

Accession No. incl. Comp. No.	
Artist/Author	
Title	
Tape Status	select:

Technical Specs	Duration of total recording on tape (including bars, titles etc.): Duration of artwork: <input type="checkbox"/> not looped <input type="checkbox"/> looped; total amount of cycles: 			
	Tape brand/TRT: Videoformat: <input type="checkbox"/> SP (Standard Play) <input type="checkbox"/> LP (Long Play) <input type="checkbox"/> SLP (Super Long Play) <input type="checkbox"/> EP (Extended Play) <input type="checkbox"/> EX (Extended Mode) <input type="checkbox"/> copy from mm film	SD - TV Standard: <input type="checkbox"/> PAL <input type="checkbox"/> NTSC <input type="checkbox"/> SECAM HD Framerate: Resolution:	Audio: <input type="checkbox"/> no sound <input type="checkbox"/> Channel 1 <input type="checkbox"/> mono <input type="checkbox"/> Channel 2 <input type="checkbox"/> stereo <input type="checkbox"/> Channel 3 <input type="checkbox"/> unspecified <input type="checkbox"/> Channel 4 <input type="checkbox"/> Longitudinal <input type="checkbox"/> (A)FM <input type="checkbox"/> PCM <input type="checkbox"/> Noise Reduction: Dolby B/Dolby C	
	Color: <input type="checkbox"/> b/w <input type="checkbox"/> color <input type="checkbox"/> other:	Aspect Ratio: <input type="checkbox"/> 4:3 <input type="checkbox"/> 16:9 <input type="checkbox"/> letterbox <input type="checkbox"/> anamorphic <input type="checkbox"/> other:	Time Code (TC): <input type="checkbox"/> unknown <input type="checkbox"/> none <input type="checkbox"/> yes, on <input type="checkbox"/> TC Track (VITC or LTC) <input type="checkbox"/> Audio Channel 1 <input type="checkbox"/> Audio Channel 2	
Recorded	Source Tape: <input type="checkbox"/> SRGM Source: (Comp.No) <input type="checkbox"/> unknown <input type="checkbox"/> other: (please fill in separate Media Sheet for technical specs)			
	A/V-Studio (address, contact):			
	SRGM Supervisor:		Date of Recording:	
	Source Device	Signal	Via Device	Recording Device

Cassette Label (only for Artists Masters & ArtistsExhibition)	By the Artist: <input type="checkbox"/> signed <input type="checkbox"/> designed <input type="checkbox"/> inscribed <input type="checkbox"/> other:	(enter inscription or image of label)			
Cassette Shell	<input type="checkbox"/> designed by artist <input type="checkbox"/> hard plastic case <input type="checkbox"/> soft plastic case <input type="checkbox"/> cardboard case <input type="checkbox"/> other:	(enter inscriptions or image of case)			
Content	Language: <input type="checkbox"/> spoken: <input type="checkbox"/> subtitles: <input type="checkbox"/> versions in other language(s):				
	Time Code <input type="checkbox"/> Time Code on Tape <input type="checkbox"/> Time Code on Device (set to the beginning of the tape)		Content Image Errors Audio Errors Corrections		Viewed
	In	Out		Device	Date

Inspection by:

Date: