General Facility Report

(Formerly the Standard Facility Report)

Adopted 1988, revised 1998 and 2008 Registrars Committee, American Association of Museums



Additional space is provided on pages 28–29 for any responses that require further explanation or more room than the spaces allotted.

Cite the corresponding question number at the beginning of each response.

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Contents

Prefa	ce— Jeanne M. Benas, Christina K. Schwarz, and Elizabeth E. Merritt
Borro	wing Institution Profile
Notic	e and Instructions
1.	General Information
2.	Building Construction, Configuration and Maintenance.
3.	Environment
4.	Fire Protection
5.	Security
6.	Handling and Packing22
7.	Insurance
8.	Loan History22
9.	Additional Information and Comments
10.	Supplemental Questionnaire
11.	Continuation Sheet (blank page)
12.	Verification and Responsibility30
Gloss	ary3:
Poad	ers for the General Facility Penart

Borrowing Institution Profile

Name of borrowing institution/loan venue	
Contact person	
Title	
Mailing address	
Street address	
Shipping address	
Telephone	
Fax	
E-mail	
Website	
Purpose of loan/ exhibition title	
Dates at loan venue	

Notice and Instructions

NOTICE: It is understood that the information in this form is critically **CONFIDENTIAL** and will be used by the potential lenders only in evaluating facilities of potential borrowers and in preparing applications for indemnity as regards loan objects. This form must be stored in a secure location and copies must not be made or distributed without the express consent of the subject institution. This form must not be distributed via fax or e-mail unless otherwise agreed to by the parties.

INSTRUCTIONS FOR COMPLETING THE FACILITY REPORT

Complete all questions in the report that are applicable to your institution. Consult with other staff members with specific expertise for select responses, if necessary.

Attach a floor plan of the building and any additions (include digital images if they help support this report), indicating:

- Where loan object(s) would be displayed
- Vents within display area
- Fire doors between display area and other parts of the building
- Portable fire extinguishers, fire suppression and detection systems
- Overhead piping and HVAC systems
- Receiving area
- Passage from receiving area to display area(s) clearly marked
- Reception areas permitting food and/or drink
- Guard stations

is the floor plan attached?	Yes	O No
Attach a copy of recent actual relative environmental (temperature and humidity) readings for display area objects would be displayed. (Confer with lender to determine required duration of readings and if either recof year as pertains to proposed borrow dates are required.)		
Are the readings attached?	Yes	⊘ No
Indicate the system of measurement used to report dimensions and weight capacities for your building:		
English measure (inches, feet, miles, pounds, etc.)International System of Units (IS) (centimeters, meters, kilometers, kilograms, etc.)		

1. General Information Is your institution currently accredited by the American Association of Museums? **Y**es O No 1.1 If yes, date of most recent accreditation decision: Check the type(s) that best describe your institution: 1.2 **☐** Museum (nonprofit) University Aquarium ■ Museum or Gallery ☐ Arboretum/Botanical Garden ☐ Student Center/Union ☐ Art ☐ Library ☐ Children/Youth Department: ____ ☐ Other (specify: _____) ☐ General ☐ Historic House ☐ Cultural Organization ☐ History ■ Natural History/Anthropology Library ■ Nature Center ■ Religious Institution ■ Science ☐ Civic/Exhibition Center Zoo ☐ 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 1.5. Consult one of the seismic zone maps on either of the following websites to determine the number corresponding to the area in which your facility is located and indicate seismic zone: http://www.earthquake.usgs.gov/research/hazmaps/products_data/images/nshm_uso2.gif http://www.ivi-intl.com/art/IVI_Map_S-W.pdf Is your building located in an earthquake or earth movement-prone zone? Yes O No 1.3 If yes, complete questions 10.1 through 10.12 (Section 10. Supplemental Questionnaire). Is your building located in an area subject to other natural catastrophes such as flooding, hurricanes, 1.4 tornadoes or severe windstorms? Yes O No If yes, complete questions 10.13 through 10.23 (Section 10. Supplemental Questionnaire). Is your building in a designated brush zone or wildland/urban interface? 1.5 **O** Yes O No If yes, complete questions 10.24 and 10.25 (Section 10. Supplemental Questionnaire).

STAFF AND MAJOR CONTRACTORS

1.6 Provide information on key staff members who will work with temporary or traveling exhibitions, including work and fax numbers for employees and one after-hours emergency contact number. Under employment status, indicate if employee is a full- or part-time staff member or a contractor. If employee is a contractor, provide the name of the contracting firm or organization. Provide the specialty of curators and conservators.

POSITION	NAME	TITLE	TELEPHONE/FAX	E-MAIL	EMPLOYMENT STATUS (F/T, P/T, Contractor)
Director (chief executive officer)			Work: Fax: Cell:		
Security supervisor			Work: Fax:		
Registrar or collections manager I			Work: Fax:		
Registrar or collections manager II			Work: Fax:		
Exhibitions manager			Work: Fax:		
Art handler or preparator			Work: Fax:		
Shipping/receiving officer			Work: Fax:		
Curator I	Specialty:		Work: Fax:		
Curator II	Specialty:		Work: Fax:		
Conservator I	Specialty:		Work: Fax:		
Conservator II	Specialty:		Work: Fax:		
After-hours emergency contact			Home: Cell: Fax:		

If permanent staff is insufficient for this loan, explain your plan for sufficient staffing:

.....

2. Building Construction, Configuration and Maintenance

GENERAL

2.1 Indicate the dates your original building and any subsequent additions were completed. Use an "x" to indicate the gallery/ areas where loan objects 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 the original building(s)? (Mark all that are appropriate.)

Original Building	Adobe	Brick	Concrete	Glass	Safety Glass	Steel	Stone	Wood	Fabric/ carpet	Other (specify)
Exterior walls										
Interior walls										
Floors										
Ceilings										
Structural supports										

2.3 What type of building materials were used for the subsequent addition(s)? (Mark all that are appropriate. If more than one addition, mark using numbers which correspond to the addition. For example, if exterior walls for both additions 1 and 2 are brick, indicate 1,2 in box.)

Addition(s)	Adobe	Brick	Concrete	Glass	Safety Glass	Steel	Stone	Wood	Fabric/ carpet	Other (specify)
Exterior walls										
Interior walls										
Floors										
Ceilings										
Structural supports										

2.4 What type of fire resistant materials were used? (Mark all that are appropriate.) Contact your local fire department or municipal building department for assistance, if necessary.

	·	Type I	Type II	Type III	Type IV	Туре	V		
Orio	ginal	Fire resistive	Noncombustible	Ordinary	Heavy timber	Wood Fr	ame		
Bui	lding								
Add	lition 1								
Ado	lition 2								
Add	lition 3								
						=			
2.5		ng structures freestar	_	no largor structuro into	which it is incorporat	Yes	No 🗖 No		
	If no, provide a physical description and the purpose of the larger structure into which it is incorporated and how building access is restricted/monitored:								
	If no, are the	structures separated	by fire doors?			Yes	⊘ No		
2.6	Describe the	type and location of a	oublic activities that tak	e place in your buildin	σ other than evhibiti	onc.			
2.0	Describe the	type and tocation of p	Jubile delivities that tar	te place iii your ballaiii	s, other than exhibition	0113.			
	Do these acti	vities take place in te	mporary exhibition gal	leries?		O Yes	⊘ No		
		•	or types of exhibitions		r building				
	during the pr	oposed loan period?				Yes	⊘ No		
	If yes, explair	1:							
2.7	Are vou unde	rgoing construction o	or renovation at this tim	e?		O Yes	◯ No		
,	If yes, explair								
2.8	Do you antici	pate any construction	n or renovation projects	during the proposed l	oan period?	Yes	No		
	If yes, explair	1:							
		ccur near temporary of all hazards be monito	exhibition area(s), how red?	will potential fire, vibra	tion, construction ma	aterial and/or			
2.9	How many flo	oors does your buildi	ng have?						
	If more than o	one floor, indicate mo	de of access between l	evels:					
	☐ Stairs	☐ Elevator ☐	Other (specify:)					
TFM	PORARY FYH	IBITION SPACE(S)							
2.10			ary exhibition space(s)	:					
		, ,	,						

☐ Other (specify: _____)

☐ One large room ☐ Series of small rooms

2.11	What is the square footage and running feet of exhibition galleries in which loan objects would be disp	olaved?	
2.12	What is the weight load capacity of exhibition gallery floors (if it pertains to the loan object(s) in questions are the second of the second	ion)?	
2.13	Are any temporary exhibition galleries located in public activity areas such as lobbies, lounges, hallways, libraries, cafes, classrooms, etc.? If yes, describe:	◯ Yes	□ No
2.14	Are any water fixtures or accessories such as plumbing pipes, sinks, water fountains, etc., located <i>in</i> or <i>above</i> temporary storage or exhibition galleries? If yes, describe:	Y es	□ No
2.15	Are any permanent structures located in the temporary exhibition galleries (columns, sculptures, etc.) If yes, describe:	? 🗖 Yes	⊘ No
2.16	Do you have a modular wall partition/panel system? If yes, means of support: Supported at floor and ceiling Supported at floor only Describe the materials used in construction:	Yes	◯ No
	Are they covered with a flame-resistant paint or fabric?	Yes	○ No
2.17	Are eating and drinking ever permitted in: Temporary exhibition galleries? Temporary exhibition storage? Receiving area? Temporary exhibition preparation area? If yes, explain:	Yes Yes Yes Yes	No No No No
2.18	Do you make routine inspections for rodent, insect and microorganism problems? If yes, describe means and frequency: If no, explain:	☐ Yes	⊘ No
2.19	Do you undertake routine extermination/fumigation procedures? If yes, describe methods, products used and frequency: Describe action you would take if and when an infestation occurs: If no, explain:	☐ Yes	□ No

2.20 Describe how the temporary exhibition galleries are managed during an exhibition with regard to routine lamp replacement, cleaning procedures and equipment maintenance:

эпіг	PING AND RECEIVING			
2.21	What are your normal receiving	ng hours?		
2.22	Can you accommodate a deliv	Yes	O No	
2.23	What is the maximum size vel	nicle your loading area will accommodate (as it pertains to the loan obj	ects in questi	on)?
2.24	Do you have (or have access tobject(s) in question.)	o) the following? (Mark all that apply and provide requested details the	at relate to the	loan
	☐ Shipping/receiving door	(dimensions: height: width:)		
	☐ Raised loading dock	(height from ground:)		
	☐ Dock leveler/lift			
	☐ Forklift	(weight capacity:)		
	☐ Hydraulic lift	(weight capacity:)		
	☐ Crane	(weight capacity:)		
	Ramp	(length: width:)		
	☐ Scaffolding	(height:)		
	☐ Other	(specify:)		
	What is the mention of size and			
2.25		te your shipping/receiving door can accommodate?		
	(height: width:	depth:)		
2.26	Can this same size crate also	be moved within your facility from your shipping/receiving area		
	to the exhibition galleries?		Yes	⊘ No
	If no, explain:			
2.27	If you do not have a shipping	receiving door or a raised dock, how do you receive shipments?		
,		dicate on attached floor plan):		
2.28	Is your shipping/receiving are	ea: Sheltered Enclosed Neither		
2.29	Describe security precautions	s taken in your shipping/receiving area:		
2.30	Do you have a secure shippin	g/receiving area separate from the general loading area?	Yes	◯ No
	If yes, list dimensions:	length: width: ceiling height:		
	If yes, is this area used only fo		Yes	⊘ No
	If no describe other uses:	•		

	"1" being the space most frequently us	sed.)		
	Receiving room	Exhibition galleries		
	Exhibition preparation room	Storage area		
	In-house packing facility	Outside packing facility		
2.33	Where do you usually unpack/repack/ with "1" being the space most frequen	/prepare objects for exhibition? (Number all appropriate items i tly used.)	n order of pri	ority,
	Receiving room	Exhibition galleries		
	Exhibition preparation room	Storage area		
	In-house packing facility	Outside packing facility		
2.34	Do you utilize an off-site packing/prep	aration/storage facility for loan objects?	Yes	⊘ No
	If yes, complete questions 10.26 throu	ugh 10.48 (Section 10. Supplemental Questionnaire).		
2.35	Do you have a freight elevator?		Yes	⊘ No
	Interior dimensions: length:	width: ceiling height:		
	Weight/Load capacity:			
	What is the last date the elevator(s) wa	as (were) inspected, as displayed on the inspection certificate?		
2.26	How are loan objects moved between	ovhibition floors?		
2.36	now are toall objects moved betweem	exhibition floors:		
STOR	AGE			
2.37	Do you have a secured, in-house stora	ge area for loan objects?	Yes	O No
	Interior dimensions: length: v	width: ceiling height:		
	Dimensions of door: height:	width:		
	Is your in-house storage area for loan of	objects? (Mark all that are appropriate.)		
	☐ Separate from your permanent colle	ection storage		
	Locked			
	Alarmed			
	Above ground			
		or detailed environmental information.)		
	Who has access/keys?			
	How is access controlled?			
	ווטא וז מננכז נטוונוטוופט:			

2.31 How is access to the shipping/receiving area controlled?

Comp	olete if you utilize basement or below §	ground storage for loan objects:		
	Are the loan objects stored at least 12	inches off of the floor?	Yes	◯ No
	Is the storage area alarmed with a wa	ter detection system?	Yes	◯ No
	Is the storage area climate controlled	?	Yes	No
	How often is the area checked for over	rall conditions?		
2.38	Do you have fire detection and/or sup (See section 4 for detailed informatio	opression systems in your loan object storage area? n on fire protection.)	Yes	◯ No
	Describe:			
	Do you have a highly secured, in-hous	se storage area for valuable small loan objects?	Yes	No
	If yes, describe:			
	If no, explain:			
2.39		t crates? (Mark all that are appropriate.)		
	·	f-premises		
	If stored on-premises, is the area:	□ locked		
		temperature-controlled		
		humidity-controlled		
		pest-controlled		
	If stored off-premises, is the area:	locked		
		temperature-controlled		
		humidity-controlled		
		pest-controlled		
3. E	invironment			
HEAT	TING AND AIR CONDITIONING			
3.1	Is your heating and cooling equipmer times when the building is closed to s	nt in operation 24 hours a day, 7 days a week, including staff?		No
	Is there a back-up system for your hea	ating and cooling system?	Yes	■ No
	If yes, how long can it operate?			
	If your system is not in continuous op	eration, explain:		

3.2	Describe the type and	location of your enviror	nmental control system	s. (Mark all that are ap	propriate.)

Environmental control system	Temporary exhibition storage	Temporary exhibition galleries	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:

Cooling system	Туре	Year installed or upgraded
In temporary exhibition galleries		
In temporary exhibition storage		

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

Heating system	Туре	Year installed or upgraded
In temporary exhibition galleries		
In temporary exhibition storage		

3.5 Describe humidity control equipment:

Humidity control	Туре	Year installed or upgraded
In temporary exhibition galleries		
In temporary exhibition storage		

3.6	Do you use any additives (i.e. corrosi If yes, explain:	ion-inhibitors, water treatments) in your humidification system?	Yes	□ No
	Are portable cooling, heating or hum If yes, what kind and where?	idification devices used anywhere in your facility?	Yes	○ No
3.7	Who monitors and services the envir	onmental control systems?		
	Staff (indicate name and title):			
	Contracted maintenance company (in	ndicate name of company):		
	Call for repair as needed (indicate na	ime of company):		
3.8	How often are the environmental sys	stems monitored and serviced?		
3.9	Do you have the ability to adjust you of different types of objects?	r temperature and relative humidity levels to meet the needs	Yes	◯ No
3.10	How closely are loan objects position	ned to heating, air conditioning or humidification vents or units?		
	Describe and provide distance for all	applicable:		
3.11	What are the environmental conditio Individually controlled	ns in temporary exhibition <i>galleries</i> ? (Mark the most appropriate.)	
	All controlled as part of the entire	building or with several other rooms		
3.12	What are the environmental conditio Individually controlled	ns in temporary exhibition storage areas? (Mark the most approp	riate.)	
	All controlled as part of the entire	building or with several other rooms		
3.13	Are records of the variations in temporal If no, explain:	erature and relative humidity kept?	Yes	◯ No
3.14		ure and relative humidity levels on a regular basis in:	5	53 N
	Temporary exhibition galleries?	2	Yes Yes	☑ No
	Temporary exhibition storage spaces Display cases containing environmer		Yes Yes	☐ No ☐ No
		ling hygrothermographs	U les	D NO
		nic data loggers		
		(specify:)		
	Indicate frequency:	,		

Equipment		Number available	Frequen	cy of calibration
Recording hygrothe	rmographs			
Psychrometers				
Hygrometers				
Electronic data logge	rs			
16 What are the reco	orded temperature and r	elative humidity <i>ranges</i> in	ı your:	
	Temporary ex	chibition galleries	Tempora	ry exhibition storage
Temperature and humidity	Temperature	% RH	Temperature	% RH
In spring/summer				
In fall/winter				
	Temporary ex	chibition galleries	Tempora	ry exhibition storage
Temperature and	T	0/ 011	T	0/ 011
Temperature and humidity	Temperature	% RH	Temperature	% RH
humidity In spring/summer	Temperature	% RH	Temperature	% RH
humidity	Temperature	% RH	Temperature	% RH
In spring/summer In fall/winter Remember to attach a con which loan objects weadings or time of year	copy of recent actual relations to proposed as pertains to proposed	ative environmental (tem fer with lender to determ I borrow dates are require	perature and humidity ine required duration o) readings for display area(s) f readings and if either recent
In spring/summer In fall/winter Remember to attach a con which loan objects we eadings or time of year IGHTING 3.18 What type of light	copy of recent actual relations to proposed as pertains to proposed	ative environmental (tem fer with lender to determ I borrow dates are require temporary exhibition ga	perature and humidity ine required duration o) readings for display area(s) f readings and if either recent
In spring/summer In fall/winter Remember to attach a con which loan objects we eadings or time of year IGHTING Daylight	copy of recent actual relaced ould be displayed. (Con as pertains to proposed ting do you utilize in the	ative environmental (tem fer with lender to determ I borrow dates are require temporary exhibition ga	iperature and humidity ine required duration o ed.)) readings for display area(s) f readings and if either recent
In spring/summer In fall/winter Remember to attach a con which loan objects wheadings or time of year IGHTING 18 What type of light	copy of recent actual relational be displayed. (Con as pertains to proposed	ative environmental (tem fer with lender to determ I borrow dates are require temporary exhibition ga	iperature and humidity ine required duration o ed.) lleries? (Mark all that ar) readings for display area(s) f readings and if either recent
In spring/summer In fall/winter Remember to attach a con which loan objects wheadings or time of year IGHTING Daylight UV filt	copy of recent actual relational be displayed. (Con as pertains to proposed	ative environmental (tem fer with lender to determ I borrow dates are require temporary exhibition ga	iperature and humidity ine required duration o ed.) lleries? (Mark all that ar) readings for display area(s) f readings and if either recent
In spring/summer In fall/winter Remember to attach a con which loan objects wheadings or time of year IGHTING Daylight UV filt	copy of recent actual relactual rela	ative environmental (tem fer with lender to determ I borrow dates are require temporary exhibition ga	iperature and humidity ine required duration o ed.) lleries? (Mark all that ar Filtered at) readings for display area(s) f readings and if either recent
In spring/summer In fall/winter Remember to attach a con which loan objects we eadings or time of year IGHTING Daylight Daylight UV filt Equipp	copy of recent actual relactual rela	ative environmental (tem fer with lender to determ I borrow dates are require temporary exhibition ga	perature and humidity ine required duration o ed.) lleries? (Mark all that ar Filtered at ngsten lide) readings for display area(s) f readings and if either recent
In spring/summer In fall/winter emember to attach a con which loan objects we eadings or time of year IGHTING Daylight Daylight Equipp Skylights UV filt	copy of recent actual relactual rela	ative environmental (tem fer with lender to determ I borrow dates are require temporary exhibition ga Fluorescent UV Incandesceres Tui	perature and humidity ine required duration o ed.) lleries? (Mark all that ar Filtered at ngsten lide	readings for display area(s) f readings and if either recent e appropriate.)
In spring/summer In fall/winter Remember to attach a con which loan objects work eadings or time of year IGHTING Daylight Daylight UV filt Equipp Skylights UV filt	copy of recent actual relactual rela	ative environmental (tem fer with lender to determ I borrow dates are require temporary exhibition ga Fluorescent UV Incandesceres Tui	iperature and humidity ine required duration o ed.) lleries? (Mark all that ar Filtered it ngsten lide artz	readings for display area(s) f readings and if either recent e appropriate.)

	Do you have a UV meter?		O No
	If no to either, are you willing to purchase one or both?	Yes	◯ No
3.20	How low can you adjust your light levels (number of foot-candles)?		
3.21	Are display cases ever internally lit?	Yes	⊘ No
	If yes, what type of lighting is used in the display cases? (Mark all that are appropriate.)		
	☐ Fluorescent ☐ UV filtered		
	☐ Fiber optic ☐ Other (specify:)		
	☐ Incandescent		
3.22	Are loan objects in display cases safeguarded against ultraviolet rays and heat build-up from interior lights?	Yes	☐ No
	If yes, how:		
3.23	Are display cases ever sealed, or do they have dust filters in place?	Yes	⊘ No
	If yes, explain:		
4. F	Fire Protection act your local fire department or municipal building department for assistance, if necessary, in answe	ering questio	ons 4.1
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 fire detection/alarm systems employ components listed by Underwriters Laboratories (UL)?	Yes	⊘ No
	If yes, are the systems installed according to UL standards?	Yes	■ No
	If no, explain:		
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
	If emergency exit doors are not equipped with alarms, describe security mechanism:		

	How frequently?							
4.6	How is the fire/smok	se detection/alarm s	system activate	d? (Mark all that are	appropriate.)			
Sys	stem activation		Tempora	ry exhibition galle	ries		ry exhibitio age areas	n
Sel	f-activated heat det	ection						
Sel	f-activated smoke de	tection						
Cor	ntrol panel							
Ma	nual pull stations							
Wa	ter flow switches in s	prinkler system						
4.7	Who does your fire a In-house central s In-house audible Local fire station UL/FM-approved Other (specify: Indicate the type(s) o (Mark all that are app	station (proprietary station (proprietary station) devices direct line central station (specific suppression s	system) ecify company:)	objects will be r	eceived, sto	red and exh	ibited:
Spi	rinklers	Received		Stored	Exhibit	ed	Year Inst	alled
We	t pipe				 			
-	v pipe							
	-action							
Oti	ner (specify): Who is responsible for	or turn-off?						
	Wild is responsible in	or turn on.						
	Are the staff and gua						Yes	⊘ No
	Many states now req Do you intend to disp	•		_	an 8'h x 8'w x 4	₊'d.	Yes	⊘ No
	If so, are sprinklers in	nstalled within the c	ases?				Yes	○ No

4.5 How are the systems checked?

By whom?

Gas	eous fire suppression systems	Received	Stored	Exhibited	Year Inst	alled
Hal	on					
Clea	an agent					
Oth	er (specify):					
Fire cod	hose cabinets per local fire e	Received	St	tored	Exhibited	
	Are fog nozzles installed?	•			Yes	☐ No
	How often are fire hoses and cab	nets inspected and ma	aintained?			
Port	table fire extinguishers	Received	Si	tored	Exhibited	
	Specify type (e.g., pressurized wa	ter, carbon dioxide, dr	ry chemical, foam, H	alon, acid, other):		
4.9	How often are portable fire exting	ruishers tested?				
4.10	How often is your staff trained in	the use of portable fire	e extinguishers?			
4.11	Are the doors between floors or r	ooms fire-resistive or s	smoke-sealed?		Yes	◯ No
4.12	Is smoking allowed anywhere in y	our facility:			Yes	■ No
	If yes, in what areas and under w	nat conditions?				
4.13	How far is your facility from the n	earest local fire statior	1?			
4.14	How long does it take the fire der	partment to arrive at vo	our facilitv in respon	se to an alarm?		
4.15	How far is your facility from the n	•				
	Do you check with your local fire	department to make s	ure nearest hydrants	s are working?	Yes	◯ No
	If yes, how often and by whom?					
4.16	Is your local fire station staffed 2	4 hours a day?			Yes	◯ No
	If no, explain how personnel are a	llerted:				
	What is the town class number fo	r the fire department?	(NB 4, NB 5, NB 9)?			
	Has the fire department visited ye should a fire occur at your facility	•	th you to plan a cour	rse of action	Yes	⊘ No
	Date of the last visit by the fire de		; :			
	If no, are you willing to devise a p	lan with your fire depa	artment?		Yes	◯ No

4.17	Do you have an established fire emergency procedure?	Yes	■ No
	If yes, how frequently is your staff trained in this procedure?		
	If no, explain:		
	Is there an on-site fire brigade?	Yes	□ No
	Is there a backup fire emergency procedure?	Yes	No
	If yes, explain:		
	ecurity		
GUA	RDS AND ACCESS		
5.1	Do you have 24-hour human guard security (as opposed to periods of electronic-only surveillance)?	Yes	■ No
	If yes, is there a staffed control center and does it have visual oversight of the entire facility?	Yes	■ No
	If no, would you be willing to hire additional guards, if required?	Yes	■ No
5.2	What type of security personnel does your facility utilize? (Mark all that are appropriate.)		
	☐ Security employees of your facility with certified training		
	☐ Security employees of your facility		
	☐ 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
	If no, explain:		
5.4	Are your security personnel specially trained for your facility?	Yes	□ No
	If yes, briefly explain the extent and duration of their training:		
	If no, explain:		

5.5	Are your guards? (Mark all that are appropriate.))				
	☐ Armed					
	☐ Pager-equipped					
	☐ Phone-equipped					
	☐ Radio-equipped					
	☐ Other (specify:)					
5.6	Do you conduct background checks on guards p	orior to hiring?			Yes	⊘ No
	Do you perform background checks on new emp	oloyees?			Yes	No
	Do you perform background checks on prospect	tive employees?			Yes	◯ No
5.7	Indicate the number of security personnel norm	ally on duty:				
Sec	curity personnel	Througho	out building	In tempo	rary exhibit alleries	tion
		Stationary	Patrolling	Stationary	Patro	olling
Du	ring public hours (day/evening)					
Wh	en closed to the public, but open to staff					
Dui	ring closed hours					
5.8	How many galleries are assigned to each guard	?				
	Is a guard assigned during installation and dein	stallation of temp	orary exhibition ga	lleries?	Yes	⊘ No
	If no, can one be, if required?	·			Yes	No
	How is access restricted during installation and	deinstallation of t	emporary exhibitio	ns?		
	Illiano de Companyo de Company	and the fact of th			2	
5.9	How many staff have keys to exterior doors, ten Specify positions/titles:	iporary exhibition	galleries and/or te	emporary Storage	areas:	
	Specify positions/titles:					
	How often are the locks changed?					
	Do you have a key holder inventory?				Yes	No
	If yes, how often is it updated?					
5.10	How often are temporary exhibition galleries ch	ecked when close	d?			
	By whom?					
	How is the frequency of these checks ensured (e	e.g., cneckboint sv	/Stem. etc)?			
5.11	How often are "checklist" checks made of the ol	bjects in temporar	y exhibitions?			
	Who is responsible for these checks?					

5.12	Do you make a photographic record of loan objects within each temporary exhibition gallery?	Yes	O No
5.13	Do you maintain records on internal movement and relocation of loan objects?	Yes	⊘ No
5.14	Are security personnel stationed at all entrances and exits to the building during open hours? If no, explain:	Yes	⊘ No
5.15	Indicate the positions/titles of those individuals authorized to sign for the removal of objects from the	building:	
5.16	Is every object entering or leaving the building signed in and out by security personnel? If no, explain:	Yes	◯ No
5.17	Are the contents of bags, briefcases, etc., checked upon entering and exiting?		
	Visitor contents:	Yes	◯ No
	Staff contents:	Yes	◯ No
	If no to either, explain:		
	Is there a hand carry size restriction?	Yes	◯ No
	If yes, what is it?		
5.18	Do you have a sign-in/sign-out procedure for after-hours staff?	Yes	⊘ No
5.19	Are exterior perimeter checks of the building carried out?	Yes	⊘ No
	If yes, by whom and how frequently?		
	If no, explain:		
5.20	Do your staff and special guests wear identifying badges when in private (nonpublic) areas of your building?	Yes	⊘ No
	Staff (paid)	Yes	O No
	Volunteer	Yes	☐ No
	Special guests	Yes	☐ No
	Are special guests escorted by paid staff (security or other) when in nonpublic areas of your building?	Yes	◯ No
5.21	Do you have an emergency response plan?	Yes	⊘ No
	How frequently is your staff trained in its implementation?		
	Do you have a disaster recovery plan?	Yes	⊘ No
	How frequently is your staff trained in its implementation?		

If you do not have an emergency response plan or disaster recovery plan are you willing to devise one or both? **5.22** What emergency procedures are observed in the case of theft or vandalism? O No **5.23** Do you permit visitors to photograph loan objects in temporary exhibition galleries? **O** Yes If yes, under what circumstances? If yes, what is your policy on the use of tripods in temporary exhibition galleries? PHYSICAL AND ELECTRONIC SYSTEMS O No **5.24** Do you have an electronic security alarm system in operation throughout the building? Yes If not throughout, specify which areas are not protected: **5.25** What types of detection equipment are in operation? (Mark all that are appropriate.) ■ Magnetic contacts ■ Microwave motion detectors ☐ Photo electric beams ☐ Passive infrared motion detectors ☐ Ultrasonic motion detectors ☐ Pressure mats on switches ☐ Sonic sensors Closed circuit television (CCTV) ☐ Break glass sensors ☐ Water detection devices ☐ Other (specify: _____) If yes to CCTV, how long are tapes archived? **5.26** Is your security system certified by Underwriters Laboratories (UL)? **O** Yes O No Are its components listed by UL? **O** Yes O No **5.27** Where does your detection system sound an alarm? (Mark all that are 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 galleries? **Yes** O No If yes, indicate locking/alarm mechanism:

List the date of the last revision for each:

5.29	Are there windows in the temporary exhibition galleries?	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? If no, explain:	Yes	⊘ No
5.31	How are your security systems tested?		
	How often. and by whom?		
5.32	Are tests conducted to determine the adequacy and promptness of human response to alarm signals? If yes, how frequently? If no, explain:	Yes	⊘ No
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	What is your procedure when an alarm sounds?		
5-35	How are fragile, small or extremely valuable loan objects protected? (Mark all that are appropriate.) Acrylic vitrines Glass vitrines Wall/permanent cases Free-standing cases (specify construction:	○ Yes	□ No
	If none of the above, are you willing to borrow or construct secure cases?	Yes	○ No
5.36	How are small, wall-mounted loan objects affixed to the wall to deter theft (e.g., security plates, etc.)?		
5-37	What hardware is used to hang large, framed loan objects?		
5.38	Can framed loan objects be individually alarmed, if required?	Yes	⊘ No

6. I	Handling and Packing				
6.1	Do you have staff available for loading and unload shipping/receiving area?	ding of crated loan objects at		Yes	◯ No
	If yes, how many?				
	If no, explain:				
6.2	Do you have staff specially trained to pack and ur	npack loan objects?		Yes	□ No
	If yes, how many?				
	Supervised by whom?				
	What type of training is provided?				
	If no, indicate who does this work:				
	Do volunteers or interns handle loan objects?			Yes	No
	If yes, how are they trained and who supervises the	heir work?			
6.3	Are written, incoming and outgoing condition rep	orts made on all loan objects?		Yes	No
	If yes, by whom?				
	If no, explain:				
6.4	Is matting and framing carried out by your staff?			Yes	◯ No
	If no, indicate by whom:				
6.5	Can you build, or have built, vitrines, cases, mour	nts, etc. with special requirements upon	request?	Yes	□ No
6.6	For the movement of loan objects, which compan service to your institution?	ies (either air or ground) have given con	sistently goo	od and consc	ientious
	Company name	Contact individual	Teleph	one number	
6.4	If yes, by whom? If no, explain: Is matting and framing carried out by your staff? If no, indicate by whom: Can you build, or have built, vitrines, cases, mour For the movement of loan objects, which companservice to your institution?	nts, etc. with special requirements upon ies (either air or ground) have given con	sistently goo	Yes Yes od and consc	☐ ☐

5.39 Indicate methods used to deter public access to large exposed loan objects:

6.7	If you employ a customs broker, provide name and contact information:
	Name:
	Telephone number:
	Fax number:
7. I	nsurance
7.4	Which company/agency provides fine arts/collections insurance for your institution?
7.1	
	Broker/Agent name:
	Address:
	Telephone number:
	Fax number:
	Website:
7.2	How long have you carried insurance with this company/agency?
7.3	What coverage does your policy for loan objects provide? (Mark 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, nonstandard exclusions of your policy affecting loan objects?
7.5	What are the deductible limits of coverage for loan objects?
7.6	Have there been any individual damages or losses to permanent, loaned or borrowed collections incurred within the last three years (whether or not a claim was filed)?
	If yes, state the date of damage or loss, circumstances and cause (including incidents due to vandalism or unruly behavior) extent of the damage or loss, and whether there was litigation or subrogation to determine blame or negligence:
	What precautions have been undertaken to prevent any further incidents?

. Loan History		
List institutions/collections you have	orrowed from within the past 2 years.	
Name of institution	Object type	Year
List several temporary exhibitions you	have hosted within the past 3 years:	
xhibition title/organizing institution		Year

If your institution is self-insured, attach a copy of the Self Insurance Statute or provide a verification statement from your

7.7

institution in the space provided below:

9. A	Additonal Information and Comments		
10.	Supplemental Questionaire		
сом	PLETE THE FOLLOWING IF YOUR BUILDING IS LOCATED IN AN EARTHQUAKE OR EARTH MOVEMEN	T PRONE ZO	ONE.
	Consult one of the seismic zone maps on either of the following websites to determine the number con area in which your facility is located and indicate seismic zone:	rresponding	to the
	http://www.earthquake.usgs.gov/research/hazmaps/products_data/images/nshm_uso2.gif		
	http://www.ivi-intl.com/art/IVI_Map_S-W.pdf		
10.1	Is your building retrofitted in accordance with your State Building Code?	Yes	■ No
10.2	Have any earthquake mitigation/preventative techniques been implemented for your collection?	Yes	◯ No
	If yes, describe:		
	Has your collection been professionally mitigated/assessed against earthquake damage? If yes, provide name of company and date of inspection:	Yes	□ No
	if yes, provide frame of company and date of inspection:		
	Have recommendations been met?	Yes	◯ No
10.3	Are framed works hung on more than one nail/hook?	Yes	◯ No
10.4	Are framed works hung on weight rated hooks?	Yes	■ No
10.5	Are framed works covered with Plexiglas rather than glass (except for pastels, chalks and charcoals)?	Yes	■ No
10.6	Are shelves in display cases fastened in place?	Yes	□ No
10.7	Are sculptures secured to their bases?	Yes	◯ No
10.8	Are bases secured to the floor?	Yes	■ No

10.9 Are decorative items on tables/shelves secured to the surface with adhesive or mounts?

10.10 Are decorative items in display cases secured to the surface?

10.11 Are tall, unstable objects secured to the wall or floor?

10.12 Are bookshelves secured to the wall?

O No

O No

O No

O No

O Yes

Yes

Yes

Yes

COMPLETE THE FOLLOWING IF YOUR BUILDING IS LOCATED IN AN AREA SUBJECT TO OTHER NATURAL CATASTROPHES SUCH AS HURRICANES, TORNADOES OR SEVERE WINDSTORMS:

10.13	Is your building located in an area decan overflow its boundaries?	signated as a flood zone or next to a body of water which	Yes	⊘ No
	If yes, what is the flood rating for you	ır building?		
	Explain rating method:			
	If yes, what is the height of your tem above the known high water level?	porary exhibition and loan storage floor elevation		
10.14	Is your building equipped with perma	anent working storm shutters?	Yes	◯ No
	If yes, what type(s) of shutters?			
10.15	Is your building equipped with high-	mpact-resistant glass on all windows?	Yes	◯ No
10.16	Are there straps to hold the roof to the	ne rafters?	Yes	◯ No
10.17	If the roof is tile, are clips in place?		Yes	No
10.18	Is there a back-up generator?		Yes	No
10.19	Is there an air conditioner, or are fans	s available to use in case of emergency?	Yes	⊘ No
10.20	Do you have a plan to move objects to	to a safe location in the event of a hurricane?	Yes	◯ No
	If yes, where is the location and wha	t is the distance from your building?		
	If plan involves keeping objects with	in the building, describe safe location and type of protection	plan in place:	
10.21	Do you have a plan to address respo	onse to tornado or wind damage?	Yes	◯ No
10.22	Do you have a list of emergency pho	ne numbers?	Yes	No
10.23	Are all staff aware of your emergency	plan?	Yes	◯ No
COMF ZONE		LDING IS LOCATED IN A DESIGNATED BRUSH OR WILDLIF	E/URBAN INTER	RFACE
10.24	How far is your building from the bru	sh or forest area?		
10.25	What precautions have been taken to	o minimize damage from brush or forest fire?		
		ZE AN OFF-SITE LOAN PACKING/PREPARATION/STORAGE RT FOR OFF-SITE FACILITY MAY ALSO BE REQUIRED):	E FACILITY (COM	IPLETION
10.26	Indicate the most appropriate descri	ption:		
	Museum property	Commercial space contracted as needed		
	Rented commercial space	Other (specify:		

10.27	Indicate distance from your institution:		
10.28	Name of facility:		
	Address. citv. state. zip code:		
	Phone/fax number:		
10.29	Staff contact and title:		
10.30	Number of years handling and storing fine art/collections at this location:		
10.31	Number of employees:		
10.32	Year built:		
10.33	Construction type (frame/masonry/fire resistive):		
10.34	Is the building free standing?	Yes	◯ No
10.35	Distance from nearest police station:		
10.36	Distance from nearest fire station:		
10.37	Distance from nearest fire hydrant:		
10.38	Is security system Central Stationed fire and burglar alarmed?	Yes	☐ No
10.39	Is warehouse guarded?	Yes	⊘ No
	If yes, indicate number of guards and frequency of inspections:		
10.40	How are individual storage units protected from fire, water damage and theft?		
10.41	Describe humidity and temperature control system:		
10.42	How often is the environmental control system monitored?		
10.43	Describe pest control system:		
10.64	How are objects stored?		

10.45	Are objects stored separately from those of other clients?	Yes	O No
	If yes, how:		
10.46	Describe procedures used for clients to review and/or retrieve their works from storage:		
10.47	Does your professional staff always supervise packing/unpacking? If no, explain:	Yes	□ No
10.48	What is the mode of transportation between the facility and your building?		
Once	Supplemental Questionnaire portions are answered, return to either 1.6 or 2.35 and continue with <i>Ger</i>	neral Facility R	leport.

11. Continuation Sheet

Additional space is provided below for any responses in the *General Facility Report* that require further explanation or more room than the spaces allotted. Cite the corresponding question number at the beginning of each response.

NOTE: This space should be used only if additional space is required; completion of this section is NOT required if spaces allotted for your replies were sufficient.

12.	Verification	and	Resi	nonsibilit	v
14.	vciiiicatioii	ullu	1163	pomanum	y

The undersigned is a legally authorized agent for the subject institution and verifies completion of this report. The information indicated provides a complete and valid representation of the facility, security systems and care provided to loan objects.

	By checking this box, I agree to the above terms.
Signa	ture: (if completed by hand)
Printe	d name:
Title:	
Date:	

If date of completion is more than three years old, you may be asked to review and update all the information contained in this report.