



NOTIFICATION OF FIELDWORK

Transference of archaeological archive

Archaeological contractor name

Address

Telephone number

Start date

Expected deposition date

Type of fieldwork (please tick): ☐ Field walking ☐ Excavation ☐ Evaluation
☐ Survey ☐ Geotechnical test pit observation ☐ Watching brief

Name of landowner (or whoever is able to transfer title of the archive to The Box Plymouth)

Address

Site manager

Site name

Parish

Site code

NGR

EH code (if applicable)

Planning Authority

Application/Permission/Consent number

Quantity of finds expected (please tick) ☐ <10 ☐ <20 ☐ <30 ☐ <40 ☐ <50 ☐ >50

Conservation problems anticipated (eg waterlogged material, organics)

Human remains anticipated ☐ Yes ☐ No Outsize documents/plans/objects anticipated ☐ Yes ☐ No

To be completed by The Box Plymouth on notification

Site accession number

Signed

Date

To be completed by excavator on transference of archive

OASIS ID

ADS TITLE and web link

To be completed by The Box Plymouth on receipt of archive

Date received at The Box Plymouth

Signed

Date

Received in satisfactory form ☐ Yes ☐ No

Signed

Date