



## QUEENSLAND MUSEUM FACILITY REPORT

### Borrowing Institution Profile

<b>Name of Borrowing Institution/Loan Venue</b>	
<b>Contact Person</b>	
<b>Position</b>	
<b>Postal Address</b>	
<b>Street Address</b>	
<b>Delivery Address</b>	
<b>Telephone Number</b>	
<b>Fax Number</b>	
<b>E-mail Address</b>	
<b>Purpose of Loan/ Exhibition Title</b>	
<b>Dates at Loan Venue</b>	

## STANDARD FACILITY REPORT

### NOTICE

It is understood that the information indicated in this form is confidential and will be used by the lending institution only in evaluating facilities of potential borrowers and in preparing applications for insurance. This form will be stored by Queensland Museum in a secure location and no copies will be made or distributed without the prior consent of the lender. This form must not be distributed via fax.

### INSTITUTION:

#### 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

Floor plan attached  Yes  No

## 1. GENERAL INFORMATION

1.1 Indicate the type(s) that best describe your institution:

- Museum or Gallery
- Library
- Historic House
- Aquarium
- Botanical Garden
- Science Centre
- University
- Cultural Organization
- Religious Institution
  
- Other (*specify*)

### Geographic Profile

1.2 Is your building located in an earthquake or earth movement prone zone?  Yes  No

1.3 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?

1.4 Is your building located in an area subject to other natural catastrophes such as floods, bush fires, cyclones or severe windstorms?

Yes  No

If yes, please outline the precautions you take?

## Staff and Major Contractors

1.5 Please provide information on key museum staff members who will work with temporary or traveling exhibitions. Provide work and mobile numbers for employees. Under employment status, please indicate if employee is a full- or part-time staff member or is a contractor. Please provide the specialty of curators and conservators. Attach a continuation sheet if necessary.

POSITION	NAME	TELEPHONE & FAX NUMBERS	E-MAIL ADDRESSES

## 2. BUILDING CONSTRUCTION, CONFIGURATION AND MAINTENANCE

### General

2.1 Please indicate the date of your original building and any subsequent additions that 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			
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

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?

If more than one floor, indicate mode of access between levels:

Stairs          Elevator          Other (specify)

Are floors divided by fire doors?

Yes  No

## Temporary Exhibition Space(s)

2.8 Indicate the layout of your temporary exhibition area(s):

One large room                       Series of small rooms

Other (*specify*

2.9 What is the load capacity of exhibition gallery floors?

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:

2.11 Are the temporary exhibition areas used only for viewing?

Yes     No

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

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:

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 the circumstances where this would take place:

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:

## Shipping and Receiving

2.19 What are your normal receiving hours?

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

2.21 How are large shipments received?

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

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
- Raised loading dock
- Dock leveler
- Forklift
- Hydraulic lift
- Crane
- Ramp
- Scaffolding
- Other

2.24 What is the maximum size crate your shipping/receiving door can accommodate?

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:

2.28 Do you have a secure receiving area separate from the loading area?  Yes  No

If yes, is this area used only for exhibition objects?  Yes  No

If not, please describe other uses.

2.29 How is access to the receiving area controlled?

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 type="checkbox"/> Exhibition galleries     |
| <input type="checkbox"/> Exhibition preparation room | <input 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?

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 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:

Load capacity:

## Storage

2.34 Do you have a secured storage area for temporary exhibition objects?  Yes  No

Interior dimensions:

Dimensions of door:

Is it:	Separate from your permanent collection storage	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Locked	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Alarmed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Climate-controlled	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Who has access/keys?

How is access controlled?

2.35 Do you have fire detection and/or suppression systems in your temporary exhibition object storage area?

Yes  No

Describe:

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

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			
Centralized 24-hour humidity control system			
Centralized 24-hour			



filtered air			
Simple air conditioning (window units)			
Simple heating			

3.3 Describe cooling system:

	Type	Year Installed or Upgraded
In temporary exhibition galleries		
In temporary exhibition storage		

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

	Type	Year Installed or Upgraded
In temporary exhibition galleries		
In temporary exhibition storage		

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		
In temporary exhibition storage		

3.7 Do you use any additives (i.e. corrosion-inhibitors, water treatments) in your humidification system?

Yes  No

If yes, explain:

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?

3.10 What are the recorded temperature and relative humidity (RH) ranges in your:

	Temporary Exhibition Galleries		Temporary Exhibition Storage	
	Temperature	% RH	Temperature	% RH
In Spring/Summer				
In Autumn/Winter				

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				
In Autumn/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 thermo hygrographs		
Thermometers		
Hygrometers		

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

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

If yes, by what means:  
Indicate frequency:

Who is responsible for monitoring these levels?

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

3.18 Are the temporary exhibition)

- 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:

## Lighting

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

- |   |   |                                    |
|---|---|------------------------------------|
| <input type="checkbox"/> Daylight                       | <input type="checkbox"/> Fluorescent              | <input type="checkbox"/> Halogen   |
| <input type="checkbox"/> Windows                        | <input type="checkbox"/> Mercury Vapor            | <input type="checkbox"/> Skylights |
| <input type="checkbox"/> UV filtered                    | <input type="checkbox"/> Incandescent             | <input type="checkbox"/> Quartz    |
| <input type="checkbox"/> Equipped with shades or drapes | <input type="checkbox"/> Tungsten                 | <input type="checkbox"/> Iodide    |
| <input type="checkbox"/> UV filtered                    | <input type="checkbox"/> Other ( <i>specify</i> ) |                                    |

3.21 Do you have a light meter?  Yes  No

If yes, what type:

Do you have a UV meter?  Yes  No  
If yes, what type?

3.22 How low can you adjust your light levels (lux)?

3.23 Are display cases equipped with dust filters?  Yes  No

3.24 Are display cases ever internally lit?  Yes  No

If yes, what type of lighting is used in the display cases ("*x*" all appropriate):

- |                                      |  |                                      |
|--------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Fluorescent | <input type="checkbox"/> Incandescent  | <input type="checkbox"/> UV filtered |
| <input type="checkbox"/> Fiber optic | <input type="checkbox"/> Mercury vapor | <input type="checkbox"/> Halogen     |

3.25 Are objects in display cases safeguarded against ultraviolet rays and heat build-up from interior lights?

N / A  Yes  No

If yes, how:

## 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?

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.):  
 If no, describe areas not protected:

4.3 Do your institution's fire detection/alarm systems comply with Australian standards?  Yes  No  
 Are the systems installed according to Australian 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?  
 How frequently?

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		
Control panel		
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
- Australian Fire Safety -approved central station (*specify company*)
- Other (*specify*)

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			
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			
Clean agent			
Other			

Location(s)  
Year installed

**Fire hose cabinets per**  
*local fire code*

Received	Stored	Exhibited

Are fog nozzles installed?

Yes  No

**Portable fire**  
*extinguishers*

Received	Stored	Exhibited

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

4.9 How often are portable extinguishers tested?

4.10 How frequently is the staff trained in the use of portable fire extinguishers?

4.11 In what areas and under what conditions is smoking allowed in your building?

4.12 How far is your institution from the local fire station?

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

4.14 How far is your building from the nearest fire hydrant?

4.15 Is your local fire station staffed 24 hours a day?

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?

Yes  No

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

4.16 Do you have an established fire emergency procedure?

Yes  No

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

## 5. SECURITY

### Security and Access

5.1 Do you have 24-hour human security (as opposed to periods of electronic-only surveillance)?  Yes  No

If no, would your institution be willing to hire additional security, if required?  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?  Yes  No

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

5.5 Are your security personnel ("*x*" all appropriate)

- Armed?  Radio-equipped?
- Pager-equipped?  Phone-equipped?
- Other (specify)

5.6 Do you conduct background checks on security personnel prior to hiring?  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 Do you conduct security patrols?

	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 security personnel?

5.9 Are security personal assigned during installation and deinstallation?  Yes  No

If no, can one be, if required?  Yes  No

How is access restricted during installation and deinstallation of temporary exhibitions?

5.10 How often are temporary exhibition galleries checked when closed?

By whom?

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?

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:

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 hand carry size restriction?

Yes  No

If yes, what is it?

5.18 Do you have a sign-in/sign-out procedure for security and after-hours personnel?

Yes  No

5.19 How many staff members have keys to exterior doors?

Specify positions/titles:

5.20 Are exterior perimeter checks of the building carried out?

Yes  No

If yes, by whom and how frequently?

5.21 Do your staff (paid and volunteer) and special guests wear identifying badges when in non-public areas of your building as well as in public spaces?  Yes  No

5.22 Do you have an emergency response and 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?

## Physical and Electronic Systems

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 type="checkbox"/> Magnetic contacts           | <input type="checkbox"/> Microwave motion detectors        |
| <input type="checkbox"/> Photo electric beams        | <input 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 type="checkbox"/> Closed circuit TV                 |
| <input type="checkbox"/> Break glass sensors         | <input type="checkbox"/> Water detection devices           |
| <input type="checkbox"/> Other (specify):            |  |

5.26 Where does your detection system sound an alarm? ("*x*" *all appropriate*)

- Local audible alarms
- Building Management System (*specify company*)
- Other (*specify*)

5.27 Do exterior doors open directly into the temporary exhibition area?  Yes  No

If yes, indicate locking mechanism:

5.28 Are there windows in the temporary exhibition area?  Yes  No

If yes, what type of physical security (e.g., bars, gates, mesh) protects them?

5.29 Are all the building's exterior openings (including entry/exit doors, windows, and roof doors and air ducts) secured and alarmed?  Yes  No

If no, explain:



5.30 How are your security systems tested?

How often?

Who undertakes these tests?

5.31 Are tests conducted to determine the adequacy and promptness of human response to alarm signals?  Yes  No

If yes, how frequently?

5.32 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?

5.33 How are fragile, small or extremely valuable objects protected?

Check all appropriate:

- Acrylic cases
- Glass cases
- Wall/permanent cases
- Free-standing cases (*specify construction*):
- 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

5.34 How are small wall-mounted objects affixed to the wall to deter theft? (e.g., security plates, etc.)

5.35 What hardware is used to hang large, framed works?

5.36 Can framed objects be individually alarmed, if required?  Yes  No

5.37 Indicate methods utilised to deter public access to large exposed objects:

## 6. HANDLING AND PACKING

6.1 Do you have personnel available for loading and unloading?  Yes  No

If yes, how many?

6.2 Do you have staff specially trained to pack and unpack objects?  Yes  No

If yes, how many?

Supervised by whom?

What type of training is provided?

Do volunteers or interns handle borrowed objects?  Yes  No

If yes, how are they trained and who supervises their work?

6.3 Are written incoming and outgoing condition reports made on all objects?  Yes  No

If yes, by whom?

6.4 When do staff use gloves for handling objects?

6.5 Does your institution have a van or truck appropriate for transporting loan objects?  Yes  No

If yes, provide dimensions of: Door

Interior

Is the vehicle ("*x*" all appropriate):

- Air-ride
- Climate controlled
- Equipped with an alarm system
- Equipped with movable straps
- Equipped with lift gate

6.6 For the movement of objects, which companies (either air or ground) have given consistently good and conscientious service to your institution?

Company Name	Contact Individual	Telephone Number

## 7. INSURANCE

7.1 Which company provides insurance for your institution?

Company name:

Address:

Telephone number:

Fax number:

7.2 How long have you carried insurance with this company?

7.3 When does your current Certificate of Insurance expire?

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
- 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?

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

7.6 Have there been any individual damages or losses over \$1,000 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 legal action taken 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/Organising Institution	Year

8.2 List other institutions you have borrowed from recently:

Name of Institution	Object Type	Year

## 9. ADDITIONAL INFORMATION AND COMMENTS

## 10. VERIFICATION AND RESPONSIBILITY

The undersigned is a legally authorised 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).

Name:

Position Title:

Signature: \_\_\_\_\_

Date Completed: