

STANDARD FACILITY REPORT -- UNITED STATES
Registrars Committee of the American Association of Museums
Adopted 1998

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
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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.

INSTITUTION NAME:

Please attach a floor plan of the museum, indicating:

- where borrowed object(s) will be displayed
- receiving area
- location of reception areas
- 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

Arboretum/Botanical Garden

Art

Children's/Youth

General

Historic House

History

Natural History/Anthropology

Nature Center

Science

Zoo

Other (specify)

University

Museum or Gallery

Student Center/Union

Library

Department _____

Cultural Organization

Library

Religious Institution

Civic/Exhibition Center

Fair Building

Other (specify)

Other (specify)

GENERAL INFORMATION (cont.)

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 Is your 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/FAX NUMBERS	E-MAIL ADDRESSES	EMPLOYMENT STATUS (F/T, P/T, Contractor)
Director (Chief Exec. Officer)			Work: Home: Fax:		
Security Supervisor			Work: Home: Fax:		
Registrar I			Work: Home: Fax:		
Registrar II			Work: Home: Fax:		
Shipping/Receiving Officer			Work: Home: Fax:		
Curator I	Specialty:		Work: Home: Fax:		
Curator II	Specialty:		Work: Home: Fax:		
Conservator I	Specialty:		Work: Home: Fax:		
Conservator II	Specialty:		Work: Home: Fax:		
Customs Broker			Work: Home: Fax:		

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

BUILDING CONSTRUCTION, CONFIGURATION AND MAINTENANCE (cont.)

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 Are you 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:

BUILDING CONSTRUCTION, CONFIGURATION AND MAINTENANCE (cont.)

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:

BUILDING CONSTRUCTION, CONFIGURATION AND MAINTENANCE (cont.)

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.

BUILDING CONSTRUCTION, CONFIGURATION AND MAINTENANCE (cont.)

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.)*

- | | |
|--|---|
| <input type="checkbox"/> Receiving room | <input type="checkbox"/> Exhibition galleries |
| <input type="checkbox"/> Exhibition preparation room | <input type="checkbox"/> Storage area |
| <input type="checkbox"/> In-house packing facility | <input type="checkbox"/> Outside packing facility |

2.31 Do you utilize an off-site packing/preparation facility? Yes No

If yes, indicate the most appropriate description:

- | | |
|--|--|
| <input type="checkbox"/> Museum property | <input type="checkbox"/> Commercial space contracted as needed |
| <input type="checkbox"/> Rented commercial space | <input type="checkbox"/> 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.):*

- | | |
|--|---|
| <input type="checkbox"/> Receiving room | <input type="checkbox"/> Exhibition galleries |
| <input type="checkbox"/> Exhibition preparation room | <input type="checkbox"/> Storage area |
| <input type="checkbox"/> In-house packing facility | <input type="checkbox"/> Outside packing facility |

2.33 Do you have a freight elevator? Yes No

Interior dimensions: L _____ W _____ Ceiling H _____

Load capacity: _____

BUILDING CONSTRUCTION, CONFIGURATION AND MAINTENANCE (cont.)

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:

ENVIRONMENT (cont.)

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?

ENVIRONMENT (cont.)

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*)

- | | |
|---|---|
| <input type="checkbox"/> Daylight | <input type="checkbox"/> Fluorescent |
| <input type="checkbox"/> Windows | <input type="checkbox"/> UV Filtered |
| <input type="checkbox"/> UV filtered | <input type="checkbox"/> Incandescent |
| <input type="checkbox"/> Equipped with shades or drapes | <input type="checkbox"/> Tungsten |
| <input type="checkbox"/> Skylights | <input type="checkbox"/> Iodide |
| <input type="checkbox"/> UV filtered | <input type="checkbox"/> Quartz |
| <input type="checkbox"/> Equipped with shades or drapes | <input type="checkbox"/> Other (<i>specify</i>) |

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)

FIRE PROTECTION (cont.)

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 per local fire code

Received	Stored	Exhibited

Are fog nozzles installed?

Yes

No

Portable fire extinguishers

Received	Stored	Exhibited

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?

FIRE PROTECTION (cont.)

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 a course 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? Yes No
 Do you perform background checks on prospective or new employees? Yes No

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?

SECURITY (cont.)

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 handcarry 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? _____

SECURITY (cont.)

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)

- | | |
|--|--|
| <input type="checkbox"/> Magnetic contacts | <input type="checkbox"/> Microwave motion detectors |
| <input type="checkbox"/> Photo electric beams | <input type="checkbox"/> Passive infrared motion detectors |
| <input type="checkbox"/> Ultrasonic motion detectors | <input type="checkbox"/> Pressure mats on switches |
| <input type="checkbox"/> Sonic sensors | <input type="checkbox"/> Closed circuit TV |
| <input type="checkbox"/> Break glass sensors | <input type="checkbox"/> Water detection devices |
| <input type="checkbox"/> 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*)

SECURITY (cont.)

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

SECURITY (cont.)

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:

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

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	Title	Date
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Signature	Title	Date
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Signature	Title	Date
-----------	-------	------

Signature	Title	Date
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