An Ink Review Form	Date:
lnk Brand:	Color:
Ink Name:	Bottle or Cartridge (Select One)
Pen(s) Used: Pen #1:	Pen #2:
Maker:	Maker:
Model:	Model:
Nib Sz/Material:	Nib Sz/Material:
Paper(s) Used: Paper #1:	Paper #2:
Maker/Type:	
Wght/Color:	Wght/Color:
Texture:	Texture:
Drying Times: One Sec: T	hree Secs: Five Secs: Ten Secs: Fifteen Secs:
Feathering:	Bleedthrough:
Shading:	WaterProof:
Ink Buildup/Nib Creep:	Staining/Clogging:
Smear Factor:	Saturation:
	on with Other Brands/Shades:
Summary / Conclusions:	