

PROCESSING CHECKLIST

Collection Title: _____

Collection Number: _____ Notational Devices (if any): _____

Receipt Register Number: _____ Date: _____

Brief Description: _____

Restrictions: _____

Donor Register: _____ Name Entered: _____

Acknowledgement by: _____ Mail: _____ Phone: _____ In Person: _____

Fumigation: _____ Date: _____

Other Treatment: _____ Date: _____

Information on Folder Examination Sheets: _____ Date: _____

Analysis Register Number (if any): _____ Date: _____

Microfilm: Yes: _____ No: _____ Date: _____

Microfiche: Yes: _____ No: _____ Date: _____

Inventory: Yes: _____ No: _____ Date: _____

Index: Yes: _____ No: _____ Date: _____

Remarks: _____
