



CONDITION REPORT

Form N°

Italy UR N°

Date

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Conservator /s: Name/Surname/email/telephone n°

LOCATION

Where is the object presently located ?

Who is responsible?

Temporary location

Who is responsible?

Future location

Who is responsible?

OWNERSHIP

Who owns the object?

Is the object insured? Yes No

Details of the insurance company:

OBJECT IDENTIFICATION

Artist:

Title:

Object:

Date:

Size:

Inventory N°:

MATERIALS

FRAME	AUXILIARY SUPPORT	SUPPORT	PROTECTION
nonexistent	nonexistent	linen/cotton	nonexistent
wood	wood	wood	glass
gilded engraved painted			
metal	metal	metal	plexiglass
*other	synthetic material	paper	****other
	other	*other	
Specify other: * ** *** ****			

STATE OF CONSERVATION

Auxiliary Structure

Broken	Lacking anchorage
Deformed	Insects
Missing corner keys	Oxidations

Auxiliary Structure: OTHER

Support

Broken/Tear/Laceration	Deformed
Losses	Dents
Insects	Biological Attack

Support: OTHER

Ground Layer

Flaking	Losses
Abbrassions	Craquelure

Ground Layer: OTHER

Paint Layer

Flaking	Losses
Alteration/retouching	Oxidation
Scratches/abrasions	Varnish deposits/Patinas
Craquelure	

Paint Layer: OTHER

Protective Layer: OTHER

Protective Layer

Varnish alterations	Scratches
Craquelure	

Frame

Broken/Cracks	Losses	Scratches
Flaking	Abrasions	Biological attack
Lack of anchorage		

Frame: OTHER

Treatment Urgency

If required, tick below:

- LEVEL 1 – urgent need of treatments
- LEVEL 2 – need of extraordinary maintenance treatments
- LEVEL 3 – need of ordinary maintenance treatments
- LEVEL 4 – no need of treatments

Is this condition report correlated with photographic documentation? Yes No

Black and White photos	CD	Drawings	Colour photos	Photocolor
Photos representing the entire object	Photos showing details	Video		

Details regarding the firm authorized for moving and transporting the object

Notes

Signature