

FIGURE 5-2 Detailed Treatment Decision Form

Title	<input type="text"/>		
Call number	<input type="text"/>		
Number of times circulated in past five years	<input type="text"/>		
Duplicate?	Yes	No	
Condition?	Can no longer circulate	Poor condition	Acceptable condition
Out of scope?	Yes	No	
Out of date?	Yes	No	
Have later ed.?	Yes	No	
Recommended Treatment			
	Rebind	Repair	
	Transfer to storage	Withdraw	
	Replace with print, microform, digital resource	Replace with new edition	
	Sell		
	Donate to	<input type="text"/>	
	Destroy		
Reviewer name	<input type="text"/>		
Date	<input type="text"/>		
Treatment Approved By			
Name	<input type="text"/>		
Date	<input type="text"/>		
Routing			
Cataloging Unit	Date	<input type="text"/>	
Binding Unit	Date	<input type="text"/>	
Circulation Unit	Date	<input type="text"/>	
Shipping Unit	Date	<input type="text"/>	