Designation/ID: _____

	Right								Left							
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Maxilla	M ³	M ²	M ¹	PM ²	PM ¹	C	I ²	I ¹	I ¹	I ²	C	PM ¹	PM ²	M ¹	M ²	M ³
Winging																
Labial curve																
Shovel																
Double shovel																
Interrupt groove																
Tuberculum dentale				:Uto-Aztec PM:									:Uto-Aztec PM			
Access. cusps																
Access. ridges																
Tricusped PM's																
Odontome																
Metacone																
Hypocone																
Cusp 5																
Carabelli																
C2 parastyle																
Enamel ext.																
Root number																
Radical number																
Peg/reduced																
Cong absence																
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
Mandible	M ³	M ²	M ¹	PM ²	PM ¹	C	I ²	I ¹	I ¹	I ²	C	PM ¹	PM ²	M ¹	M ²	M ³
Shovel																
Double shovel																
Distal access. ridge																
Lingual cusps																
Odontome																
Ant. fovea																
Groove pattern																
Cusp number																
Deflecting wrinkle																
Mid. trigonid crest																
Distal trigonid crest																
Protstylid																
Cusp 5																
Cusp 6																
Cusp 7																
Enamel ext.																
Root number																
Radical number																
Cong absence																



Mark with a dash if not recordable or unobservable

Provenience: _____

Designation/ID: _____

	Right					Left				
	51	52	53	54	55	56	57	58	59	60
Maxilla	M ²	M ¹	C	I ²	I ¹	I ¹	I ²	C	M ¹	M ²
Winging										
Shovel										
Double shovel										
Double teeth										
Labial defect										
Canine form										
DAR										
Metacone										
Hypocone										
Cusp 5										
Carabelli										
C2 parastyle										
Root number										
Root sheath/groove										

	70	69	68	67	66	65	64	63	62	61
Mandible	M ²	M ¹	C	I ²	I ¹	I ¹	I ²	C	M ¹	M ²
Shovel										
Labial defect										
Double teeth										
DAR										
Delta										
Groove pattern										
Cusp number										
Deflecting wrinkle										
Distal trigon crest										
Protostylid										
Cusp 5										
Root number										
Root groove										



*Record all measurements
millimeters.*

Provenience: _____

Designation/ID: _____

CRANIAL

- | | | | |
|--|-------|--|-------|
| 1. GOL Maximum Cranial Length | _____ | 18. DKB Interorbital Breadth | _____ |
| 2. XCB Maximum Cranial Breadth | _____ | 19. FRC Frontal Chord | _____ |
| 3. ZYB Bizygomatic Breadth | _____ | 20. PAC Parietal Chord | _____ |
| 4. BBH Basion-Bregma Height | _____ | 21. OCC Occipital Chord | _____ |
| 5. BNL Basion-Nasion Length | _____ | 22. FOL Foramen Magnum Length | _____ |
| 6. BPL Basion-Prosthion Length | _____ | 23. FOB Foramen Magnum Breadth | _____ |
| 7. MAB Maxillo-Alveolar Breadth | _____ | 24. MDH Mastoid Length | _____ |
| 8. MAL Maxillo-Alveolar Length | _____ | 25. GNI Chin height | _____ |
| 9. AUB Biauricular Breadth | _____ | 26. HML Mandibular Body Height | _____ |
| 10. NPH Upper Facial Height | _____ | 27. TML Mandibular Body Breadth | _____ |
| 11. WFB Minimum Frontal Breadth | _____ | 28. GOG Bigonial Width | _____ |
| 12. FMB Upper Facial Breadth | _____ | 29. CDL Bicondylar Breadth | _____ |
| 13. NLH Nasal height | _____ | 30. WRL Minimum Ramus Breadth | _____ |
| 14. NLB Nasal Breadth | _____ | 31. MRL Maximum Ramus Breadth | _____ |
| 15. OBB Orbital Breadth | _____ | 32. XRL Maximum Ramus Height | _____ |
| 16. OBH Orbital Height | _____ | 33. MLT Mandibular Length | _____ |
| 17. EKB Biorbital Breadth | _____ | 34. MLX Mandibular Angle | _____ |

POSTCRANIAL

- | | left | right | | left | right |
|------------------------------------|-------------|--------------|---------------------------------------|-------------|--------------|
| 35. Clavicle: Max. Length | _____ | _____ | 60. Femur: Max. Length | _____ | _____ |
| 36. A-P Diam. Midshaft | _____ | _____ | 61. Bicondylar Length | _____ | _____ |
| 37. Sup.-Inf. Diam. Midshaft | _____ | _____ | 62. Epicondylar Breadth | _____ | _____ |
| 38. Scapula: Height | _____ | _____ | 63. Max. Diam. Head | _____ | _____ |
| 39. Breadth | _____ | _____ | 64. A-P Subtroch. Diam. | _____ | _____ |
| 40. Humerus: Max. Length | _____ | _____ | 65. M-L Subtroch. Diam. | _____ | _____ |
| 41. Epicondylar Breadth | _____ | _____ | 66. A-P Midshaft Diam. | _____ | _____ |
| 42. Vertical Diam. Head | _____ | _____ | 67. M-L Midshaft Diam. | _____ | _____ |
| 43. Max. Diam. Midshaft | _____ | _____ | 68. Midshaft Circumference | _____ | _____ |
| 44. Min. Diam. Midshaft | _____ | _____ | 69. Tibia: Max. Length | _____ | _____ |
| 45. Radius: Max. Length | _____ | _____ | 70. Max. Prox. Epiph. Breadth | _____ | _____ |
| 46. Ant.-Post. Diam. Midshaft | _____ | _____ | 71. Max. Distal Epiph. Breadth | _____ | _____ |
| 47. Med.-Lat. Diam. Midshaft | _____ | _____ | 72. Max. Diam. Nutrient For. | _____ | _____ |
| 48. Ulna: Max. Length | _____ | _____ | 73. M-L Diam. Nutrient For. | _____ | _____ |
| 49. A-P Diameter | _____ | _____ | 74. Circ. Nutrient Foramen | _____ | _____ |
| 50. M-L Diameter | _____ | _____ | 75. Fibula: Max. Length | _____ | _____ |
| 51. Physiological Length | _____ | _____ | 76. Max. Diameter Midshaft | _____ | _____ |
| 52. Min. Circumference | _____ | _____ | 77. Calcaneus: Max. Length | _____ | _____ |
| 53. Sacrum: Anterior Length | _____ | _____ | 78. Middle Breadth | _____ | _____ |
| 54. Anterior Superior Breadth | _____ | _____ | | | |
| 55. Max. Trans. Diam. Base | _____ | _____ | 79. Sternum: Length Mesostern. | _____ | _____ |
| 56. Pelvis: Height | _____ | _____ | 80. Max. Breadth 1 st | _____ | _____ |
| 57. Iliac Breadth | _____ | _____ | | | |
| 58. Pubis Length | _____ | _____ | | | |
| 59. Ischium Length | _____ | _____ | | | |



Provenience: _____

Designation/ID: _____

CRANIAL

	left	mid	right		left	right
1. Lesser wing sphenoid: length	_____		_____	6. Zygomatic: length	_____	_____
width	_____		_____	width	_____	_____
2. Gr. wing sphenoid: length	_____		_____	7. Maxilla: length	_____	_____
width	_____		_____	height	_____	_____
3. Body sphenoid: length		_____		width	_____	_____
width		_____		8. Mandible: body length	_____	_____
4. Petrous portion: length	_____		_____	width of arc	_____	_____
width	_____		_____	(½ mandible) full length	_____	_____
5. Basilar part occipital: length	_____					
width	_____					

POSTCRANIAL

	left	right		left	right
9. Clavicle: length	_____	_____	15. Ulna: length	_____	_____
diameter	_____	_____	diameter	_____	_____
10. Scapula: length (ht)	_____	_____	16. Radius: length	_____	_____
width	_____	_____	diameter	_____	_____
spine length	_____	_____	17. Femur: length	_____	_____
11. Ilium: length	_____	_____	width	_____	_____
width	_____	_____	diameter	_____	_____
12. Ischium: length	_____	_____	18. Tibia: length	_____	_____
width	_____	_____	diameter	_____	_____
13. Pubis: length	_____	_____	19. Fibula: length	_____	_____
14. Humerus: length	_____	_____	diameter	_____	_____
width	_____	_____			
diameter	_____	_____			

Additional observations:

Empty box for additional observations



Codes:
0 = absent
1 = present/partial
2 = complete/multiple
9 = unobservable

Provenience: _____

Designation/ID: _____

Table with columns L, M, R for 16 different anatomical traits including Metopic suture, supraorbital structures, infraorbital suture, zygomatico-facial foramina, and various bridges and dehiscences.



	L	M	R
17. Auditory exostosis:	_____		_____
0 = absent			
1 = < 1/3 canal occluded			
2 = 1/3-2/3 canal occluded			
3 = > 2/3 canal occluded			
18. Mastoid foramen:	_____		_____
a. Location			
0 = absent			
1 = temporal			
2 = sutural			
3 = occipital			
4 = both sutural and temporal			
5 = both occipital and temporal			
b. Number:	_____		_____
0 = absent			
1 = 1			
2 = 2			
3 = more than 2			
19. Mental foramen:	_____		_____
0 = absent			
1 = 1			
2 = 2			
3 = more than 2			
20. Mandibular torus:	_____		_____
0 = absent			
1 = trace (can palpate but not see)			
2 = moderate: elevation between 2-5 mm.			
3 = marked: elevation greater than 5 mm.			
21. Mylohyoid bridge:			
a. Location	_____		_____
0 = absent			
1 = near mandibular foramen			
2 = center of groove			
3 = both bridges described in 1) and 2) w/hiatus			
4 = both bridges described in 1) and 2) no hiatus			
b. Degree	_____		_____
22. Atlas Bridging:			
a. Lateral bridging	_____		_____
b. Posterior bridging	_____		_____
23. Accessory Transverse Foramina			
-- in 7th cervical vertebra	_____		_____
24. Septal aperture:	_____		_____
0 = absent			
1 = small foramen (pinhole) only			
2 = true perforation			

Additional observations:



Provenience: _____

Designation/ID: _____

- | | |
|--|---|
| <p>25. Anterior nasal spine: _____
 0 = absent or slight
 1 = intermediate
 2 = marked</p> <p>26. Inferior nasal aperture: _____
 1 = smooth transition
 2 = angulation
 3 = right angle with no sill
 4 = partial or weak sill
 5 = pronounced sill</p> <p>27. Interorbital breadth: _____
 1 = narrow
 2 = medium
 3 = broad</p> <p>28. Malar tubercle: _____
 0 = no projection
 1 = trace tubercle (≤ 2 mm)
 2 = medium protrusion (2-4 mm)
 3 = pronounced tubercle (≥ 4 mm)</p> <p>29. Nasal aperture shape: _____
 1 = teardrop
 2 = bell shape
 3 = bowed</p> <p>30. Nasal aperture width: _____
 1 = narrow
 2 = medium
 3 = wide</p> <p>31. Nasal bone contour: _____
 0 = low and rounded
 1 = oval
 2 = broad plateau
 3 = narrow plateau
 4 = triangular (no plateau)</p> <p>32. Nasal bone shape: _____
 1 = no nasal pinch
 2 = superior pinch & medium bulge
 3 = superior pinch & pronounced bulge
 4 = triangular</p> <p>33. Nasal overgrowth: _____
 0 = no overgrowth
 1 = any projection beyond maxillary border</p> | <p>34. Nasofrontal suture: _____
 1 = round
 2 = square
 3 = triangular
 4 = irregular</p> <p>35. Orbital shape: _____
 1 = rectangular
 2 = circular
 3 = rhombic</p> <p>36. Postbregmatic depression: _____
 0 = no depression present
 1 = marked depressed area</p> <p>37. Posterior zygomatic tubercle: _____
 0 = no projection
 1 = weak projection (< 4 mm)
 2 = moderate projection (4-6 mm)
 3 = marked projection (> 6 mm)</p> <p>38. Suprnasal suture: _____
 0 = completely obliterated
 1 = open (unfused)
 2 = closed, but visible</p> <p>39. Zygomaticomaxillary suture course: _____
 0 = no angles
 1 = one angle, midline
 2 = two or more angles</p> <p>40. Transverse palatine suture: _____
 1 = straight
 2 = anterior deviation
 3 = M-shaped
 4 = posterior deviation</p> |
|--|---|

Additional observations:



- 41. Keeling:** _____
0 = absent
1 = present
- 42. Inion hook:** _____
0 = absent
1 = marked inferior projection
of external occipital protuberance
- 43. Venous markings** _____
0 = absent
1 = linear depressions or grooves on
frontal superior to temporal lines
- 44. Major sutures:** _____
1 = simple
2 = medium
3 = complex
- 45. *Os Japonicum*:** _____
0 = absent
1 = one or more sutures
bisecting the zygomatic
- 46. Zygomatic projection
(at nasal aperture):** _____
1 = projecting
2 = intermediate
3 = retreating
- 47. Nasal depression:** _____
1 = straight
2 = depressed
3 = deeply depressed
- 48. Palatine torus:** _____
0 = absent
1 = slight
2 = marked
- 49. Dental arcade:** _____
1 = parabolic
2 = elliptic
3 = hyperbolic
- 50. Chin shape:** _____
1 = pointed
2 = blunt
3 = bilobate
- 51. Mandible lower border:** _____
1 = straight
2 = rocker
3 = undulating

Additional observations:



Provenience: _____

Designation/ID: _____

CRANIAL	present	absent	unobs.
Porotic hyperostosis	___	___	___
Cribrra orbitalia	___	___	___
Premature synostosis	___	___	___
Osteomas	___	___	___
Periosteal reactions	___	___	___
Lytic reactions	___	___	___
Proliferative reactions	___	___	___
Trauma	___	___	___
Cultural modifications	___	___	___

AXIAL	present	absent	unobs.
Ankylosis	___	___	___
Arch defects	___	___	___
Compression fractures	___	___	___
Schmorl's nodes	___	___	___
Periosteal reactions	___	___	___
Lytic reactions	___	___	___
Osteoporosis	___	___	___
Trauma	___	___	___
Reaction on pleural aspect of ribs	___	___	___
Accessory facets	___	___	___

APPENDICULAR	present	absent	unobs.
Periosteal reaction	___	___	___
Lytic reactions	___	___	___
Proliferative reactions	___	___	___
Osteoporosis	___	___	___
Trauma	___	___	___
Cultural modifications	___	___	___
Osteomyelitis	___	___	___
Exostoses	___	___	___
Accessory facets	___	___	___

EXTREMITIES	present	absent	unobs.
Lytic reactions	___	___	___
Proliferative reactions	___	___	___
Periosteal reactions	___	___	___
Trauma	___	___	___
Exostoses	___	___	___
Accessory facets	___	___	___

Observations (describe pathology in detail and use individual element visual recording forms to illustrate morphology and extent):

[Large empty box for observations]



Provenience: _____

Designation/ID: _____

Stages of DJD from Ubelaker (1999): a = normal articular surface; b= appearance of small deposits of bone on articular margins; c= small pits; d= polishing/eburnation; e= other (describe below)

CRANIUM	<u>left</u>	<u>right</u>
TMJ	_____	_____
Mand. condyles	_____	_____
Occip. Condyles	_____	_____

SHOULDER	<u>left</u>	<u>right</u>
Scapula		
glenoid	_____	_____
acromium	_____	_____
Clavicle		
medial	_____	_____
lateral	_____	_____
Prox. Humerus	_____	_____

HIP	<u>left</u>	<u>right</u>
Acetabulum	_____	_____
Femoral head	_____	_____
Greater troch.	_____	_____
Lesser troch.	_____	_____

KNEES	<u>left</u>	<u>right</u>
Dist. Femur	_____	_____
Prox. Tibia	_____	_____
Prox. Fibula	_____	_____
Patella	_____	_____

ELBOW	<u>left</u>	<u>right</u>
Dist. Humerus	_____	_____
Prox. Radius	_____	_____
Prox. Ulna	_____	_____

WRIST	<u>left</u>	<u>right</u>
Dist. Radius	_____	_____
Dist. Ulna	_____	_____
Carpals	_____	_____
Metacarpals	_____	_____

DIGITS	<u>prox.</u>	<u>distal</u>
C. proximal	_____	_____
C. middle	_____	_____
C. distal	_____	_____
T. proximal	_____	_____
T. middle	_____	_____
T. distal	_____	_____

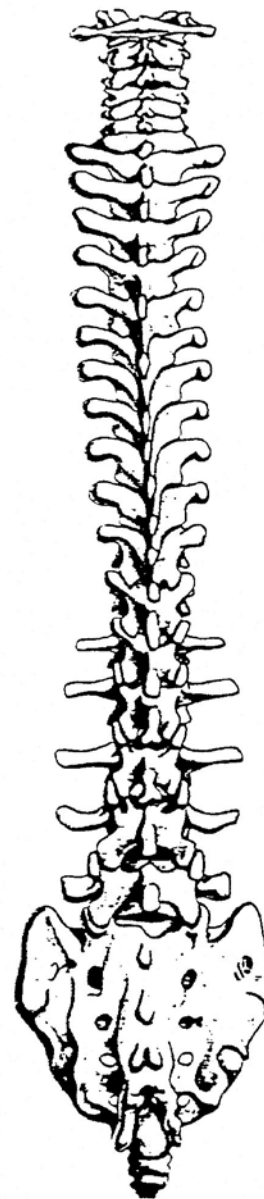
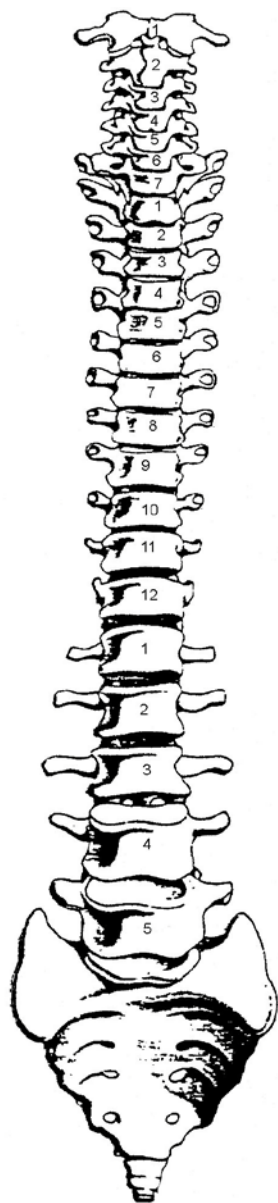
ANKLES	<u>left</u>	<u>right</u>
Dist. Tibia	_____	_____
Dist. Fibula	_____	_____
Calcaneus	_____	_____
Other tarsals	_____	_____
Metatarsals	_____	_____

Observations:



Provenience: _____

Designation/ID: _____



OSTEOPHYTOSIS: stages 0-4 (Ubelaker 1999)

DJD - stages a-d (Ubelaker 1999)

Surface	Superior	Inferior	Superior:	Left	Right	Inferior:	Left	Right
Cervical	___	___	Cervical	___	___	___	___	___
Thoracic	___	___	Thoracic	___	___	___	___	___
Lumbar	___	___	Lumbar	___	___	___	___	___
Sacral	___	___	Sacral	___	___	___	___	___

†This form includes information derived from Buikstra and Ubelaker (1994), *Standards for Data Collection from Human Skeletal Remains*, Arkansas Archeological Survey, and is used with permission of the publisher.



[Empty box for specimen identification]

Provenience: _____

Designation/ID: _____

ARTIFICIAL CRANIAL MODIFICATION: _____

- 1. Tabular
- 2. Circumferential
- 3. Other (describe)

Description: [Empty box for description]

POSTERIOR ASPECT

Deformation present: _____

- 1. Yes
- 2. No

Pressure centered at: _____

- 1. Lambda
- 2. Squamous portion of occipital
- 3. Below inion

Plane of pressure: _____

(relation to transverse plane)

- 1. Perpendicular (90°)
- 2. Obtuse (>90°)

Any of the following present? _____

- 1. Sagittal elevation
- 2. Lambdic elevation
- 3. Lambdic depression

Pad impressions: _____

- 0. No pad impressions
- 1. One pad
- 2. Two pads
- 3. More than two pads

Pad location: _____

- 1. Midline
- 2. Symmetrically lateral to midline
- 3. Asymmetrically left
- 4. Asymmetrically right

Pad shape: _____

- 1. Circular or oval
- 2. Donut-shaped
- 3. Triangular
- 4. Irregular form

Impression of bindings visible: _____

- 1. Yes (describe below)
- 2. No

ANTERIOR ASPECT

Cranial deformation present: _____

- 1. Yes
- 2. No

Pad location: _____

- 1. High, near coronal suture
- 2. Low, near or below frontal boss

Symmetrical reshaping? _____

- 1. Yes
- 2. No, right side more deformed
- 3. No, left side more deformed

Bregmatic elevation? _____

- 1. Yes
- 2. No

Pad impressions: _____

- 0. No pad impressions
- 1. One pad
- 2. Two pads

Pad location: _____

- 1. Midline
- 2. Symmetrically lateral to midline
- 3. Asymmetrically left
- 4. Asymmetrically right

Pad shape: _____

- 1. Circular or oval
- 2. Donut-shaped
- 3. Triangular
- 4. Irregular form

Impression of bindings visible: _____

- 1. Yes (describe below)
- 2. No

Post-coronal depression present? _____

- 1. Yes
- 2. No



MNI: _____
Total Bone (N): _____
Total Weight (g): _____

Provenience: _____

Designation/ID: _____

CRANIAL (describe identifiable elements present, observations, and condition)
Count (n)¹: _____
Weight (g)²: _____
Color³: _____
Texture⁴: _____
Max. Length⁵: _____

AXIAL (describe)
Count (n)¹: _____
Weight (g)²: _____
Color³: _____
Texture⁴: _____
Max. Length⁵: _____

APPENDICULAR (describe; distinguish between upper and lower if possible)
Count (n)¹: _____
Weight (g)²: _____
Color³: _____
Texture⁴: _____
Max. Length⁵: _____

EXTREMITIES (describe)
Count (n)¹: _____
Weight (g)²: _____
Color³: _____
Texture⁴: _____
Max. Length⁵: _____

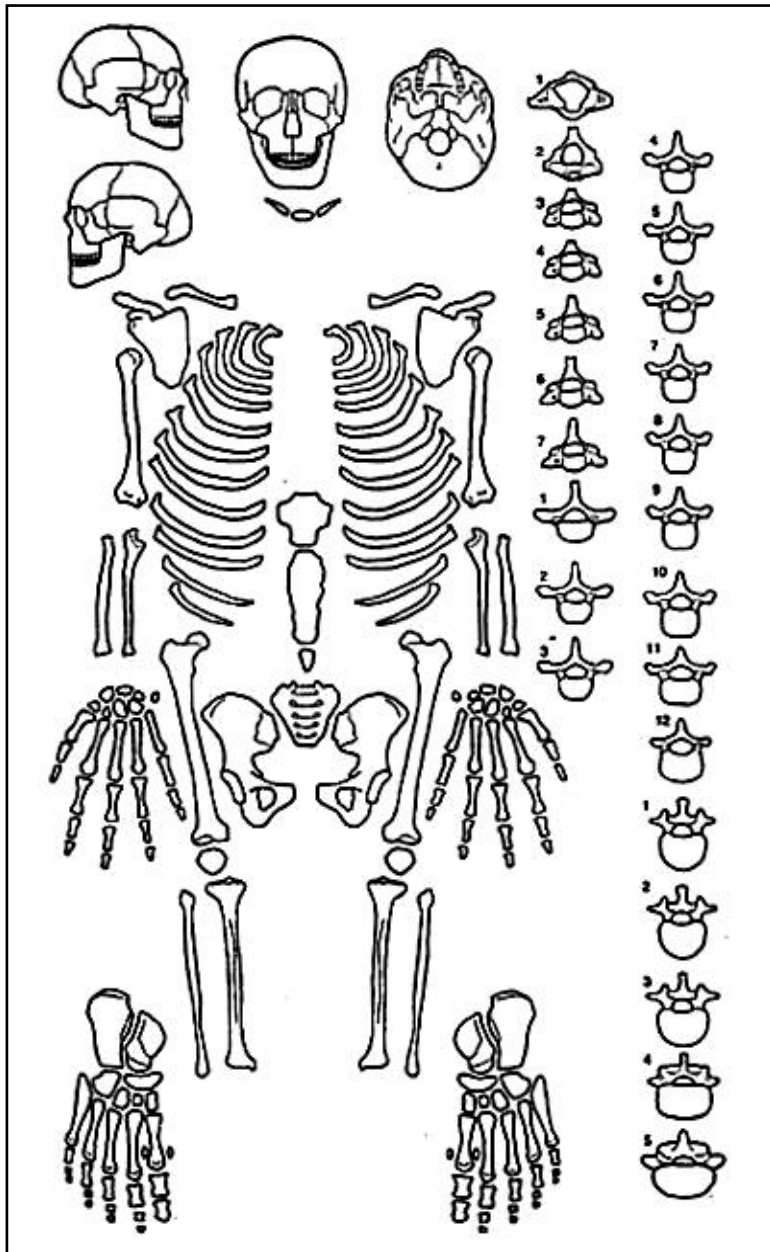
UNIDENTIFIED (describe)
Count (n)¹: _____
Weight (g)²: _____
Color³: _____
Texture⁴: _____
Max. Length⁵: _____

- Count:** Number of fragments for each anatomical region (and unidentified) (exclude fragments smaller than 5mm).
- Weight:** Weight in grams (g) for each anatomical region (and unidentified), then calculate the total weight.
- Color:** Record the dominant color (reflecting degree of burning) for each anatomical region (and unidentified). If color varies, estimate what percentages are in each category. Note colors as **T** (tan), **B** (black), **W** (white or calcined), **BG** (blue-gray).
- Texture:** Record the presence of bone texture: **L** (longitudinally split), **T** (longitudinal and transverse checking), **C** (curved cracks) **W** (warping) for each anatomical region. Note dominance of a particular texture and variations within and across regions.
- Max. Length:** Record the maximum length in millimeters (mm) of the largest fragment for each anatomical region.



Fill-in skeletal chart when elements can be identified. Label with "U" if unsided, and "A" to denote approximated location. Use key below to shade fragments by color:

- Tan (outline fragment)
- Black (fill completely)
- White/Calcined (hatch)
- Blue-Gray (cross-hatch)



Age Class: _____

Age Estimate: _____

Criteria:

Sex Estimate: _____

Criteria:

Pathology:

Notes and Comments:



MNI: _____
Total Count (n): _____
Total Weight (g): _____

Provenience: _____

Designation/ID: _____

- List each identifiable element, indicate side and code completeness (C > 75%; P = 25-75%; F < 25%).
- Count and weigh remains by anatomical region and calculate totals.
- Describe the material and their characteristics, such as warping, breakage, burning, etc.

- Remains are burned. Remains are consistent with human.
 Remains are consistent with animal.
 Remains are not able to be determined (animal/human?).

CRANIAL *Count (n):* _____ *Weight (g):* _____

AXIAL *Count (n):* _____ *Weight (g):* _____

APPENDICULAR *Count (n):* _____ *Weight (g):* _____

[Code elements for PE (proximal epiphysis), P 1/3 (proximal third of shaft), M 1/3 (middle third), D 1/3 (distal third), DE (distal epiphysis)]

EXTREMITIES *Count (n):* _____ *Weight (g):* _____

UNIDENTIFIED *Count (n):* _____ *Weight (g):* _____

AGE & SEX ASSESSMENT:

Comments: (note pathologies, taphonomy, etc.)