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| **A. Project Information** | | | | |
|  | a. ASM Job No.: |  | | |
|  | b. Date Submitted: |  | | |
|  | c. ASM Accession Number: |  | | |
|  | d. Permit Number: |  | | |
|  | e. Institution: |  | | |
|  | f. Project Name: |  | | |
|  | g. Project Number: |  | | |
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| **B. Certification of Collections Review Compliance Criteria** | | | | |
| The Arizona State Museum (ASM) requires that all collections deposited with the Archaeological Repository be reviewed for the presence of human remains prior to their receipt by ASM. This specifically applies to faunal collections, which have the greatest potential to include intermingled human skeletal remains. Review of faunal collections must be conducted by a specialist or an archaeologist with sufficient training in human osteology and zooarchaeology to reliably distinguish between fragments of human bone and animal bone. Any human remains identified as a result of this review must be documented and are subject to repatriation under federal or state laws.  Upon completion of the review, the archaeologist(s) reviewing collections and the Project Director/Principal Investigator shall certify compliance with this policy by filling out and signing this Certificate of Collections Review Compliance form. This original, signed document shall be submitted with the project’s documentation when it is transferred to the ASM Archaeological Repository. | | | | |
| **C. Signatures** | | | | |
| *By signing this document, we certify that all collections associated with the project identified above have been reviewed for the presence of human remains (including fragments) and that any identified human remains have been isolated from the collection and repatriated in compliance with state or federal law.* | | | | |
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| Archaeologist conducting assessment (Print Name) | | |  | Project Director/Principal Investigator (Print Name) |
|  | | |  |  |
| Archaeologist conducting assessment (Signature) | | |  | Project Director/Principal Investigator (Signature) |
|  | | |  |  |
| Institution/Company Affiliation | | |  | Institution/Company Affiliation |
|  | | |  |  |
| Date | | |  | Date |