

Victorian Aboriginal Heritage Register Aboriginal place and object record and component forms

The Victorian Aboriginal Heritage Register (VAHR) Aboriginal place and object record and component forms are approved forms under Section 67 of the *Aboriginal Heritage Act 2006*. These forms have been approved by the Secretary, Department of Premier and Cabinet, and specify the format in which assessment documentation relating to the recording of Aboriginal cultural heritage must be presented when submitted to the VAHR.

These forms reflect information collected on the Aboriginal Cultural Heritage Register and Information System (ACHRIS) – the online tool used to record Aboriginal Heritage places and objects in Victoria. These forms comprise the minimum documentation required for Aboriginal heritage place and object registrations. They may be useful in a field context to ensure all required information is collected, before being submitted through ACHRIS.

You must be a registered ACHRIS user to submit an Aboriginal place or object for registration using the online tool. Information on how to access or get information from the VAHR can be found here on the First Peoples State Relations (FPSR) [webpage](#).

Where an asterisk (*) appears in the forms, this indicates mandatory fields where information must be provided before the ACHRIS digital form can advance.

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Refer to First Peoples – State Relations' Recording Standards for detailed requirements.

Reference Points

	Reference Point 1	Reference Point 2	Reference Point 3
Easting:			
Northing:			
Zone:			
Bearing (degrees):			
Distance (m):			
Description:			
Bearing Type:	<input type="checkbox"/> Magnetic Compass <input type="checkbox"/> True <input type="checkbox"/> Grid		

Extent Plan*

Please attach a place extent plan. Refer to First Peoples – State Relations' Recording Standards for detailed requirements.

Non-spatial Attachments:*

For each attached document, indicate the presence of sensitive material. At least one non-spatial file must be provided.

Place Extent Description and Interpretation:*

Refer to First Peoples – State Relations' Recording Standards for detailed requirements.

Spatial Attachments:*

Please attach a zip file containing one shapefile or TAB file that represents the extent of the Place. At least one valid spatial file must be provided.

What to attach for spatial attachments:

- One shapefile or TAB file, containing one polygon, that represents the extent of the Place
- Shapefile or TAB file should be attached as a zip file
- A shapefile must include its .dbf, .shx and .prj support files
- A TAB file must include its .MAP, .DAT and .ID support files
- Primary Grid Coordinates must fall within the polygon (i.e. extent of the Place) of the spatial data attached
- Spatial data must have a valid coordinate reference system
 - Geographic GDA94
 - MGA Zone 54 or Zone 55
 - VicGrid94
- All other relevant spatial data should be attached in the 'Supporting Documentation' tabs.

Recording & Consultation		
Recorder Type:*		
<input type="checkbox"/> Aboriginal Community	<input type="checkbox"/> Cultural Officer	<input type="checkbox"/> Student
<input type="checkbox"/> FPSR Staff	<input type="checkbox"/> Heritage Advisor	<input type="checkbox"/> Other (specify)*
	<input type="checkbox"/> Researcher	
Recorder Information		
Recorder Title:	Organisation:	Postcode:*
Recorder First Name:*	Postal Address:*	Phone:*
Recorder Last Name:*	City/ Suburb*	Fax:
	State:*	Email:*
Reason for Recording:*		
<input type="checkbox"/> CHMP (number):*	<input type="checkbox"/> Heritage Assessment	<input type="checkbox"/> Preliminary Report (with Report Number):*
<input type="checkbox"/> Cultural Heritage Permit (number):*	<input type="checkbox"/> Opportunistic Find	<input type="checkbox"/> Research
	<input type="checkbox"/> Due Diligence	<input type="checkbox"/> Other (specify):*
	<input type="checkbox"/> Preliminary Report (No Report Number)	
Date Place Recorded (dd-mm-yyyy):*		
Has the appropriate RAP or Aboriginal Community Organisation been contacted?*		
<input type="checkbox"/> Yes (<i>At least one Registered Aboriginal Party or Aboriginal Community Organisation needs to be entered</i>)		<input type="checkbox"/> No
Place Information from Registered Aboriginal Party or Aboriginal Community		
<i>Use this form to record details of relevant information about the Place provided by members of the RAP or local Aboriginal community.</i>		
<i>Provide the name of the informant, their contact details and the information they have provided about the Aboriginal Place.</i>		
Informant Title:	Postal Address:	Postcode:
Informant First Name:*	City/ Suburb	Phone:*
Informant Last Name:*	State:	Email:
Organisation Name:		
Information about the Aboriginal Place:*		
Is the above information sensitive?*		
<input type="checkbox"/> Yes		<input type="checkbox"/> No
Specify nature of the sensitivity:*		
Land Information		

Sufficient information - at least one set of references or a property address - should be provided to enable verification of the property location.*

Subdivisional References (Lot/ Plan):

Crown References:

Property Address:

- Land Owner (or representative) or
 Land Manager

First Name:*
Last Name:*
Organisation:

Street Address:
Phone:*
Email:

Information from Land Owner/ Land Manager about the Place:

Describe how to revisit the Place:*

Access Requirements:*

Access Restrictions: Specify any restrictions such as the need to contact the RAP or land owner or land manager, or the need for a guide.

Environmental Setting

Region:*

Inland (>1km from present coast)

Coastal (<1km from present coast)

Altitude (elevation):*

Sub-Alpine (1200-1500m)

Foothill (300-900m)

Alpine (>1500m)

Montane (900-1200m)

Lowland (<300m)

Slope

Lower slope

Middle slope

Upper slope

Crest

Place Aspect:*

Landforms:*

Estuarine

Hill

Playa

Spring

Alluvial Terrace

Fen

Hillcrest

Ridge

Stony Knoll

Billabong

Flats

Lagoon

Riparian

Stream

Bog/Mossbed

Floodplain

Lake

Rise

Swamp

Claypan

Floodway

Low Rises

Rocky outcrop

Tableland

Creekline

Gorge

Lunette

Scree-slope

Valley

Depression

Gully

Marsh

Sink-hole

Wetland

Dune

Gypseous Plains

Meadow

Soak

Other (specify)

Escarpment

Headland

Plain

Water Sources:*

Fresh water

Salt/ Brackish

Palaeo

No local source

Name of nearest freshwater source:

Vegetation Conditions:*

Agricultural

Remnant

Modified

Other (specify):*

Exotic

Native vegetation

Native Vegetation

Urban

No vegetation/
Bare land

Vegetation Community Type:	<input type="checkbox"/> Forest	<input type="checkbox"/> Mallee	<input type="checkbox"/> Samphire	<input type="checkbox"/> Thicket
	<input type="checkbox"/> Grassland	<input type="checkbox"/> Mixed Forest	<input type="checkbox"/> Scrub	<input type="checkbox"/> Tussock
	<input type="checkbox"/> Heathland	<input type="checkbox"/> Rainforest	<input type="checkbox"/> Sedgeland	<input type="checkbox"/> Woodland
	<input type="checkbox"/> Herbland	<input type="checkbox"/> Reedbed	<input type="checkbox"/> Shrubland	<input type="checkbox"/> Other (specify):*
Dominant Species:				
Ground Surface Exposure (%):				
Previous Land Use:*	<input type="checkbox"/> Cultivated	<input type="checkbox"/> Grazed	<input type="checkbox"/> Recreation	<input type="checkbox"/> Urban
<input type="checkbox"/> Agricultural	<input type="checkbox"/> Developed	<input type="checkbox"/> Parkland	<input type="checkbox"/> Reserve	<input type="checkbox"/> Other (specify):*
<input type="checkbox"/> Cleared	<input type="checkbox"/> Forestry	<input type="checkbox"/> Plantation	<input type="checkbox"/> Undeveloped	
Current Land Use:*	<input type="checkbox"/> Cultivated	<input type="checkbox"/> Grazed	<input type="checkbox"/> Recreation	<input type="checkbox"/> Urban
<input type="checkbox"/> Agricultural	<input type="checkbox"/> Developed	<input type="checkbox"/> Parkland	<input type="checkbox"/> Reserve	<input type="checkbox"/> Other (specify):*
<input type="checkbox"/> Cleared	<input type="checkbox"/> Forestry	<input type="checkbox"/> Plantation	<input type="checkbox"/> Undeveloped	
Condition and Management				
Condition Assessment:*	<input type="checkbox"/> Destroyed	<input type="checkbox"/> Excellent	<input type="checkbox"/> Fair	<input type="checkbox"/> Good
	<input type="checkbox"/> Poor	<input type="checkbox"/> Very Poor	<input type="checkbox"/> Unknown	
Area Stability:*	<input type="checkbox"/> Stable	<input type="checkbox"/> Eroding	<input type="checkbox"/> Aggrading	<input type="checkbox"/> Unknown
Recent Disturbance/ Impact:*	<input type="checkbox"/> None	<input type="checkbox"/> Animal damage	<input type="checkbox"/> Deflation	<input type="checkbox"/> Exfoliation
<input type="checkbox"/> Fire	<input type="checkbox"/> Gully Erosion	<input type="checkbox"/> Landslip	<input type="checkbox"/> Moss/Lichen	<input type="checkbox"/> Overgrazing
<input type="checkbox"/> Scientific Investigation	<input type="checkbox"/> Pedestrian	<input type="checkbox"/> Sheet Erosion	<input type="checkbox"/> Stock Rubbing	<input type="checkbox"/> Vandalism
<input type="checkbox"/> Stock Trampling	<input type="checkbox"/> Vehicular	<input type="checkbox"/> Visitation	<input type="checkbox"/> Water	
<input type="checkbox"/> Wind	<input type="checkbox"/> Unknown	<input type="checkbox"/> Other (specify):*		
Current Management:*	<input type="checkbox"/> Stop Order	<input type="checkbox"/> Interim Protection Declaration	<input type="checkbox"/> Cultural Heritage Audit	<input type="checkbox"/> Cultural Heritage Permit
<input type="checkbox"/> Cultural Heritage Management Plan	<input type="checkbox"/> Ongoing Protection Declaration		<input type="checkbox"/> Unknown	<input type="checkbox"/> Other (specify):*
<input type="checkbox"/> Cultural Heritage Agreement				
Management Recommendations:				
Component Forms				
Add new component forms for: Aboriginal Cultural Place, Aboriginal Historical Place, Aboriginal Ancestral Remains (Burial), Aboriginal Ancestral Remains (Reinternment) Artefact Scatter, Earth Feature, Object Collection, Quarry, Rock Art, Scarred Tree, Shell Midden, Stone Feature				
Have any artefacts been removed for analysis, storage, or transferral?* <input type="checkbox"/> Yes <input type="checkbox"/> No				
Supporting Documentation				

Documentation required to be attached to this Form may include additional Maps and Plans; Spatial data – GPS and GIS data; Photographs, including Aerial photographs; Archaeological Survey and Excavation Attributes Form; Publications references; Place dating documentation.

Non-Spatial Attachments:* For each attached document, indicated the presence of sensitive material.

Spatial Attachments

Submission

Declaration

I declare that the information in this form and its attachments is true and correct to the best of my knowledge. I declare that, to the best of my knowledge, the Aboriginal place contains Aboriginal cultural heritage as identified.

Name:*

Date:* (DD/MM/YYYY)

References:*

Supporting Documentation

Non-Spatial Attachments

For each attached document, indicate the presence of sensitive material.

Spatial Attachments

Additional Information:

	Name of Custodian:*	Organisation:	Phone:	Email:
1.				
<p>References: <i>Indicate the sources of the information -- written or published literature, audio, visual.</i></p>				
<p>Supporting Documentation</p>				
<p>Non-Spatial Attachments <i>For each attached document, indicate the presence of sensitive material.</i></p>				
<p>Spatial Attachments</p>				
<p>Additional Information:</p>				

Skeletal Elements: <i>Specify numbers of skeletal elements present.</i>			
Collarbone:	Lower Jaw:	Spine:	
Cranium:	Pelvis:	Teeth:	
Feet/ Hands:	Ribs/ Breastbone:	Indeterminate Elements:	
Long Bones:	Shoulder Blade:		
Bone Condition: * <i>Indicate if the bones have deteriorated and, if so, how they have been affected.</i>			
<input type="checkbox"/> Bleaching	<input type="checkbox"/> Crumbling	<input type="checkbox"/> Intact	
<input type="checkbox"/> Splintering	<input type="checkbox"/> Weathering	<input type="checkbox"/> Other (specify)*	
Are there any associated soil features, e.g. pit or grave cut?:*		<input type="checkbox"/> Yes Soil features below must be addressed if yes selected.	<input type="checkbox"/> No
Soil Features: * <i>Describe in detail and include dimensions</i>			
Associated Cultural Material:	<input type="checkbox"/> Ceramics	<input type="checkbox"/> Ground Stone	<input type="checkbox"/> Ochre
<input type="checkbox"/> Animal Hide	<input type="checkbox"/> Charcoal	<input type="checkbox"/> Kopi/Gypsum	<input type="checkbox"/> Plant Fibre
<input type="checkbox"/> Bone Artefacts	<input type="checkbox"/> Chipped Stone	<input type="checkbox"/> Metal	<input type="checkbox"/> Plastic
<input type="checkbox"/> Burnt Bone	<input type="checkbox"/> Cloth	<input type="checkbox"/> Modified Shell	<input type="checkbox"/> Shell
<input type="checkbox"/> Burnt Clay	<input type="checkbox"/> Feathers	<input type="checkbox"/> Netting/ Basketry	<input type="checkbox"/> Wood
<input type="checkbox"/> Burnt Rock	<input type="checkbox"/> Glass	<input type="checkbox"/> Non-human Bone	<input type="checkbox"/> Other (specify)*
Grave Marker: *	<input type="checkbox"/> Earth	<input type="checkbox"/> Stone	<input type="checkbox"/> Wooden
<input type="checkbox"/> Cairn	<input type="checkbox"/> None	<input type="checkbox"/> Stone Alignment	<input type="checkbox"/> Other (specify)*
Grave Marker Inscription:			
Supporting Documentation			
Non-Spatial Attachments			
<i>For each attached document, indicate the presence of sensitive material.</i>			
Spatial Attachments			
Additional Information:			

	<input type="checkbox"/> Peat <input type="checkbox"/> Sand <input type="checkbox"/> Sandy Clay <input type="checkbox"/> Sandy Silt <input type="checkbox"/> Silt <input type="checkbox"/> Silty Clay <input type="checkbox"/> Silty Sand	<input type="checkbox"/> Peat <input type="checkbox"/> Sand <input type="checkbox"/> Sandy Clay <input type="checkbox"/> Sandy Silt <input type="checkbox"/> Silt <input type="checkbox"/> Silty Clay <input type="checkbox"/> Silty Sand
Compaction	<input type="checkbox"/> Compact <input type="checkbox"/> Firm <input type="checkbox"/> Friable <input type="checkbox"/> Hard <input type="checkbox"/> Indurated <input type="checkbox"/> Loose <input type="checkbox"/> Plastic <input type="checkbox"/> Soft <input type="checkbox"/> Spongy <input type="checkbox"/> Stiff <input type="checkbox"/> Strongly Cemented <input type="checkbox"/> Very Soft <input type="checkbox"/> Weakly Cemented	<input type="checkbox"/> Compact <input type="checkbox"/> Firm <input type="checkbox"/> Friable <input type="checkbox"/> Hard <input type="checkbox"/> Indurated <input type="checkbox"/> Loose <input type="checkbox"/> Plastic <input type="checkbox"/> Soft <input type="checkbox"/> Spongy <input type="checkbox"/> Stiff <input type="checkbox"/> Strongly Cemented <input type="checkbox"/> Very Soft <input type="checkbox"/> Weakly Cemented
Colour (Munsell)		
pH Reading		

Artefacts

Number Counted:

Number Predicted:

Lithics Artefacts Table
This Form is used to record details of all modified stone, glass and ceramic artefacts

Number of Artefacts:*			
Raw Material:*			
Primary Form:*			
Cortex:			
Flake Platform:			
Flake Termination:			
Number of complete scars:			
Secondary Modifications:			

Formal Tool/ Core Type:			
<i>Note, artefact dimensions previously recorded in metres were not converted to millimetres upon ACHRIS update.</i>			
Length (mm):			
Width (mm):			
Thickness (mm):			
Non-Lithic Artefacts Table			
<i>This Form is used to record details of all non-lithic artefacts.</i>			
Number of Artefacts:*			
Material:*			
Artefact Type:*			
Description:*			
Supporting Documentation			
Non-Spatial Attachments			
<i>For each attached document, indicate the presence of sensitive material.</i>			
Spatial Attachments			
Additional Information:			

Compaction:	<input type="checkbox"/> Compact <input type="checkbox"/> Friable <input type="checkbox"/> Firm <input type="checkbox"/> Hard <input type="checkbox"/> Indurated <input type="checkbox"/> Loose <input type="checkbox"/> Plastic <input type="checkbox"/> Soft <input type="checkbox"/> Spongy <input type="checkbox"/> Stiff <input type="checkbox"/> Strongly cemented <input type="checkbox"/> Very soft <input type="checkbox"/> Weakly cemented	<input type="checkbox"/> Compact <input type="checkbox"/> Friable <input type="checkbox"/> Firm <input type="checkbox"/> Hard <input type="checkbox"/> Indurated <input type="checkbox"/> Loose <input type="checkbox"/> Plastic <input type="checkbox"/> Soft <input type="checkbox"/> Spongy <input type="checkbox"/> Stiff <input type="checkbox"/> Strongly cemented <input type="checkbox"/> Very soft <input type="checkbox"/> Weakly cemented	
Colour (Munsell):			
pH reading:			
Condition:*	<input type="checkbox"/> Intact	<input type="checkbox"/> Eroded	<input type="checkbox"/> Ploughed/ Levelled
Shape:*	<input type="checkbox"/> Complex	<input type="checkbox"/> Linear	<input type="checkbox"/> U-shaped
<input type="checkbox"/> Amorphous	<input type="checkbox"/> C-shaped	<input type="checkbox"/> Oval	<input type="checkbox"/> V-shaped
<input type="checkbox"/> Circular	<input type="checkbox"/> Indeterminate	<input type="checkbox"/> Semi-circular	<input type="checkbox"/> Other (specify)*
Context:*	<input type="checkbox"/> Surface		<input type="checkbox"/> Sub-surface
Supporting Documentation			
Non-Spatial Attachments			
<i>For each attached document, indicate the presence of sensitive material.</i>			
Spatial Attachments			
Additional Information:			

Retained by owner	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY
Left at find location	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY
Reburied	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY
Transferred to RAP/ Aboriginal Community	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY
Transferred to Museum Victoria	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY
Other	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY

Collection Contents:*

Stone Flaked Stone Unspecified Stone
 Ground Stone Pitted Stone Unworked Stone

Other Inorganic Glass Ochre
 Ceramics Kopi/ Gypsum Soil
 Clay Metal

Faunal Remains Eggshell Midden Shell
 Bone Feather Shell Artefacts
 Bone Artefacts Hair Skin/ Sinew

Other Organic Plant Fibre Wax/ Resin/ Bitumen
 Charcoal Seeds Wooden Artefacts
 Netting/ Basketry

Other (specify) Contents of Collection:*

Supporting Documentation

Non-Spatial Attachments
For each attached document, indicate the presence of sensitive material.

Spatial Attachments

Additional Information:

Component Form – Rock Art

Rock art is images on rock surfaces that can be produced either by the adding of pigment to the rock surface or by breaking through or extracting the rock surface. The detailed recording of rock art is the responsibility of a specialist. This form and other heritage register component forms should be used to record as much information as possible about the rock art.

Name and Location

Component Name:

Component location* E N Zone 54
 Grid Coordinates (MGA/GDA 94 datum)* Zone 55

Grid coordinates for this Component may or may not be the same as the primary grid coordinates for the Aboriginal Place. One Aboriginal Place component must have the same grid coordinates as listed for the primary grid coordinate. Where there is more than one component, each subsequent component must have unique grid coordinates.

Analysis

Context:*

Boulder Cliff Face Niche Shelter/ Overhang
 Cave Collapse Rock Fall Other (specify)

Rock Face Plane:* Horizontal Face Inclined Face Vertical Face

Total Number of Panels:*

Rock Type:* Granite Limestone Sandstone Other (specify)

Shelter Length (m): Width (m): Depth (m): Aspect:

Bearing Type:* Magnetic Compass True Grid

Substrate Impacts:* Exfoliated Lichen Vandalism (specify)
 Fire Salt Water
 Flaking Stained Wind
 Insects (specify) Undamaged Other (specify)

Art Panel

Provide details of the Art Panel on this Form.

Panel Number:*	1.	2.	3.	4.	5.	6.
Panel Height/ Length (m):*						
Panel Width (m):*						
Total Number of Types or Motifs:*						
Total Number of Motifs:*						

Motif Census

<i>Provide details of the motif on this Form.</i>			
Motif Number*:	1.	2.	3.
Motif Height/ Length (m):*			
Motif Width (m):*			
Motif Type:*	<input type="checkbox"/> Animal Tracks <input type="checkbox"/> Anthropomorph <input type="checkbox"/> Complex Design <input type="checkbox"/> Dot <input type="checkbox"/> Foot <input type="checkbox"/> Geocentric Element <input type="checkbox"/> Hand <input type="checkbox"/> Therianthrope <input type="checkbox"/> Simple Design <input type="checkbox"/> Zoomorph <input type="checkbox"/> Unidentified	<input type="checkbox"/> Animal Tracks <input type="checkbox"/> Anthropomorph <input type="checkbox"/> Complex Design <input type="checkbox"/> Dot <input type="checkbox"/> Foot <input type="checkbox"/> Geocentric Element <input type="checkbox"/> Hand <input type="checkbox"/> Therianthrope <input type="checkbox"/> Simple Design <input type="checkbox"/> Zoomorph <input type="checkbox"/> Unidentified	<input type="checkbox"/> Animal Tracks <input type="checkbox"/> Anthropomorph <input type="checkbox"/> Complex Design <input type="checkbox"/> Dot <input type="checkbox"/> Foot <input type="checkbox"/> Geocentric Element <input type="checkbox"/> Hand <input type="checkbox"/> Therianthrope <input type="checkbox"/> Simple Design <input type="checkbox"/> Zoomorph <input type="checkbox"/> Unidentified
Motif Form:*	<input type="checkbox"/> Dot <input type="checkbox"/> Fragment <input type="checkbox"/> Hand Print <input type="checkbox"/> Hand Stencil <input type="checkbox"/> Linear Closed <input type="checkbox"/> Linear Open <input type="checkbox"/> Outline <input type="checkbox"/> Solid <input type="checkbox"/> Speckled <input type="checkbox"/> Unknown	<input type="checkbox"/> Dot <input type="checkbox"/> Fragment <input type="checkbox"/> Hand Print <input type="checkbox"/> Hand Stencil <input type="checkbox"/> Linear Closed <input type="checkbox"/> Linear Open <input type="checkbox"/> Outline <input type="checkbox"/> Solid <input type="checkbox"/> Speckled <input type="checkbox"/> Unknown	<input type="checkbox"/> Dot <input type="checkbox"/> Fragment <input type="checkbox"/> Hand Print <input type="checkbox"/> Hand Stencil <input type="checkbox"/> Linear Closed <input type="checkbox"/> Linear Open <input type="checkbox"/> Outline <input type="checkbox"/> Solid <input type="checkbox"/> Speckled <input type="checkbox"/> Unknown
Motif Techniques:*	<input type="checkbox"/> Abrading <input type="checkbox"/> Drawing <input type="checkbox"/> Finger Marking <input type="checkbox"/> Painting <input type="checkbox"/> Pecking <input type="checkbox"/> Printing <input type="checkbox"/> Smearing <input type="checkbox"/> Stencilling <input type="checkbox"/> Unknown	<input type="checkbox"/> Abrading <input type="checkbox"/> Drawing <input type="checkbox"/> Finger Marking <input type="checkbox"/> Painting <input type="checkbox"/> Pecking <input type="checkbox"/> Printing <input type="checkbox"/> Smearing <input type="checkbox"/> Stencilling <input type="checkbox"/> Unknown	<input type="checkbox"/> Abrading <input type="checkbox"/> Drawing <input type="checkbox"/> Finger Marking <input type="checkbox"/> Painting <input type="checkbox"/> Pecking <input type="checkbox"/> Printing <input type="checkbox"/> Smearing <input type="checkbox"/> Stencilling <input type="checkbox"/> Unknown
Motif Colours:*	<input type="checkbox"/> Black <input type="checkbox"/> Red <input type="checkbox"/> White <input type="checkbox"/> Yellow	<input type="checkbox"/> Black <input type="checkbox"/> Red <input type="checkbox"/> White <input type="checkbox"/> Yellow	<input type="checkbox"/> Black <input type="checkbox"/> Red <input type="checkbox"/> White <input type="checkbox"/> Yellow

	<input type="checkbox"/> Other (specify)*	<input type="checkbox"/> Other (specify)*	<input type="checkbox"/> Other (specify)*
Motif Condition:*	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Poor <input type="checkbox"/> Very Poor	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Poor <input type="checkbox"/> Very Poor	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Poor <input type="checkbox"/> Very Poor
Number of Superimposed Motifs:			
Comments:			
Panel Threats:*	<input type="checkbox"/> None <input type="checkbox"/> Direct Rainfall	<input type="checkbox"/> Direct Sunlight <input type="checkbox"/> Water Runoff	<input type="checkbox"/> Water Seepage
Panel Damage:*	<input type="checkbox"/> Exfoliated <input type="checkbox"/> Fire <input type="checkbox"/> Flaking <input type="checkbox"/> Insects (specify)	<input type="checkbox"/> Lichen <input type="checkbox"/> Salt <input type="checkbox"/> Stained <input type="checkbox"/> Undamaged	<input type="checkbox"/> Vandalism (specify) <input type="checkbox"/> Water <input type="checkbox"/> Wind <input type="checkbox"/> Other (specify)
Supporting Documentation			
Non-Spatial Attachments			
<i>For each attached document, indicate the presence of sensitive material.</i>			
Spatial Attachments			
Additional Information:			

Component Form – Scarred Tree

This Form is used to record scarred tree details.

Name and Location

Component Name:

Component location* E N Zone 54
 Grid Coordinates (MGA/GDA 94 datum)* Zone 55

Grid coordinates for this Component may or may not be the same as the primary grid coordinates for the Aboriginal Place. One Aboriginal Place component must have the same grid coordinates as listed for the primary grid coordinate. Where there is more than one component, each subsequent component must have unique grid coordinates.

Analysis

Species:*

<input type="checkbox"/> Cypress Pine	<input type="checkbox"/> Red Gum	<input type="checkbox"/> Uncertain
<input type="checkbox"/> Black Box	<input type="checkbox"/> Grey Box	<input type="checkbox"/> Stringy Bark
<input type="checkbox"/> Box (non-specific)	<input type="checkbox"/> Mallee	<input type="checkbox"/> Swamp Gum
<input type="checkbox"/> Casuarina	<input type="checkbox"/> Other Gum	<input type="checkbox"/> Yellow Box
		<input type="checkbox"/> Other (specify)*

Condition of Tree:*

<input type="checkbox"/> Good Health	<input type="checkbox"/> Poor Health (dying)	<input type="checkbox"/> Fallen	<input type="checkbox"/> Destroyed
<input type="checkbox"/> Deterioration Evident	<input type="checkbox"/> Dead (standing)	<input type="checkbox"/> Removed	<input type="checkbox"/> Unable to Locate

Total Number of Scars:*
Include toe holds in total count.

Girth (m) at 1.5 m high:

Number of Toe Holds:

Scar Table
Use this form to provide a description of the scar(s).

Scar Number:*	1.	2.	3.	4.
Scar Length (m):*				
Scar Width (m):*				
Scar Height (m):*				
Overgrowth – Top (m):				
Overgrowth – Middle Left (m):*				
Overgrowth – Middle Right (m):*				
Overgrowth – Bottom (m):				

Type of Scar:*	<input type="checkbox"/> Bark removed <input type="checkbox"/> Carved Tree <input type="checkbox"/> Heartwood Removed <input type="checkbox"/> Resource Extraction <input type="checkbox"/> Other (specify)*	<input type="checkbox"/> Bark removed <input type="checkbox"/> Carved Tree <input type="checkbox"/> Heartwood Removed <input type="checkbox"/> Resource Extraction <input type="checkbox"/> Other (specify)*	<input type="checkbox"/> Bark removed <input type="checkbox"/> Carved Tree <input type="checkbox"/> Heartwood Removed <input type="checkbox"/> Resource Extraction <input type="checkbox"/> Other (specify)*	<input type="checkbox"/> Bark removed <input type="checkbox"/> Carved Tree <input type="checkbox"/> Heartwood Removed <input type="checkbox"/> Resource Extraction <input type="checkbox"/> Other (specify)*
Scar/ Heartwood Preservation:*	<input type="checkbox"/> Excellent (80-100% intact) <input type="checkbox"/> Good (60-<80% intact) <input type="checkbox"/> Fair (40-<60% intact) <input type="checkbox"/> Poor (20-<40% intact) <input type="checkbox"/> Destroyed	<input type="checkbox"/> Excellent (80-100% intact) <input type="checkbox"/> Good (60-<80% intact) <input type="checkbox"/> Fair (40-<60% intact) <input type="checkbox"/> Poor (20-<40% intact) <input type="checkbox"/> Destroyed	<input type="checkbox"/> Excellent (80-100% intact) <input type="checkbox"/> Good (60-<80% intact) <input type="checkbox"/> Fair (40-<60% intact) <input type="checkbox"/> Poor (20-<40% intact) <input type="checkbox"/> Destroyed	<input type="checkbox"/> Excellent (80-100% intact) <input type="checkbox"/> Good (60-<80% intact) <input type="checkbox"/> Fair (40-<60% intact) <input type="checkbox"/> Poor (20-<40% intact) <input type="checkbox"/> Destroyed
Stem Regrowth:*	<input type="checkbox"/> Present <input type="checkbox"/> Absent			
Number of Axe Marks:				
Axe Marks Method: <i>Indicate the type of implement used to make the mark.</i>	<input type="checkbox"/> Steel <input type="checkbox"/> Stone <input type="checkbox"/> Unknown			
Type of Axe Marks:	<input type="checkbox"/> Criss-cross <input type="checkbox"/> Linear (singular) <input type="checkbox"/> Parallel (curved) <input type="checkbox"/> Parallel (linear) <input type="checkbox"/> Random	<input type="checkbox"/> Criss-cross <input type="checkbox"/> Linear (singular) <input type="checkbox"/> Parallel (curved) <input type="checkbox"/> Parallel (linear) <input type="checkbox"/> Random	<input type="checkbox"/> Criss-cross <input type="checkbox"/> Linear (singular) <input type="checkbox"/> Parallel (curved) <input type="checkbox"/> Parallel (linear) <input type="checkbox"/> Random	<input type="checkbox"/> Criss-cross <input type="checkbox"/> Linear (singular) <input type="checkbox"/> Parallel (curved) <input type="checkbox"/> Parallel (linear) <input type="checkbox"/> Random
Supporting Documentation				
Non-Spatial Attachments				
<i>For each attached document, indicate the presence of sensitive material.</i>				
Spatial Attachments				
Additional Information:				

Sediment:	<input type="checkbox"/> Clay <input type="checkbox"/> Clayey silt <input type="checkbox"/> Gravel <input type="checkbox"/> Peat <input type="checkbox"/> Sand <input type="checkbox"/> Sandy Clay <input type="checkbox"/> Sandy Silt <input type="checkbox"/> Silt <input type="checkbox"/> Silty Clay <input type="checkbox"/> Silty Sand	<input type="checkbox"/> Clay <input type="checkbox"/> Clayey silt <input type="checkbox"/> Gravel <input type="checkbox"/> Peat <input type="checkbox"/> Sand <input type="checkbox"/> Sandy Clay <input type="checkbox"/> Sandy Silt <input type="checkbox"/> Silt <input type="checkbox"/> Silty Clay <input type="checkbox"/> Silty Sand	<input type="checkbox"/> Clay <input type="checkbox"/> Clayey silt <input type="checkbox"/> Gravel <input type="checkbox"/> Peat <input type="checkbox"/> Sand <input type="checkbox"/> Sandy Clay <input type="checkbox"/> Sandy Silt <input type="checkbox"/> Silt <input type="checkbox"/> Silty Clay <input type="checkbox"/> Silty Sand
Compaction:	<input type="checkbox"/> Compact <input type="checkbox"/> Firm <input type="checkbox"/> Friable <input type="checkbox"/> Hard <input type="checkbox"/> Indurated <input type="checkbox"/> Loose <input type="checkbox"/> Plastic <input type="checkbox"/> Soft <input type="checkbox"/> Spongy <input type="checkbox"/> Stiff <input type="checkbox"/> Strongly Cemented <input type="checkbox"/> Very Soft <input type="checkbox"/> Weakly Cemented	<input type="checkbox"/> Compact <input type="checkbox"/> Firm <input type="checkbox"/> Friable <input type="checkbox"/> Hard <input type="checkbox"/> Indurated <input type="checkbox"/> Loose <input type="checkbox"/> Plastic <input type="checkbox"/> Soft <input type="checkbox"/> Spongy <input type="checkbox"/> Stiff <input type="checkbox"/> Strongly Cemented <input type="checkbox"/> Very Soft <input type="checkbox"/> Weakly Cemented	<input type="checkbox"/> Compact <input type="checkbox"/> Firm <input type="checkbox"/> Friable <input type="checkbox"/> Hard <input type="checkbox"/> Indurated <input type="checkbox"/> Loose <input type="checkbox"/> Plastic <input type="checkbox"/> Soft <input type="checkbox"/> Spongy <input type="checkbox"/> Stiff <input type="checkbox"/> Strongly Cemented <input type="checkbox"/> Very Soft <input type="checkbox"/> Weakly Cemented
Colour (Munsell):			
pH Reading:			
Midden Type:*			<input type="checkbox"/> Indeterminate <input type="checkbox"/> Stratified <input type="checkbox"/> Surface Scatter
<i>Stratified sites can only be determined when exposed in section where a distinct layer or multiple layers of undisturbed cultural material is present.</i>			
Total Number of Layers if Stratified:*			
Midden Census Table <i>This Form is used to record details of the material in the shell midden. If the site is stratified, complete a Midden Census for each stratified layer, identifying the layer number. If the site is a surface scatter (or indeterminate), complete one Midden Census.</i>			
Layer Number:*			
<i>(Layer Number = 1 for surface scatter - or indeterminate type)</i>			
Average Thickness of Layer (m):			
Average Depth of Layer below the surface (m):*			
Non-Shell Contents:			

Non-shell material associated with a shell deposit must be recorded as specific components - except for charcoal.
 For human bone, complete Aboriginal Ancestral Remains Component Form(s)
 For earth/soil features, complete Earth Feature Component Form(s)
 For stone features, complete Stone Feature Component Form(s)
 For stone/non-stone artefacts, complete Artefact Scatter Component Form(s)

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Ancestral Remains | <input type="checkbox"/> Earth/ Soil Features | <input type="checkbox"/> Non-Human Bone (specify)* | <input type="checkbox"/> Stone Features |
| <input type="checkbox"/> Charcoal | <input type="checkbox"/> Manuports | <input type="checkbox"/> Stone/ Non-Stone Artefacts | <input type="checkbox"/> Other (specify)* |

Shell Genus Census Table

- | | | | |
|---|-------------------------------------|-------------------------------------|------------------------------------|
| Genus: | <input type="checkbox"/> Chiton | <input type="checkbox"/> Mytilus | <input type="checkbox"/> Scutus |
| <input type="checkbox"/> Alathyria | <input type="checkbox"/> Conus | <input type="checkbox"/> Nerita | <input type="checkbox"/> Thais |
| <input type="checkbox"/> Andara | <input type="checkbox"/> Donax | <input type="checkbox"/> Notopala | <input type="checkbox"/> Turbo |
| <input type="checkbox"/> Austrochochlea | <input type="checkbox"/> Glycymeris | <input type="checkbox"/> Ostrea | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Austromytilus | <input type="checkbox"/> Haliotis | <input type="checkbox"/> Paphies | <input type="checkbox"/> Velesunio |
| <input type="checkbox"/> Cabestana | <input type="checkbox"/> Katelaysia | <input type="checkbox"/> Polinices | |
| <input type="checkbox"/> Cellana | <input type="checkbox"/> Mactra | <input type="checkbox"/> Saccostrea | |

% of Layer/ Scatter:	% of Broken:	% of Whole:	% of Burnt:
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Supporting Documentation

Non-Spatial Attachments

For each attached document, indicate the presence of sensitive material.

Spatial Attachments

Additional Information:

Stone Feature Material Type:*	<input type="checkbox"/> Basalt	<input type="checkbox"/> Sandstone	<input type="checkbox"/> Other (specify)*
	<input type="checkbox"/> Granite	<input type="checkbox"/> Unknown	
Dimensions: <i>Record dimensions appropriate for the feature.</i>			
Length (m):	Width (m):	Depth (m):	Orientation:
Shape:*	<input type="checkbox"/> Circular	<input type="checkbox"/> Linear	<input type="checkbox"/> U-shaped
<input type="checkbox"/> Amorphous	<input type="checkbox"/> Complex	<input type="checkbox"/> Oval	<input type="checkbox"/> Other (specify)*
<input type="checkbox"/> C-shaped	<input type="checkbox"/> Elliptical	<input type="checkbox"/> Semi-circular	
Number of Stones:			
Are natural features incorporated?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Supporting Documentation			
Non-Spatial Attachments			
<i>For each attached document, indicate the presence of sensitive material.</i>			
Spatial Attachments			
Additional Information:			

Component Form

Low Density Artefact Distribution Component Form

LDAD artefact data may be input into an excel file "Low density artefact distributions recording form", to record attributes against each artefact. The excel file is available on the FPSR website. The completed excel file can then be imported onto the ACHRIS Low Density Artefact Distribution Component Form. The attributes in the excel file match the fields listed on the LDAD component form listed below.

Add Artefact Detail

Easting:* Northing:* Zone:* 54 55

Depth (m):

Raw Material:

Andesite Basalt Chalcedony Chert Coastal Flint
 Crystal Quartz Greenstone Hornfels Phonolite Quartz
 Quartzite Rhyolite Sandstone Silcrete Slate
 Tachylite Trachyte Other

Primary Form:

Angular Fragment Blade-Complete Blade-Distal Blade-Longitudinal Split
 Blade-Medial Blade-Proximal Cobble Or Pebble Core-Bidirectional
 Core-Bifacial Core Bipolar Core-Multidirectional Core Unidirectional
 Flake-Complete Flake-Distal Flake-Longitudinal Split Flake-Medial
 Flake-Proximal Slab

Cortex %: none 1-32% 33-66% 67-99% 100%

% of Edge with Retouch/Usewear (flakes, blades and angular fragments only):

none 1-32% 33-66% 67-99% 100%

Flake Platform (complete and proximal flakes and blades only):

Abraded Cortex Crushed Facetted Flaked Plain Retouched
(Ground)

Flake Termination (complete, distal and longitudinal split flakes and blades only):

Axial Crushed Feather Hinge Plunge
(Outrepassé) Retouched Step

Number of Complete Scars (cores only):

1 2 3 4 5 6 >6

Longest Scar (axial mm) (cores only):

Formal Tool / Core Type:

Adze – Flake Adze – Tula Anvil
 Axe – Ground Edge Axe – Preform Backed – Bondi Point
 Backed – Elouera Backed – Geometric Microlith Burin

- | | | |
|---|--|---|
| <input type="checkbox"/> Chisel | <input type="checkbox"/> Core – Blade | <input type="checkbox"/> Core – Burin Blade |
| <input type="checkbox"/> Core – Horsehoof | <input type="checkbox"/> Core – Microblade | <input type="checkbox"/> Grinder |
| <input type="checkbox"/> Grinding Slab | <input type="checkbox"/> Grinding Stone | <input type="checkbox"/> Hammerstone |
| <input type="checkbox"/> Manuport | <input type="checkbox"/> Notched Tool | <input type="checkbox"/> Nuclear Tool – Bifacial Chopper |
| <input type="checkbox"/> Nuclear Tool – Unifacial Chopper | <input type="checkbox"/> Point – Bifacial | <input type="checkbox"/> Point – Engraver, Drill Or Piercer |
| <input type="checkbox"/> Point – Unifacial | <input type="checkbox"/> Scraper – Amorphous | <input type="checkbox"/> Scraper – Concave And Nosed |
| <input type="checkbox"/> Scraper – Flat-Edged | <input type="checkbox"/> Scraper – Round-Edged | <input type="checkbox"/> Scraper – Steep-Edged |
| <input type="checkbox"/> Scraper – Thumbnail | <input type="checkbox"/> Wedge | |

Secondary Modifications:

- Battering
 Grinding
 Grooved
 Heating
 Pecking
 Waisted

Length – axial for flakes & blades (mm):
Width – axial for flakes & blades (mm):
Thickness (mm):
Max Dim. (mm):

Object Collection Components

Have any artefacts been removed for analysis, storage or transferral?*
 Yes
 No

See Component Form – Object Collection *for relevant fields.*

Supporting Documentation

Non-Spatial Attachments*

For each attached document, indicate the presence of sensitive material.

Spatial Attachments

Additional Information:

Submission

Declaration

I declare that the information in this form and its attachments is true and correct to the best of my knowledge. I declare that, to the best of my knowledge, the Aboriginal place contains Aboriginal cultural heritage as identified.

Name:*

Date:* (DD/MM/YYYY)