

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

**Borrowing Institution Profile**

<b>Name of Borrowing Institution/Loan Venue</b>	Wanapum Heritage Center Repository
<b>Contact Person</b>	Angela Neller
<b>Title</b>	Curator
<b>Mailing Address</b>	15655 Wanapum Village Lane SW
<b>Street Address</b>	Beverly, WA 99321
<b>Shipping Address</b>	
<b>Telephone Number</b>	509-754-5088 x 2532
<b>Fax Number</b>	
<b>E-mail Address</b>	anelle1@gopud.org
<b>World Wide Web URL</b>	www.wanapum.org
<b>Purpose of Loan/Exhibition Title</b>	
<b>Dates at Loan Venue</b>	Completed 12/28/11

All answers pertain to the Wanapum Heritage Center repository only. The repository is housed in Wanapum Dam, a hydro-electric facility on the Columbia River.

Answers that pertain to repository answered. Most "NA" answers are to the explicit loan questions.

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

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**NOTICE**

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**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

*NA*

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) *Tribal*

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 2

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? NA  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)	Angela Buck	Director	Work: 509-724-9888 Home: Fax: X-3126	Abuckey@psd.ny.gov	
Security Supervisor	Angela Nelligan	Curator	Work: 509-724- Home: 50888 Fax: X-3532	AngieLegend.org	
Registrar I	Angela Nelligan	Curator	Work: Home: Fax:		
Registrar II			Work: Home: Fax:		
Shipping/Receiving Officer			Work: Home: Fax:		
Curator I	Angela Nelligan Specialty:	Curator	Work: Home: Fax:		
Curator II			Work: Home: Fax:		
Conservator I			Work: Home: Fax:		
Conservator II			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	1963	NA	NA
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? 8

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): NA

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)? NA

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: NA

2.11 Are the temporary exhibition areas used only for viewing?

Yes  No

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

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:

*NA*

*as needed per pest*

**BUILDING CONSTRUCTION, CONFIGURATION AND MAINTENANCE (cont.)**

**Shipping and Receiving**

2.19 What are your normal receiving hours? 8:00 AM - 4:30 PM

2.20 Can you accommodate a delivery at times other than these hours?  Yes  No

2.21 How are large shipments received? Sub-i

2.22 What is the largest size vehicle your loading area will accommodate (if it pertains to the loan objects in question)? NA

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 20' W 15')
- 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 15' W 10' 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: within gated area, overseen by staff.

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.

working dam loading area.

**BUILDING CONSTRUCTION, CONFIGURATION AND MAINTENANCE (cont.)**

2.29 How is access to the receiving area controlled? *staff use + oversight, within gated area.*

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 checked="" type="checkbox"/> Exhibition galleries |
| <input type="checkbox"/> Exhibition preparation room | <input checked="" 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? *Curator.*

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 checked="" 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 10' W 4' 8" Ceiling H 12' 8"

Load capacity:

*1250 lbs single item  
5000 lbs total weight*

**BUILDING CONSTRUCTION, CONFIGURATION AND MAINTENANCE (cont.)**

**Storage**

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

Yes  No

Interior dimensions: 471 sq ft 402 sq ft Ceiling H

Dimensions of door: H 7' W 6'

Is it: Separate from your permanent collection storage  
Locked  
Alarmed  
Climate-controlled  
(See Section 3 for detailed environmental information)

Yes  No  
 Yes  No  
 Yes  No  
 Yes  No

Who has access/keys? curator, collection technician

How is access controlled? keys to storage, keypad to outer door between workroom & hall

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: Smoke detector; fire extinguishers

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 NA.

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	✓	NA	NA
Centralized 24-hour humidity control system	✓	NA	NA
Centralized 24-hour filtered air	✓	NA	NA
Simple air conditioning (window units)	NO.	NA	NA
Simple heating	NA	NA	NA

3.3 Describe cooling system:

	Type	Year Installed or Upgraded
In temporary exhibition galleries	NA	NA
In temporary exhibition storage	✓	1999

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

	Type	Year Installed or Upgraded
In temporary exhibition galleries	NA	NA
In temporary exhibition storage	NO.	?

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	NA	NA
In temporary exhibition storage	✓	1999

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? *Daily*

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			<i>55-60 degs</i>	<i>40-45%</i>
In Fall/Winter	<i>NA</i>	<i>NA</i>		

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	<i>NA</i>	<i>NA</i>	<i>Don't know</i>	<i>Don't know</i>
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	<i>0</i>	
Psychrometers	<i>0</i>	
Hygrometers	<i>0</i>	

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

- Temporary exhibition galleries? *NA*  Yes  No
- Temporary exhibition storage spaces?  Yes  No
- Display cases containing environmentally sensitive material? *NA*  Yes  No

If yes, by what means:  Recording hygrothermographs  
 Other (specify):

Indicate frequency:

Who is responsible for monitoring these levels? *Staff*

**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

NA

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:

NA

**Lighting**

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

- Daylight
  - Windows
  - UV filtered
  - Equipped with shades or drapes
- Skylights
  - UV filtered
  - Equipped with shades or drapes
- Fluorescent
  - UV Filtered
- Incandescent
  - Tungsten
  - Iodide
  - Quartz
  - Other (specify)

NA

3.21 Do you have a light meter?

- No

Yes

If yes, what type:

Do you have a UV meter?

Yes

No

NA

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

NA

3.23 Is your institution capable of building vitrines with special requirements upon request?

Yes

No

NA

3.24 Are display cases equipped with dust filters?

Yes

No

NA

3.25 Are display cases ever internally lit?

Yes

No

NA

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:

\_\_\_\_\_

NA

**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)? *don't know*

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.): *smoke*

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? *dam operators*

How frequently? *unknown*

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		<input checked="" type="checkbox"/>
Control panel	<i>N/A</i>	
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			NA
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	NA	NA	NA
Clean agent			
Other			

Location(s)

Year installed

*Fire hose cabinets per local fire code*

	Received	Stored	Exhibited
	✓	NO	NA

Are fog nozzles installed?

Yes

No

*Portable fire extinguishers*

	Received	Stored	Exhibited
	1	2	NA

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

4.9 How often are portable extinguishers tested? *monthly*

4.10 How frequently is the staff trained in the use of portable fire extinguishers? *1-5 years.*

4.11 In what areas and under what conditions is smoking allowed in your building? *Not allowed.*

4.12 How far is your institution from the local fire station? *10 miles.*

4.13 How long does it take the fire department to arrive at your facility in response to an alarm? *10 minutes.*

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

**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)? *Don't know.*

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? *NA*

Yes

No

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

4.16 Do you have an established fire emergency procedure?

Yes

No

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

*2x/year*

**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? *NA*  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? *NA*  Yes  No

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

5.5 Are your guards ("x" all appropriate)

- Armed? *NA*
- Payer-equipped?
- Other (specify)
- Radio-equipped?
- Phone-equipped?

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

	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? *NA*

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

NW

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?

NW

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:

Curator

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?

NW

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:

Curator, Collection technician & assistant, Director.

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?

*Director notified, police notified, Security video checked, Physical and Electronic Systems Collections checked.*

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 checked="" type="checkbox"/> Magnetic contacts | <input type="checkbox"/> Microwave motion detectors                   |
| <input type="checkbox"/> Photo electric beams         | <input checked="" 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 checked="" 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? *Don't know.*  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: *NA*

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? *NA*

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? *Don't know*

How often? *Don't know.*

Who undertakes these tests? *operators*

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? *curator.*

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*): *NA.*
- 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.) *NA*

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

5.37 Can framed objects be individually alarmed, if required? *NA*  Yes  No

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



**7. INSURANCE**

7.1 Which company provides insurance for your institution?

Broker's name: *self insured by Grant County P.O.*

Address:

Telephone number:

Fax number:

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

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 *NA.*
- 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? *NA.*

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

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

NW

8.2 List other institutions ~~you have~~ borrowed from <sup>you</sup> recently:

Name of Institution	Object Type	Year
- Museum of Culture & Environment of Central Washington University	traveling exhibit	2011
- Museum of Art & Culture, Moses Lake	ethnographic	2011
- Wenatchee Valley Museum	reproduction metal log	2011

**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 Angel J. Neiler

Typed Name Angel J. Neiler

Title Curator

Date 12/28/11

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