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 ____________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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