

SAMPLE RECORD SHEET 2 (COMPLEX)

BOX # _____ TEAM # _____

Recorders' Names:

Layer:		Type of soil:	
Artifact	Type/Number	Observation	Sketch
Artifact	Type/Number	Observation	Sketch
Artifact	Type/Number	Observation	Sketch
Comments:			

Layer:		Type of soil:	
Artifact	Type/Number	Observation	Sketch
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