

Location

* 1. Unique ID (Format XXYY###)

2. Local Reference (If Known)

* 3. Location

* 4. Date of Inspection (DD/MM/YYYY)

* 5. Name of surveyor

Identification

* 6. Is the monument in its original position

- Yes
 No
 Don't know

7. Name of primary burial

8. Date of death

9. Date of birth

10. Age at death

11. Others commemorated and any dates

12. Type of monument

- Marker stone
 Headstone
 Footstone
 Ledger slab
 Allegorical Sculpture (please specify if you can)
- Tomb chest
 Graveboards
 Unknown

13. Dimensions (in mm)

Height

Width

Depth

14. Principal Materials

Limestone

Granite

Lead

Sandstone

Brick

Wood

Marble

Iron

Terracotta

Slate

Bronze

Artificial stone

Other:

15. Designer/Sculptor/Mason

16. Designation

17. Orientation of monument and inscribed faces

Description

18. Technique of inscription

19. Condition of inscription

Structural Condition

20. Overall Structural Condition

- Sound Collapsed
- Disruption/Separation Laid flat
- Fallen
- Tilted (Include angle)

21. Ground condition

- Good/Level Soft soil
- Subsidence Root damage
- Collapsed vault
- Other (please specify)

22. Condition of foundation if visible

23. Previous Interventions

24. Type and effect of plant growth

Material Condition

25. Types of Deterioration

- | | | |
|---|---|---|
| <input type="checkbox"/> Chemical | <input type="checkbox"/> Loose elements | <input type="checkbox"/> Damage from cramps |
| <input type="checkbox"/> Physical | <input type="checkbox"/> Missing elements | <input type="checkbox"/> Cracks |
| <input type="checkbox"/> Biological | <input type="checkbox"/> Open joints | <input type="checkbox"/> Impervious Mortar |
| <input type="checkbox"/> Corrosion | <input type="checkbox"/> Delamination | <input type="checkbox"/> Sealants |
| <input type="checkbox"/> Extent of deterioration (please specify) | | |

26. Surface condition

- | | |
|---|---|
| <input type="checkbox"/> Surface dirt | <input type="checkbox"/> Powdering/Spalling |
| <input type="checkbox"/> Accretions/deposits | <input type="checkbox"/> Eroded |
| <input type="checkbox"/> Graffiti | <input type="checkbox"/> Organic growth |
| <input type="checkbox"/> Delamination | |
| <input type="checkbox"/> Extent of deterioration (please specify) | |

Summary

* 27. Photographed

Yes

No

* 28. Photograph ID range

* 29. Priority for repair

1 (Very bad) Condition is unstable; intervention required asap

2 (Poor) On going deterioration; intervention within 5 years

3 (Fair) Some decay, but stable; intervention may be required in 5 years

4 (Good) Stable condition and no intervention needed

N/A

30. Maintenance Issues

31. Re-inspection required

Yes

No

Inscription Text

32. Inscription text

33. Monument embellishments

34. Any other notes