Standard Facility Report

United States

Registrars Committee of the American Association of Museums

Adopted 2011

**Borrowing Institution Profile**

|  |  |
| --- | --- |
| Name of Borrowing Institution/Loan Venue |  |
| Contact Person |  |
| Title |  |
| Mailing Address |  |
| Street Address |  |
| Shipping Address |  |
| Telephone Number |  |
| Fax Number |  |
| E-mail Address |  |
| World Wide Web URL |  |
| Purpose of Loan/  Exhibition Title |  |
| Dates at Loan Venue |  |

**Standard Facility Report**

Adopted by the Registrars Committee American Association of Museums, 1998.

**Notice**

**It is understood that the information indicated in this form is critically confidential and will be used by the potential lending institution only in evaluating facilities of potential borrowers and in preparing applications for indemnity. This form must be stored in a secure location and no copies are to be made or distributed without the express consent of the subject institution. This form must not be distributed via fax.**

**I****nstitution name**

**Please attach a floor plan of the museum, indicating**

1. where borrowed object(s) will be displayed
2. receiving area
3. location of reception areas
4. location of portable fire extinguishers, fire suppression and detection systems

Floor plan attached:  Yes  No

Please indicate the system of measurement used to report dimensions and weight capacities for your museum:

English measure (feet, inches, miles, etc.)

International System of Units (IS) (meters, centimeters, kilograms, kilometers, etc.)

1. General information

**1.1** Is your institution currently accredited by the American Association of Museums?

Yes  No

If yes, date of most recent accreditation decision:

**1.2** Check the type(s) that best describe your institution:

Museum (non-profit)

Aquarium   History

Arboretum/Botanical Garden  Natural History/

Anthropology

Art   Nature Center

Children’s/Youth  Science

General  Zoo

Historic House  Other (specify):

University   Cultural Organization

Museum or Gallery  Library

Student Center/Union  Religious Institution

Library  Civic/Exhibition Center

Department         Fair Building

Other (specify):        Other (specify):

**Geographic Profile**

Contact your local fire department and/or municipal building department for assistance in answering questions 1.3 through 1.6.

**1.3** Is your building located in an earthquake or earth movement prone zone?

Yes  No

Please consult the map in the printed report to determine the number corresponding to the area in

which your building is located. Use the blank below to indicate the seismic zone number listed

on the map. Seismic Zone:

**1.4** Is your building located in an area designated as a flood zone or next to a body of water

which can overflow its boundaries?

Yes  No

If so, what is the flood rating for your building?

Explain rating method:

**1.5** Is your building located in an area subject to other natural catastrophes such as

hurricanes, tornadoes, or severe windstorms?

Yes  No

If yes, is your building equipped with working storm shutters?

Yes  No

If yes, what types of shutters?

**1.6** Isyour institution in a designated brush zone?

Yes  No

**Staff and Major Contractors**

**1.7** Use the matrix below to provide information on key museum staff members who will work with temporary or traveling exhibitions. Provide both work and home numbers for employees. Under employment status, please indicate if employee is a full- or part-time staff member or is a contractor. If employee is a contractor, provide the name of the contracting firm or organization. Please provide the specialty of curators and conservators. Attach a continuation sheet if necessary.

|  |  |  |  |
| --- | --- | --- | --- |
| Position | Name  Title | Telephone  E-mail adress  Fax number | Employment status  (f/t, p/t, contractor) |
| Director (Chief Exec. Officer) |  |  |  |
| Security Supervisor |  |  |  |
| Registrar I |  |  |  |
| Registrar II |  |  |  |
| Shipping/Receiving Officer |  |  |  |
| Curator I | Specialty: |  |  |
| Curator II | Specialty: |  |  |
| Conservator I | Specialty: |  |  |
| Conservator II | Specialty: |  |  |
| Customs Broker |  |  |  |

2. Building construction, configuration and maintenance

**General**

**2.1** Please indicate the dates your original building and any subsequent additions were

completed. Use an “x” to indicate the gallery/areas where loan items will be stored and

displayed.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Date of Completion | Loan Item Storage Area | Loan Item Display Area |
| Original Building |  |  |  |
| Addition 1 |  |  |  |
| Addition 2 |  |  |  |
| Addition 3 |  |  |  |

**2.2** What type of building materials were used for your original building? *(Indicate "x" where appropriate.)*

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Original  Building | Adobe | Brick | Concrete | Glass | Safety  Glass | Steel | Stone | Wood | Fabric/  Carpet | Other  (specify) |
| Exterior Walls |  |  |  |  |  |  |  |  |  |  |
| Interior Walls |  |  |  |  |  |  |  |  |  |  |
| Floors |  |  |  |  |  |  |  |  |  |  |
| Ceilings |  |  |  |  |  |  |  |  |  |  |
| Structural Supports |  |  |  |  |  |  |  |  |  |  |

What type of building materials were used for subsequent additions?

Attach an additional sheet if necessary. *(Indicate "x" where appropriate.)*

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Addition 1 | Adobe | Brick | Concrete | Glass | Safety  Glass | Steel | Stone | Wood | Fabric/  Carpet | Other  (specify) |
| Exterior Walls |  |  |  |  |  |  |  |  |  |  |
| Interior Walls |  |  |  |  |  |  |  |  |  |  |
| Floors |  |  |  |  |  |  |  |  |  |  |
| Ceilings |  |  |  |  |  |  |  |  |  |  |
| Structural Supports |  |  |  |  |  |  |  |  |  |  |

**2.3** Indicate ("x") the most appropriate description of your building and any additions. Contact

your local fire department or municipal building department for assistance, if necessary, in

answering this question.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Type I−  Fire Resistive | Type II− Non-Combustible | Type III− Ordinary | Type IV− Heavy Timber | Type V− Wood Frame |
| Original Building |  |  |  |  |  |
| Addition 1 |  |  |  |  |  |
| Addition 2 |  |  |  |  |  |
| Addition 3 |  |  |  |  |  |

If your original building or any additions are Type I−Fire Resistive, is there a sprayed-on

fire retardant?

Yes  No

**2.4** Are all structures free-standing?

Yes  No

If no, provide a physical description and the purpose of the larger structure into which it is

incorporated and how museum access is restricted/monitored:

**2.5** Areyou undergoing renovation at this time?

Yes  No

**2.6** Do you anticipate any construction or renovation projects during the proposed loan period? Yes  No

If yes, explain:

**2.7** How many floors does your building have?

If more than one floor, indicate mode of access between levels:

Stairs  Elevator  Other (specify):

Are floors divided by three-hour fire doors?

Yes  No

**Temporary Exhibition Space(s)**

**2.8** Indicate the layout of your temporary exhibition area(s):

One large room

Series of small rooms

Other (specify):

**2.9** What is the load capacity of exhibition gallery floors (if it pertains to the loan object(s) in

question)?

**2.10** Are any temporary exhibition spaces located in public activity areas such as lobbies,

lounges, hallways, libraries, cafes, classrooms, etc.?

Yes  No

If yes, describe:

**2.11** Are the temporary exhibition areas used only for viewing?

Yes  No

If no, what other function(s) do they serve?

**2.12** Are there any water fixtures or accessories such as plumbing pipes, sprinkler systems,

water fountains, etc., located in or above temporary storage or exhibition areas?

Yes  No

If yes, describe:

**2.13** Do you have a modular wall partition/panel system?

Yes  No

If yes, indicate means of support:

Supported at floor and ceiling

Supported only at floor

Indicate the materials used in construction:

**2.14** Describe the type and location of public activities that take place in your building, other

than exhibitions:

Do these activities take place in temporary exhibition galleries?

Yes  No

**2.15** Are eating and drinking ever permitted in:

Temporary exhibition galleries?  Yes  No

Temporary exhibition storage?  Yes  No

Receiving area?  Yes  No

Temporary exhibition preparation area?  Yes  No

If yes, please explain:

**2.16** Do you make routine inspections for rodent, insect and microorganism problems?

Yes  No

If yes, describe means and frequency:

**2.17** Do you undertake routine extermination/fumigation procedures?

Yes  No

If yes, describe methods, products used, and frequency:

Describe what course of action you would take if and when an infestation

occurs:

**2.18** Please supply details of how the exhibition area is managed during an exhibition with

regard to routine lamp replacement, cleaning procedures, and checking of

equipment:

**Shipping and Receiving**

**2.19** What are your normal receiving hours?

**2.20** Can you accommodate a delivery at times other than these hours?

Yes  No

**2.21** How are large shipments received?

**2.22** What is the largest size vehicle your loading area will accommodate (if it pertains to the

loan objects in question)?

**2.23** Do you have (or have access to) the following? Please “x” all that apply and provide

requested details, if they relate to the loan item(s) in question.

Shipping/receiving door (dimensions: H       W      )

Raised loading dock (height from ground:      )

Dock leveler

Forklift (weight capacity:      )

Hydraulic lift (weight capacity:      )

Crane (weight capacity:      )

Ramp (length:      )

Scaffolding (height:      )

Other (specify:      )

**2.24** What is the maximum size crate your shipping/receiving door can accommodate?

(H       W       D      )

**2.25** If you do not have a shipping/receiving door or a raised dock, how do you receive

shipments? *(Describe loading area and indicate on attached floor plan)**:*

**2.26** Is your loading area:

Sheltered  Enclosed  Neither

**2.27** Describe security precautions taken in your loading area:

**2.28** Do you have a secure receiving area separate from the loading area?

Yes  No

(Dimensions: L       W       Ceiling H      )

If yes, is this area used only for exhibition objects?

Yes  No

If not, please describe other uses:

**2.29** How is access to the receiving area controlled?

**2.30** Where do you usually unpack/repack/prepare objects for exhibition? *(Indicate by numbering*

*all appropriate items in priority order, with 1 being the space most frequently used.)*

Receiving room  Exhibition galleries

Exhibition preparation room  Storage area

In-house packing facility Outside packing facility

**2.31** Do you utilize an off-site packing/preparation facility?

Yes  No

If yes, indicate the most appropriate description:

Museum property

Commercial space contracted as needed

Rented commercial space

Other (specify)

Indicate distance from your institution:

What is the mode of transportation between the two facilities?

Does a professional museum staff member always supervise packing/unpacking?

Yes  No

What is the title of the staff person responsible?

**2.32** Where do you usually store loaned objects before they are installed? (*Indicate by numbering*

*all appropriate items in priority order, with 1 being the space most frequently used.)*

Receiving room  Exhibition galleries

Exhibition preparation room  Storage area

In-house packing facility  Outside packing facility

**2.33** Do you have a freight elevator?  Yes  No

Interior dimensions: L       W       Ceiling H       Load capacity

**Storage**

**2.34** Do you have a secured storage area for temporary exhibition objects?

Yes  No

Interior dimensions: L       W       Ceiling H

Dimensions of door: H       W

Is it:

Separate from your permanent collection storage:

Yes  No

Locked:  Yes  No

Alarmed:  Yes  No

Climate-controlled:  Yes  No

*(See Section 3 for detailed environmental information.)*

Who has access/keys?

How is access controlled?

**2.35** Do you have fire detection and/or suppression systems in your temporary exhibition

object storage area? *(See Section 4 for detailed information on fire protection.)*  Yes  No

Describe:

**2.36** Do you have a highly secured storage area for precious small temporary exhibition

objects?

Yes  No

If yes describe:

**2.37** Where do you store empty crates? *("x" all appropriate.)*

On-premises  Off-premises

If on-premises, is area:

Temperature-controlled

Pest-controlled

Humidity-controlled

If off-premises, is area:

Temperature-controlled

Pest-controlled

Humidity-controlled

3. Environment

**Heating and Air Conditioning**

**3.1** Is your environmental control system in operation 24 hours a day, 7 days a week

including times when the museum is closed?

Yes  No

Is there a back-up system for your environmental control system?

Yes  No

If yes, how long can it operate?

**3.2** Indicate the type and location of your environmental control systems. *("x" all appropriate.)*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Temporary Exhibition Storage | Temporary Exhibition Gallery | Throughout Building |
| Centralized 24-hour temperature control system |  |  |  |
| Centralized 24-hour humidity control system |  |  |  |
| Centralized 24-hour filtered air |  |  |  |
| Simple air conditioning (window units) |  |  |  |
| Simple heating |  |  |  |

**3.3** Describe cooling system:

|  |  |  |
| --- | --- | --- |
|  | Type | Year Installed or Upgraded |
| In temporary exhibition galleries |  |  |
| In temporary exhibition storage |  |  |

**3.4** Describe heating system (i.e., convection, forced air, solar):

|  |  |  |
| --- | --- | --- |
|  | Type | Year Installed or Upgraded |
| In temporary exhibition galleries |  |  |
| In temporary exhibition storage |  |  |

**3.5** Are portable heating devices used anywhere in your facility?

Yes  No

If so, what kind and where?

**3.6** Describe humidity control equipment:

|  |  |  |
| --- | --- | --- |
|  | Type | Year Installed or Upgraded |
| In temporary exhibition galleries |  |  |
| In temporary exhibition storage |  |  |

**3.7** Do you use any additives (i.e. corrosion-inhibitors, water treatments) in your

humidification system?

Yes  No

If yes, explain:

**3.8** Who monitors and services the environmental systems?

Staff

On maintenance contract

Called repair as needed

**3.9** How often are the environmental systems monitored and serviced?

**3.10** What are the recorded temperature and relative humidity ranges in your:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Temporary Exhibition Galleries | | Temporary Exhibition Storage | |
|  | Temperature | % RH | Temperature | % RH |
| In Spring/Summer |  |  |  |  |
| In Fall/Winter |  |  |  |  |

**3.11** What is the maximum usual variation percentage within a 24-hour period in your:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Temporary Exhibition Galleries | | Temporary Exhibition Storage | |
|  | Temperature | % RH | Temperature | % RH |
| In Spring/Summer |  |  |  |  |
| In Fall/Winter |  |  |  |  |

**3.12** Who responds to environmental control system problems?

In-house personnel

Contractor

Other (please specify):

**3.13** Are records of the variations in temperature and relative humidity kept?

Yes  No

**3.14** Do you have the ability to adjust your temperature and relative humidity levels to

meet the needs of different types of objects?

Yes  No

**3.15** How many of each of the following do you have available and how often are they calibrated?

|  |  |  |
| --- | --- | --- |
|  | Number available | Frequency of calibration |
| Recording hygrothermographs |  |  |
| Psychrometers |  |  |
| Hygrometers |  |  |

**3.16** Do you monitor and record temperature and relative humidity levels on a regular basis in:

Temporary exhibition galleries?  Yes  No

Temporary exhibition storage spaces?

Yes  No

Display cases containing environmentally sensitive material?

Yes  No

If yes, by what means:

Recording hygrothermographs

Other (specify):

Indicate frequency:

Who is responsible for monitoring these levels?

**3.17** Are the environmental conditions in temporary exhibition galleries: *("x" the most appropriate.)*

Individually controlled

All controlled as part of the entire building or with several other rooms

**3.18** Are the temporary exhibition storage areas: *("x" the most appropriate.)*

Individually controlled

All controlled as part of the entire building or with several other rooms

**3.19** How closely are loan objects positioned to heating, air conditioning, or humidification

vents or units?

Describe:

**Lighting**

**3.20** What type of lighting do you utilize in the temporary exhibition galleries? *("x" all appropriate.)*

Daylight   Fluorescent

Windows   UV Filtered

UV filtered  Incandescent

Equipped with shades or drapes  Tungsten

Skylights  Iodide

UV filtered  Quartz  Equipped with shades or drapes  Led

Other

(specify):

**3.21** Do you have a light meter?  Yes  No

If yes, what type:

Do you have a UV meter?  Yes  No

**3.22** How low can you adjust your light levels (# of foot-candles)?

**3.23** Is your institution capable of building vitrines with special requirements upon request?  Yes  No

**3.24** Are display cases equipped with dust filters?

Yes  No

**3.25** Are display cases ever internally lit?

Yes  No

If yes, what type of lighting is used in the display cases: *("x" all appropriate.)*

Fluorescent  Incandescent

UV filtered   Fiber optic

**3.26** Are objects in display cases safeguarded against ultraviolet rays and heat build-up

from interior lights?

Yes  No

If yes, how:

4. Fire protection

Contact your local fire department or municipal building department for assistance, if necessary, in answering questions 4.1 and 4.2 and 4.15.

**4.1** What is the fire rating of your building (e.g., A1)?

**4.2** Is the entire building protected by a fire and/or smoke detection/alarm system?

Yes  No

If yes, indicate type (ion detectors, etc.):

If no, describe areas not protected:

**4.3** Do your institution's fire detection/alarm systems employ components listed by

Underwriters Laboratories?

Yes  No

Are the systems installed according to UL standards?

Yes  No

**4.4** Are all emergency exit doors equipped with alarms?

Yes  No

If yes, indicate type:

Do doors automatically unlock when a fire alarm is activated?

Yes  No

**4.5** How are the systems checked?

By whom?

How frequently?

**4.6** How is the fire/smoke detection/alarm system activated? *("x" all appropriate.)*

|  |  |  |
| --- | --- | --- |
|  | Temporary Exhibition Galleries | Temporary Exhibition  Storage Areas |
| Self-activated heat detection |  |  |
| Self-activated smoke detection |  |  |
| Control panel |  |  |
| Manual pull stations |  |  |
| Water flow switches in sprinkler system |  |  |

**4.7** Who does your fire alarm system alert? *("x" all appropriate.)*

In-house central station (proprietary system)

In-house audible devices

Local fire station−direct line

UL/FM-approved central station (specify company):

Other (specify):

**4.8** Indicate the type(s) of fire suppression system(s) in operation where loaned object(s) will

be **received**, **stored** and **exhibited**: *("x" all appropriate.)*

*Sprinklers*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Received | Stored | Exhibited |
| Wet pipe |  |  |  |
| Dry pipe |  |  |  |
| Delayed action |  |  |  |
| Pre-action |  |  |  |
| Other |  |  |  |

Location(s):

Year installed:

Are the staff and guards trained in shut-off procedures?

Yes  No

*Gaseous fire suppression*

|  |  |  |  |
| --- | --- | --- | --- |
| *systems* | Received | Stored | Exhibited |
| Halon |  |  |  |
| Clean agent |  |  |  |
| Other |  |  |  |

Location(s):

Year installed:

|  |  |  |  |
| --- | --- | --- | --- |
| *Fire hose cabinets* | Received | Stored | Exhibited |
| *per local fire code* |  |  |  |

Are fog nozzles installed?  Yes  No

|  |  |  |  |
| --- | --- | --- | --- |
| *Portable fire* | Received | Stored | Exhibited |
| *extinguishers* |  |  |  |

Specify type (e.g., pressurized water, carbon dioxide, dry chemical, foam, Halon, acid,

other):

**4.9** How often are portable extinguishers tested?

**4.10** How frequently is the staff trained in the use of portable fire extinguishers?

**4.11** In what areas and under what conditions is smoking allowed in your building?

**4.12** How far is your institution from the local fire station?

**4.13** How long does it take the fire department to arrive at your facility in response to an

alarm?

**4.14** How far is your building from the nearest fire hydrant?

**4.15** Is your local fire station staffed 24 hours a day?

Yes  No

What is the town class number for the fire department? (NB 4, NB 5, NB 9)?

Is there an on-site fire brigade?  Yes  No

Has the fire department visited your facility and met with you to pre-plan acourse of

action should a fire occur at your facility?

Yes  No

Date of the last visit by the fire department for pre-planning:

**4.16** Do you have an established fire emergency procedure?

Yes  No

If yes, how frequently is the staff trained in this procedure?

5. Security

**Guards and Access**

**5.1** Do you have 24-hour human guard security (as opposed to periods of electronic-only

surveillance)?

Yes  No

If no, would your institution be willing to hire additional guards, if required?

Yes  No

**5.2** What type of security personnel does your institution utilize? *("x" all appropriate.)*

Security employees of your institution

Other staff

Contractors from an outside service company. Name of company:

Students

Volunteers/docents

Other (specify):

**5.3** Do you have a trained security supervisor in charge at all times?

Yes  No

**5.4** Are your security personnel specially trained for your facility?

Yes  No

If yes, briefly explain the extent and duration of their training:

**5.5** Are your guards: *("x" all appropriate.)*

Armed?  Radio-equipped?

Pager-equipped?  Phone-equipped?

Other (specify)

**5.6** Do you conduct background checks on guards prior to hiring?

Yes  No

Do you perform honesty testing on prospective or new employees?

**5.7** Indicate the number of guards normally on duty:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Throughout Building | | In Temporary Exhibition Galleries | |
|  | Stationary | Patrolling | Stationary | Patrolling |
| During public hours (day/evening) |  |  |  |  |
| When closed to the public, but open to staff |  |  |  |  |
| During closed hours |  |  |  |  |

**5.8** How many galleries are assigned to each guard?

**5.9** Is a guard assigned during installation and deinstallation?

Yes  No

If no, can one be, if required?  Yes  No

How is access restricted during installation and deinstallation of temporary

exhibitions?

**5.10** How often are temporary exhibition galleries checked when closed?

By whom?

How is the frequency of these checks ensured (e.g., checkpoint system, etc)?

**5.11** How often are "checklist" checks made of the objects in temporary exhibitions?

Who is responsible for these checks?

**5.12** Do you make a photographic record of objects within each temporary exhibition gallery?  Yes  No

**5.13** Do you maintain records on internal movement and relocation of borrowed objects?

Yes  No

**5.14** Are security personnel stationed at all entrances and exits to the building during open

hours?

Yes  No

If no, explain:

**5.15** Indicate the positions/titles of those individuals authorized to sign for the removal

of museum objects from the building:

**5.16** Is every object entering or leaving the building signed in and out by security personnel?

Yes  No

**5.17** Are the contents of bags, briefcases, etc. checked upon entering and exiting?

Yes  No

Is there a hand carry size restriction?

Yes  No

If yes, what is it?

What is your policy on use of tripods in temporary exhibition galleries?

**5.18** Do you have a sign-in/sign-out procedure for guards and after-hours personnel?

Yes  No

**5.19** How many staff members have keys to exterior doors?

Specify positions/titles:

**5.20** Are exterior perimeter checks of the building carried out?

Yes  No

If yes, by whom and how frequently?

**5.21** Do your staff (paid and volunteer) and special guests wear identifying badges when

in non-public areas of your building?

Yes  No

**5.22** Do you have an emergency response plan?

Yes  No

Do you have a disaster recovery plan?

Yes  No

Please list the date of the last revision **for each**:

If your institution utilizes such plans, how frequently is the staff trained in their

implementation?

**5.23** What emergency procedures are observed in the case of theft or vandalism?

**Physical and Electronic Systems**

**5.24** Do you have an electronic security alarm system in operation throughout the building?  Yes  No

If no, specify which areas are **not** protected:

**5.25** What types of detection equipment are in operation. *("x" all appropriate.)*

Magnetic contacts  Microwave motion detectors

Photo electric beams  Passive infrared motion detectors

Ultrasonic motion detectors  Pressure mats on switches

Sonic sensors  Closed circuit TV

Break glass sensors  Water detection devices  Other (specify):

**5.26** Is your institution's security system certified by Underwriters Laboratories?

Yes  No

Are its components listed by UL?

Yes  No

**5.27** Where does your detection system sound an alarm? *("x" all appropriate.)*

Proprietary central station

Local audible alarms

Local police−direct line (if ALL systems do not automatically register at the

police station, indicate which ones do not):

UL/FM central station (specify company):

Other (specify):

**5.28** Do exterior doors open directly into the temporary exhibition area?

Yes  No

If yes, indicate locking mechanism:

**5.29** Are there windows in the temporary exhibition area?

Yes  No

If yes, what type of physical security (e.g., bars, gates, mesh) protects

them?

**5.30** Are all the building's exterior openings (including entry/exit doors, windows, roof doors

and air ducts) secured and alarmed?

Yes  No

If no, explain:

**5.31** How are your security systems tested?

How often?

Who undertakes these tests?

**5.32** Are tests conducted to determine the adequacy and promptness of human response

to alarm signals?

Yes  No

If yes, how frequently?

**5.33** Are records kept of all alarm signals received, including time, date, location, action

taken and cause of alarm?

Yes  No

Who is responsible for keeping these records?

**5.34** How are fragile, small or extremely valuable objects protected?

Check all appropriate:

Acrylic vitrines

Glass vitrines

Wall/permanent cases

Free-standing cases (specify construction):

Locked cases

Cases secured with exposed screws

Cases secured with covered screws

Cases secured with security screws

Cases with sealed seams

Alarmed cases (specify type):

Other (specify):

If none of the above, is your museum willing to borrow or construct secure cases?

Yes  No

**5.35** How are small wall-mounted objects affixed to the wall to deter theft? (e.g., security

plates, etc.)

**5.36** What hardware is used to hang large, framed works?

**5.37** Can framed objects be individually alarmed, if required?

Yes  No

**5.38** Indicate methods utilized to deter public access to large exposed objects:

6. Handling and packing

**6.1** Do you have personnel available for loading and unloading?

Yes  No

If yes, how many?

**6.2** Do you have staff specially trained to pack and unpack objects?

Yes  No

If yes, how many?

Supervised by whom?

What type of training is provided?

Do volunteers or interns handle borrowed objects?

Yes  No

If yes, how are they trained and who supervises their work?

**6.3** Are written incoming and outgoing condition reports made on all objects?

Yes  No

If yes, by whom?

**6.4** When do staff use gloves for handling objects?

**6.5** Is matting and framing carried out by your staff?

Yes  No

If no, indicate by whom:

**6.6** Does your institution have a van or truck appropriate for transporting loan objects?

Yes  No

If yes, provide dimensions of: Door (H       W      )

Interior (L       W       Ceiling H      )

Is the vehicle:   Air-ride

*("x" all appropriate.)*   Climate controlled

Equipped with an alarm system

Equipped with movable straps

Equipped with lift gate

**6.7** For the movement of objects, which companies (either air or ground) have given consistently good and conscientious service to your institution?

|  |  |  |
| --- | --- | --- |
| Company Name | Contact Individual | Telephone Number |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

7. Insurance

**7.1** Which company provides insurance for your institution?

Broker’s name:

Address:

Telephone number:

Fax number:

**7.2** How long have you carried insurance with this company?

**7.3** What coverage does your policy for borrowed objects provide? Please “x” all that apply:  All-risk museum coverage, wall-to-wall (while on exhibit and in transit),

subject to the standard exclusions

Coverage against burglary and theft

Coverage against fire

Coverage against rising water and water damage  Coverage against natural disasters (i.e., earthquake)

Coverage against mysterious disappearance

Coverage against employee dishonesty

**7.4** What are the applicable non-standard exclusions of your policy affecting loans?

**7.5** What are the deductible limits of coverage for borrowed objects?

**7.6** Have there been any individual damages or losses over $5,000 to permanent, loaned or

borrowed collections incurred during the last three years (whether or not a claim was filed)?

Yes  No

If yes, state the date of damage or loss, circumstances and cause, extent of the damage

or loss, whether there was litigation or subrogation to determine blame or negligence

(add additional sheet, if necessary).

What precautions have now been undertaken to prevent any further incidents?

8. Loan history

**8.1** List several temporary exhibitions you have recently hosted:

|  |  |
| --- | --- |
| Exhibition Title/Organizing Institution | Year |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**8.2** List other institutions you have borrowed from recently:

|  |  |  |
| --- | --- | --- |
| Name of Institution | Object Type | Year |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
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|  |  |  |
|  |  |  |
|  |  |  |

9. Additional information and comments

10. Verification and responsibility

**The undersigned is a legally authorized agent for the subject institution and has completed this report. The information indicated provides a complete and valid representation of the facility, security systems and care provided to objects (both owned and borrowed).**

Signature. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Typed Name:

Title:

Date

**Please sign and date below to indicate that the information provided in this document has been reviewed for accuracy and has been updated where necessary when it is reissued.**

**Subsequent reviews:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date Title

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Signature Date Title