



NAVAL HISTORY AND HERITAGE COMMAND
CURATOR BRANCH
805 KIDDER BREESE STREET SE
WASHINGTON NAVY YARD, DC 20374-5060
(202) 433-7886 | (202) 433-2220 | curegistrar@navy.mil

FACILITIES REPORT FOR BORROWING INSTITUTIONS

1. To the Prospective Borrower: Completing this report on your buildings / facilities, insurance, security and handling capabilities will help us assess the feasibility of the loan you are requesting.

- a. If more than one building will house artifacts, a separate Facilities Report must be filed for each building.
- b. Please attach a copy of your plans for your buildings, prospective display area, insurance policy, and other relevant information, as detailed below.
- c. If you have an existing American Alliance of Museums Facilities Report that includes the information requested below, that report can be submitted in lieu of the NHHHC report.

2. Borrowing Institution Profile:

a. Name of Borrowing Institution: _____

b. Mailing Address _____

c. Shipping Address: _____

d. Telephone Number: _____

f. E-mail Address: _____

g. Website: _____

h. Point of Contact:

Name: _____

Title: _____

Telephone number: _____

E-mail address: _____



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3. Loan Profile:

a. Purpose of loan / exhibition title:

b. Requested dates of loan:

From: _____ To: _____

c. List of objects to be borrowed (attach additional pages as necessary):

d. Describe the context and surroundings in which the borrowed objects will be displayed:

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4. Institution Information:

a. Is your institution currently accredited by the American Alliance of Museums? Y/N_____

If Yes, date of most recent accreditation: _____

b. Check the type(s) below that best describe your institution:

____Federal agency or institution

____Veteran's organization

____Nationally recognized war veteran's organization

____Museum

____Memorial

____Reunion group

____Soldier's Monument Association

____Museum (non-profit)

____State museum

____Municipal museum

____Incorporated museum

____State government

____Municipal Corporation

____University

____Museum

____Other (Specify):

c. Establishment documentation: Please attach a copy of the following documentation:

_Institution's charter

_Mission statement

_Non-profit status

_Endorsement of national headquarters organization, if applicable

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d. Staff: Please provide information on your key staff:

POSITION	NAME	TELEPHONE NUMBER	E-MAIL ADDRESS	EMPLOYMENT STATUS (FULL TIME, PART TIME, VOLUNTEER)
DIRECTOR				
CURATOR				
REGISTRAR				
CONSERVATOR				

e. Insurance.

1. Please list the company that provides insurance for your institution:

Company Name: _____

Address: _____

City / State: _____

Broker Name: _____

Telephone Number: _____

2. Please indicate what coverage your policy provides for borrowed objects (check the applicable elements):

___ All-risk museum coverage on a wall-to-wall basis (while on exhibit and / or in transit), subject to standard exclusions on all collections, owned or borrowed.

___ Legal liability for property of others in its care, custody and control.

___ Coverage against burglary and theft.

___ Coverage against fire.

___ Coverage against rising water and water damage.

___ Coverage against mysterious disappearance.

___ Coverage against employee dishonesty.

3. Please list the deductible limits of coverage for borrowed objects: \$ _____

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e. Financial management: What is the institution’s budget?

	Current year (CY 0)	CY+1	CY+2	CY+3	CY+4	CY+5
Overall						
Collections Management						

f. Collections management. Please provide a copy of your collections management plan. This should include:

- _Mission Statement
- _Description and scope of collections
- _Authority and responsibility regarding collections
- _Access to collections
- _Collections management activity
 - Documentation
 - Acquisition of Collections
 - Disposal of Collections
 - Risk management and insurance
 - Collections care and preservation
 - Collections control
 - Security
 - Inventory
 - Collections in Temporary Custody
 - Lending Collections
 - Outgoing loans
 - Incoming loans

1. How will borrowed objects be transported to and from your building (NHHC retains final approval on transportation arrangements.):

2. If transported by you, will the borrowed items be in weather tight, locked trucks properly secured and insured against damage in transit?

Y/N _____

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3. Do you have adequate, secure work space for unpacking, packing, and preparing objects for display or study?

Y/N _____

- If Yes, please indicate square footage: _____

4. Will you provide experienced, competent museum objects handlers? Y/N _____

5. Do you have a well-equipped and staffed conservation laboratory? Y/N _____

6. Describe how items are to be installed in the display area, including mounting techniques, materials, and type of display case (if proposed):

7. List other institutions you have borrowed from recently:

INSTITUTION NAME	OBJECT TYPE	YEAR(S)

5. Facilities Information:

a. Provide a brief description of the overall facility:

1. Number of buildings: _____

2. Type of building to be used for display (Check as appropriate):

___ Type I - Fire resistive.

___ Type II - Non-combustible (including concrete / masonry, etc.).

___ Type III - Ordinary.

___ Type IV - Heavy timber.

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____Type V - Wood Frame.

Other. Please describe: _____

- 3. Square footage:
 - Display area: _____
 - Collections storage area: _____

b. Is the facility Americans with Disabilities Act compliant: Y/N_____

c. Life safety / fire protection: Please describe the systems in your facility:

- 1. Sprinkler System? Y/N_____
If Yes, what type of piping is used Wet, Dry? _____
- 2. Gaseous/Clean Agent Fire Suppression? Y/N_____
If Yes, what type of gas is used? _____

3. Fire extinguisher in exhibit, laboratory and storage areas?

- in exhibit: Y/N_____
- in laboratory: Y/N_____
- in storage area: Y/N_____

4. Heat alarms?

- in exhibit: Y/N_____
- in laboratory: Y/N_____
- in storage area: Y/N_____

5. Smoke alarms?

- in exhibit: Y/N_____
- in laboratory: Y/N_____
- in storage area: Y/N_____

5. Other detection/extinguishing system. Please specify: _____

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d. Physical security: Please describe the systems in your facility:

1. Alarm systems: Is your institution equipped with:

- Volumetric intrusion detection system? Y/N_____
- Sensors in collections areas? Y/N_____
- Sensors in exhibit areas? Y/N_____
- Sensors on display cases? Y/N_____
- Does the alarm sound at a central station? Y/N_____

2. Security / guard force:

- Serviced by a full-time 24 hr. professional guard force? Y/N_____
- How often are patrols made of the facility? _____
- Is there an operating security camera system operating in the facility? Y/N_____
- If video recorded, for how long? _____

3. Locks:

- Access doors equipped with double cylinder dead bolt locks? Y/N_____
- Display cases are equipped with:
 - Security screws: Y/N_____
 - Locks: Y/N_____

4. Who is on your recall / access list in case of emergency?

NAME	TITLE

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5. Do you have a disaster / emergency response plan? Y/N_____

- Date of latest revision: _____

- Frequency of staff training:

Quarterly: Y/N_____

Annually: Y/N_____

Other: _____

e. Environmental controls / systems:

1. Please indicate the type of environmental control system(s) in your facility:

Centralized 24-hour temperature control system: Y/N_____

Centralized 24-hour humidity control system: Y/N_____

Centralized 24-hour filtered air system: Y/N_____

Simple air conditioning (window units): Y/N_____

Simple heating: Y/N_____

2. Describe the environmental conditions in your facility:

POSITION	TEMPERATURE (F)	%RELATIVE HUMIDITY
COLLECTION STORAGE AREAS	SPRING / SUMMER:	SPRING / SUMMER:
	FALL / WINTER:	FALL / WINTER:
EXHIBITION AREAS	SPRING / SUMMER:	SPRING / SUMMER:
	FALL / WINTER:	FALL / WINTER:

f. Lighting:

1. What type of lighting do you utilize in exhibition areas:

Daylight: Y/N_____

Skylights: Y/N_____

Florescent: Y/N_____

Artifact Lighting: Y/N_____

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2. Do you have a light meter? Y/N_____

3. What are the light levels (measured in Foot candles) in exhibition areas?_____

4. Are objects safeguarded against ultraviolet rays and heat buildup from interior lights? Y/N_____

- If Yes, please describe: _____

7. Verification and Responsibility:

a. Report writer: The undersigned is a legally authorized agent for the subject institution and has completed this report.

Signature: _____

Typed or printed name: _____

Title: _____

Date: _____

b. Supervisor: I certify that the information provided in this report is true and to the best of my knowledge.

Signature: _____

Typed or printed name: _____

Title: _____

Date: _____

8. Please complete, sign and return this report by email or US mail to:

Associate Registrar for Loans
Naval History and Heritage Command
805 Kidder Breese Street, SE
Washington Navy Yard, DC 20374-5060
ATTN: Curator Branch
curegistrar@navy.mil