

Field Guide Assessment Form

Date _____ Time _____ AM PM

Name _____ Affiliation _____

Other participants _____

Assessor/Inspector: Conservator Volunteer Staff Member
 Other _____

Page(s) 1 of _____ Attachments: Sketches Documents
 Images Other _____

Assessor Contact Info

Street Address _____

City/State/Zip _____

Phone _____ Email _____

Assessment Location

Site Location _____

City _____ County _____ State _____

Neighborhood/area _____

Jurisdictional Information

If known; leave blank if not sure. Name of agency, institution, or individual that currently owns or administers the collection and is responsible for its long-term care.

Owner/Administrator _____

Contact _____ Dept./Division _____

Street Address _____

City/State/Zip _____

Phone _____ Email _____

Initial Situation Survey

What type of emergency is it? _____

Is it still happening? Yes No

What is the nature (e.g., water, fire structural dirt/debris) and extent of damage?

Where is the damage (e.g., room, furniture, collection)?

Can staff handle the situation initially? Yes No

Who is in charge? _____

Is it safe to enter? Yes No

If no, what needs to be done to make it safe? _____

Who discovered/reported damage? _____

How long has the collection been damaged? _____

What has been done so far? _____

What is the security status? _____

Does anything need to be done to clean and/or secure the area before attending to the collection? _____

Other notes _____

