

Introduction to Completing Continuation Sheets

When updating archaeological site records previously inventoried in the Ohio Archaeological Inventory (OAI), it's essential to determine the most appropriate method for submitting new or revised information. In cases where minor updates are made to a site, a Continuation Sheet is often the preferred tool for recording those changes without overhauling the existing record.

Professionals must first contact the Survey Manager to provide a summary of the survey methods used and an overview of any new or additional findings. The Survey Manager will help determine whether updates should be submitted via a Revised Form or a Continuation Sheet, as this decision depends on factors such as the type of site, the scope of new information, and the nature of the prior documentation.

Continuation Sheets are typically used for limited updates—such as clarifying artifact types, revising temporal affiliations, updating survey methods, or adding new references that do not warrant a full revision of the site form. Unlike Revised Forms, which replace much of the existing data, Continuation Sheets preserve the integrity of the original record by noting only the sections where updates or additions have occurred.

Since Continuation Sheets can vary considerably depending on the site's characteristics (e.g., Prehistoric, Historic, or both), the nature of the new discoveries, and the survey methods involved, they do not follow a fixed template. Instead, each update is organized using the alphanumeric section headings from the ten-page form, with new or revised information recorded under the relevant headings within a Microsoft Word document. Only the sections where new data is available need to be included.

For additional guidance, refer to the OAI Preparer's Manual (p. 5) or contact **ArchSurvey@ohiohistory.org**. Sample Continuation Sheets are also available upon request.

How to Complete a Continuation Sheet: Step-by-Step

1. Consult with the OAI Survey Manager

- Provide the following details to the OAI Survey Manager via email:
 - OAI Site Number.
 - Phase and scope of survey undertaken which re-identified the site.
 - Approximate or actual number of artifacts recovered during survey, including temporal affiliation.
 - If the site boundary has increased or decreased. If so, include the increase or decrease of the site in square meters.
- The Survey Manager will advise whether updates should be submitted via a Revised Form or a Continuation Sheet.

2. Review the Existing OAI Site Form

- Obtain a copy of the existing OAI site record.
- Carefully review the data and note which sections are to be updated, only including sections where new information exists.
- Confirm the alpha-numeric section headings within the ten-page form to correctly organize your updates.

3. Provide Complete Supporting Information

- If updates are made to the site size, shape, or boundaries, include an updated topographic quadrangle map showing those revisions.

4. Document Preparer and Survey Details

- In your Continuation Sheet, always include:
 - F10: Name of the person preparing the update.
 - F11: Name of the affiliated institution.
 - F12: Date of Continuation Sheet preparation.
 - F13: Date(s) of fieldwork.
 - F17: Location of artifact repository, if applicable.
 - G: References

5. Submit the Continuation Sheet

- Send the completed Continuation Sheet and any accompanying materials to the Survey Manager via email at **ArchSurvey@ohiohistory.org**.

 Continuation Sheet: Specify Section & Item (use Additional Continuation Sheets as necessary)

F10*:

F11*:

F12*:

F13*:

F17*:

G*:

- Mandatory fields

**OHIO ARCHAEOLOGICAL INVENTORY**

*Response required for acceptance of form

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Coder _____

Date _____

A. Identification

*1. Type of Form (select as many as appropriate):

_____ New Form _____ Revised Form _____ Transcribed Data _____

2. County _____ *3. Trinomial State Site Number 33- _____ - _____

4. Site Name(s) _____

5. Project Site Number _____

6. Other State Site Number _____

7. Source (of Item A.5. and/or A.6.) _____

B. Location

*1. UTM Zone _____ 16 or _____ 17

Easting _____ 0

Northing _____ 0

2. Latitude _____ ° _____ ' _____ "

Longitude _____ ° _____ ' _____ "

*3. Township _____ Range _____ Not Applicable _____

Section _____ 1/4 Section: _____ SW _____ SE _____ NW _____ NE

Township Name _____

*4. Quadrangle Name _____

*5. Quadrangle Date _____

*6. Confident of Site Location _____ Yes _____ No

C. Ownership

*1. Name(s) _____

Address _____

City/Town, State, Zip _____

Phone (_____) _____

2. Tenant (if any) _____

Address _____

City/Town, State, Zip _____

Phone (_____) _____

*3. Ownership Status (select only one, as appropriate):

_____ Private (single) _____ Private (multiple) _____ Local Govt. _____

_____ State Govt. _____ Federal Govt. _____ Multiple Govt. _____

_____ Mixed-Govt./Private _____ Unknown _____

D. Temporal Affiliations

*1. Affiliations Present (select only one, as appropriate):

_____ Prehistoric _____ Historic _____ Prehistoric and Historic _____

_____ Unknown _____ Unrecorded _____

*Site No. 33- _____ - _____
Plotted <input type="checkbox"/>

Prehistoric

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*2. Prehistoric Temporal Period(s) Represented (select as many as appropriate)

☐ Unassigned Prehistoric ☐ Paleoindian _____
 Archaic: ☐ Unassigned ☐ Early ☐ Middle ☐ Late _____
 Woodland: ☐ Unassigned ☐ Early ☐ Middle ☐ Late _____
☐ Late Prehistoric ☐ Protohistoric ☐ Other (specify) _____

*3. Minimum Number of Prehistoric Temporal Periods Represented _____

*4. Basis for Assignment of Prehistoric Temporal Period(s) (select as many as appropriate):

☐ Diagnostic Artifacts ☐ Diagnostic Features ☐ Radiometric _____
☐ Unrecorded ☐ Other (specify) _____

5. Prehistoric Cultural Component(s) Represented (see manual):

a. _____
 b. _____
 c. _____
 d. _____
 e. _____
 f. _____

6. Describe how Prehistoric Temporal Period(s) and Cultural Component(s) were determined (list diagnostic artifacts and/or features; include type names, attach photographs and/or illustrations, and identify researcher). When listing artifacts and/or features please specify Prehistoric Cultural Component(s) by using letter designations from Item D.5.

Researcher _____

*7. Categories of Prehistoric Materials Present at Site (select as many as appropriate)

☐ Lithics ☐ Ceramics ☐ Metal ☐ Faunal Remains ☐ Floral Remains _____
☐ Human Skeletal Remains ☐ Unrecorded ☐ Other (specify) _____

8. Specific Prehistoric Cultural Materials Collected:

Type	Count	Type	Count
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Historic

*9. Affiliation Present (select only one, as appropriate):

☐ Aboriginal ☐ Non-Aboriginal ☐ Both ☐ Undetermined _____

*10. Historic Temporal Period(s) Represented (select as many as appropriate):

a. ☐ Pre-1795 b. ☐ 1796-1829 c. ☐ 1830-1849 _____
 d. ☐ 1850-1879 e. ☐ 1880-1899 f. ☐ 1900-1929 _____
 g. ☐ 1930-1949 h. ☐ 1950-1974 i. ☐ 1975-2000 _____
 j. ☐ Historic k. ☐ 18th Century l. ☐ 19th Century _____
 m. ☐ 20th Century n. ☐ Historic Aboriginal _____

*Site No. 33- _____ - _____

Page 3

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*11. Minimum Number of Historic Temporal Periods Represented _____

*12. Basis for Assignment of Historic Temporal Period(s) (select as many as appropriate):

☐ Diagnostic Artifacts ☐ Diagnostic Architectural Remains _____
☐ Diagnostic Features ☐ Documentary Evidence ☐ Oral Tradition _____
☐ Unrecorded ☐ Other (specify) _____

13. Describe how Historic Temporal Period(s) were determined (list any diagnostic architectural remains, diagnostic artifacts and/or features; include type names, attach photographs and/or illustrations, and identify researcher). When listing artifacts and/or features specify Historic Temporal Period(s) by using letter designations from Item D.10.

Researcher _____

*14. Functional Categories of Historic Materials Present at Site (select as many as appropriate):

☐ Kitchen ☐ Furniture ☐ Personal _____
☐ Toys & Games ☐ Printed Matter ☐ Religious/Ceremonial _____
☐ Military ☐ Weapons ☐ Transportation _____
☐ Architectural ☐ Misc. Hardware ☐ Const./Manufacturing Tools _____
☐ Agricultural ☐ Fuel/Energy ☐ Food Remains _____
☐ Clothing ☐ Unrecorded ☐ Unknown _____
☐ Other (specify) _____

15. Specific Historic Cultural Materials Collected:

Type	Count	Type	Count
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

General

16. Describe Prehistoric and/or Historic Cultural Materials observed but not collected. State reason(s) for not collecting.

17. Affiliated Ohio Historic Inventory Site Number and Name:

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E. Physical Description

*1. Archaeological Setting (select only one, as appropriate):

☐ Rockshelter/Cave ☐ Open ☐ Unrecorded ☐ Unknown
☐ Submerged ☐ Other (specify) _____

*2. Prehistoric Site (select as many as appropriate):

Habitation: ☐ Camp ☐ Village ☐ Hamlet ☐ Unspecified Habitation
 Extractive: ☐ Quarry ☐ Workshop
 Ceremonial: ☐ Unspecified Mound ☐ Earth Mound ☐ Stone Mound
 ☐ Effigy Mound ☐ Mound Group ☐ Hilltop Enclosure
 ☐ Geometrical Earthwork ☐ Cemetery ☐ Isolated Burial(s)
 ☐ Petroglyph/Pictograph
 Other: ☐ Unknown ☐ Unrecorded ☐ Other (specify) _____

*3. Historic Site Type (select as many as appropriate):

☐ Residential ☐ Commercial ☐ Social ☐ Government
☐ Religious ☐ Educational ☐ Mortuary ☐ Recreation
☐ Subsistence ☐ Industrial ☐ Health Care ☐ Military
☐ Transportation ☐ Unrecorded ☐ Unknown
☐ Other (specify) _____

4. State the bases on which site type assignment(s) were made.

*5. Site Condition (select only one, as appropriate):

☐ Undisturbed ☐ Disturbed - Extent Unknown ☐ Fully Disturbed
☐ Destroyed ☐ Unrecorded ☐ Unknown

*6. Dominant Agent(s) of Disturbance (select as many as appropriate):

☐ None Apparent ☐ Agriculture ☐ Historic Construction ☐ Water
☐ Transportation ☐ Archaeological Excavation ☐ Mining ☐ Vandalism
☐ Unrecorded ☐ Other (specify) _____

7. Nature of Disturbance/Destruction:

*8. Current Dominant Land Use (see manual):

9. Land Use History:

*10. Site Elevation _____ Meters A.M.S.L. (elevation to be taken from UTM point)

*11. Physiographic Setting of Site (select only one, as appropriate):

☐ Lake Plain ☐ Lexington Peneplain ☐ Unglaciaded Plateau
☐ Till Plain ☐ Glaciaded Plateau ☐ Unrecorded

*Site No. 33- _____ - _____

Page 5

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*12. Glacial Geomorphology (select only one, as appropriate):

☐ Not Applicable ☐ Wisconsin End/Lateral Moraine _____
☐ Kansan Ground Moraine ☐ Wisconsin Kame/Kettle/Escher/Drumlin
☐ Illinoian Ground Moraine ☐ Wisconsin Lacustrine Deposit
☐ Illinoian Outwash ☐ Post Wisconsin Lacustrine Deposit
☐ Wisconsin Ground Moraine ☐ Wisconsin Outwash
☐ Unrecorded ☐ Other (specify) _____

*13. Regional Geomorphological Setting (select only one, as appropriate):

☐ Stream Valley ☐ Upland Hill Slope ☐ Beach Ridge _____
☐ Hill or Ridge Top ☐ Lake Plains Interfluvial Zone ☐ Unrecorded

*14. Local Environmental Setting (select only one, as appropriate):

Terrace: ☐ Unknown ☐ T-1 ☐ T-2 ☐ T-3 ☐ T-4 _____
☐ Beach Ridge ☐ Terrace Remnant ☐ Natural Levee ☐ Floodplain
☐ Low Rise on Floodplain ☐ Alluvium ☐ Island ☐ Kame ☐ Drumlin
☐ Esker ☐ Moraine ☐ Glacial Hummock ☐ Wetland Hummock
☐ Bluff ☐ Bluff Base ☐ Bluff Edge ☐ Saddle ☐ Hill or Ridge Top
☐ Closed Depression ☐ Unrecorded ☐ Other (specify) _____

*15. Soils:

Soil Association _____
 Soil Series-Phase/Complex _____
 Reference _____

*16. Down Slope Direction (select only one, as appropriate):

☐ N ☐ NW ☐ NE ☐ E ☐ All ☐ Flat _____
☐ S ☐ SW ☐ SE ☐ W ☐ Unrecorded

*17. Slope Gradient (percent) _____ Unrecorded _____

*18. Drainage System (see manual):

Major Drainage _____
 Minor Drainage _____

*19. Closest Water Source (select only one, as appropriate):

Name: _____
☐ Permanent Stream ☐ Lake/Pond ☐ Ephemeral Stream _____
☐ Permanent Spring ☐ Swamp/Bog ☐ Intermittent Spring/Seep
☐ Slough/Oxbow Lake ☐ Artificial Lake/Pond (historic sites only)
☐ Artificial Stream/Ditch (historic sites only) ☐ Unrecorded
☐ Other (specify) _____

*20. Horizontal Distance to Closest Water Source _____ (meters from UTM point)

21. Elevation Above Closest Water Source _____ (meters A.M.S.L. from UTM point)

F. Reporting Information

*1. Investigation Type (select as many as appropriate):

☐ Reported ☐ Examination of Collection ☐ Surface Collection _____
☐ Auger/Soil Corer ☐ Shovel Test(s) ☐ Test Pit(s) ☐ Test Trench(es) _____
☐ Deep Test(s) ☐ PZ or Humus Removal ☐ Testing/Excav. (strategy unknown) _____
☐ Mitigation/Block Excavation ☐ Aerial Photograph _____
☐ Remote Sensing (specify) _____
☐ Chemical Analysis (specify) _____
☐ Unrecorded ☐ Other (specify) _____

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*2. Surface Collection Strategy (select as many as appropriate):

☐ Not Applicable ☐ Grab Sample ☐ Diagnostics
☐ Controlled-Unknown ☐ Controlled-Total
☐ Controlled-Sample ☐ Unrecorded
☐ Other (specify) _____

3. If surface collection strategy is Controlled-Total, Controlled-Sample, or Other, describe methodology and percentage.

4. Surface Visibility (select only one, as appropriate):

☐ None ☐ Less than 10% ☐ 11-50%
☐ 51-90% ☐ 91-100% ☐ Unrecorded

5. Describe surface conditions.

*6. Site Area (square meters) _____

Unrecorded _____

*7. Basis for Site Area Estimate (select only one, as appropriate):

☐ Guessed ☐ Historic Maps ☐ Aerial Photograph ☐ Paced
☐ Taped ☐ Transit/Alidade ☐ Range Finder ☐ Unrecorded
☐ Other (specify) _____

*8. Confidence of Site Boundaries: ☐ No ☐ Yes ☐ Unrecorded9. Estimated Percentage of Site Excavated ☐ Unrecorded ☐ Unknown _____

*10. Name of Form Preparer _____

*11. Institution _____

*12. Date of Form (year/month) _____

2 0 ____/____

*13. Field Date (year/month) _____

2 0 ____/____

14. Time Spent at Site _____

15. Weather Conditions _____

16. Name(s), Address(es), Phone Number(s) of Local Informants

*17. Artifact Repository (ies) _____

18. Name(s), Address(es), Phone Number(s) of Owners of Collections From Site (attach inventories of private collections).

*Site No. 33- _____ - _____

Page 7

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19. Photographs (select as many as appropriate):

No. of Slides _____ No. of Prints _____

Aerials: _____ Black/White _____ Color _____ Infrared

20. Name and Address of Institution Where Photos Are Filed (include photo log number if available)

*21. National Register Status (select only one, as appropriate):

_____ National Register Property† _____

_____ Determined Eligible for National Register†

_____ National Register Status Not Assessed

_____ Removed from National Register†

_____ Determined Not Eligible†

†Determination made by Keeper of the National Register (date) _____

22. State Registry Status (select only one, as appropriate)

_____ State Registry Listed† _____

_____ Not Assessed for State Registry

_____ Removed from State Registry†

_____ Determined Not Eligible†

†Determination made by Ohio Historical Society (date) _____

23. Discuss the potential significance of the site (does it meet National Register and/or State Registry criteria of significance in your opinion? Why or why not? Upon what evidence have you based your opinion?)

*24. Special Status (select only one, as appropriate):

_____ None

_____ Wilderness Area

_____ Wildlife Preserve _____

_____ Park

_____ Scenic River

_____ Nature Preserve

_____ Forest

_____ Military Installation

_____ Archaeological Preserve

_____ Archaeological District

_____ Unknown

_____ Other (specify) _____

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***G. References** - List Primary Documentary References (see manual):

1. _____

2. _____

3. _____

H. Radiometric Dates

1. Material(s) Dated _____
 Date (uncorrected C14 years) _____
 Laboratory _____
 Sample # _____
 Reference(s) _____
2. Material(s) Dated _____
 Date (uncorrected C14 years) _____
 Laboratory _____
 Sample # _____
 Reference(s) _____
3. Additional Radiometric Dates Yes _____ No _____
 (use Continuation Section to list other dates)

I. Description of Site

- *1. State physical description of the site and its setting, including dimensions, features (with measurements), nature and location of artifacts and concentrations, extent and location of disturbances, etc.

*Site No. 33- _____ - _____

Page 9

- *2. Discuss the relationship between the site and other known sites in the area in terms of location, physical characteristics, size, etc.

J. Continuation Section: Specify Section & Item (use additional Continuation Sheet(s) if necessary)

***K. Sketch Map or Copy of Project Map of Site**

Include north arrow and scale. Attach a Xeroxed section of the appropriate U.S.G.S. quadrangle on a separate sheet. Outline total area surveyed and include locations of all identified sites on the Xero of the quadrangle.

*Site Location Permanent Feature	Distance (m)	Direction/Bearing from Site to Terrain Feature
_____	_____	_____
_____	_____	_____
_____	_____	_____