

1. Purpose

The purpose of this survey is to identify the types of collections held in Iowa, their physical locations, institutional emergency preparedness and knowledge of recovery resources. This information is being collected to assist the Iowa Conservation and Preservation Consortium, the Iowa Museum Association, the State Historical Society of Iowa, and the State Library as they collaborate to develop a statewide plan to help the stewards of cultural property plan for protection and disaster recovery of collections.

Please note that an asterisk * indicates that an answer to that question is required in order to submit the completed survey.

*** 1. Please indicate the PHYSICAL location of your collection. (Not the mailing address, but the address at which your collection is actually stored or exhibited.) If your collection is stored or exhibited in multiple locations, please use this response for your main storage/exhibit facility. "Name" should be the individual most responsible for the collection care (keyholder), "e-mail" and "phone" should be contact information for that person.**

Name:

Organization:

Address:

Address 2:

City/Town:

State: -- select state --

ZIP:

County:

Email Address:

24 Hour Phone
Number:

2. If you have a second PHYSICAL storage/exhibit facility, please record the address here. "Name" should be the individual most responsible for the collection care (keyholder), "e-mail" and "phone" should be contact information for that person.

Name:

Organization:

Address:

Address 2:

City/Town:

State: -- select state --

ZIP:

County:

Email Address:

**24 Hour Phone
Number:**

3. If your organization has more than two physical storage/exhibit facilities, is this a multiple building site or multiple buildings at different addresses?

- Multiple buildings on site
- Multiple buildings at different addresses

4. Do you have a collection inventory?

- Yes
- No

*** 5. Please indicate the types of materials to be found in your collection. (choose all that apply)**

- | | |
|---|---|
| <input type="checkbox"/> Archaeological materials | <input type="checkbox"/> Natural History materials (taxidermy, herbarium specimens) |
| <input type="checkbox"/> Architectural (outdoor sculpture) | <input type="checkbox"/> Objects |
| <input type="checkbox"/> Books and Paper | <input type="checkbox"/> Paintings |
| <input type="checkbox"/> Electronic Media (CDs/DVDs/Hard Disc drives, etc.) | <input type="checkbox"/> Photographic Materials |
| <input type="checkbox"/> Metal objects | <input type="checkbox"/> Textiles |
| <input type="checkbox"/> Microfilm/microfiche | <input type="checkbox"/> Wooden Artifacts |
- Other (please specify)

*** 6. Please indicate the type of holdings cared for by your institution. (Check all that apply)**

- | | |
|---|---|
| <input type="checkbox"/> Archives (including local, county, and/or state history) | <input type="checkbox"/> Living Collection |
| <input type="checkbox"/> City (municipal records) | <input type="checkbox"/> Museum |
| <input type="checkbox"/> County Records | <input type="checkbox"/> Historic Site or Building Collection |
| <input type="checkbox"/> Library (academic, city, or special) | |

7. Do any of the following potential hazards exist in your institution's collections? (check all that apply).

- Arsenic (taxidermy, textiles, etc.)

- Chemicals
- Firearms, ammunition
- Nitrate film

Types of Chemicals or Other (please specify)

*** 8. Do you have an Emergency Response Plan?**

- Yes, we have a current, written emergency response plan.
- Yes, we have a written emergency response plan, but it needs to be updated.
- No, we do not have a written emergency plan.

*** 9. In the event of an emergency (fire, flood, tornado, loss of power, etc.), could you access/reach your emergency plan?**

- Yes
- No

*** 10. Please indicate the level of staff preparedness and awareness of emergency response measures. (Check all that apply)**

- Key staff are fully informed and familiar with the emergency response plan.
- Key staff are not familiar with the emergency response plan.
- Staff are aware of risks to our collection.
- Staff have attended disaster response planning workshops.
- Staff would like to attend disaster response planning workshops.
- Staff have reviewed the dPlan on line.

11. What kind of recovery expertise will you need in the event of a disaster? (Check all that apply).

- Book/paper restoration
- Film restoration
- Electronic media recovery
- Commercial freeze-drying
- Conservation, Buildings
- Conservation, Objects
- Conservation, Photographs

Conservation, Textiles

Off-site storage

Off-site work space

Project supervision

Building drying

Other (please specify)

12. Please indicate your institution's annual collection management budget or approximate amount spent annually on collections care.

Under \$500

\$500- \$999

\$1,000 - \$2,499

\$2,500 - \$4,999

\$5,000 plus

Don't know

13. Is your institution and/or collections facility in a flood plain?

Yes

No

Don't know

14. Do you have federal flood insurance on your building(s)?

Yes

No

Don't know

15. Do you have insurance on your building(s)?

Yes

No

Don't know

16. Do you have insurance on your collection (all or part)?

- Yes
- No
- Don't know

*** 17. Are you aware of disaster recovery resources in Iowa to which you could turn in the event of a disaster affecting your collection?**

- Yes
- No (Note: This topic will be included in upcoming preparedness training).

*** 18. This question concerns ownership of the building in which your collection is housed and your perception of your ability to access the collection in the event of an emergency. Choose all that apply.**

- Collections are stored in a building owned by our organization.
- Collections are stored in a city-owned building.
- Collections are stored in a county-owned building.
- Collections are stored in a building owned by a private individual.
- There would be no difficulty in entering the building to remove valuables in the event of an emergency.
- It would be difficult to enter the building to remove valuables in the event of an emergency.

19. In the event of a disaster, what types of resources could you offer to another institution?

- Helping hands
- Internet access/website hosting
- Meals
- Meeting rooms
- Special expertise
- Storage space
- Supplies
- Don't know

Other (please specify)

20. Please indicate any concerns you currently have relating to your collection.

21. Please indicate any known condition problems that exist in your collection.

*** 22. Please enter your MAILING information. Thank you for completing our survey!**

Name:

Organization:

Address:

Address 2:

City/Town:

State: -- select state --

ZIP/Postal Code:

Email Address:

Phone Number: