



Cultural Resources Inventory Form for Municipal Offices

Department Name	<input type="text"/>		
Street Address	<input type="text"/>		
City / Town	<input type="text"/>	Zip Code	<input type="text"/>
Latitude / Longitude	<input type="text"/>		
Website	<input type="text"/>		

1. Department Contact Information

Primary Contact

Name	<input type="text"/>
Title	<input type="text"/>
Work Phone	<input type="text"/>
24-Hour Phone	<input type="text"/>
Email	<input type="text"/>

Secondary Contact

Name	<input type="text"/>
Title	<input type="text"/>
Work Phone	<input type="text"/>
24-Hour Phone	<input type="text"/>
Email	<input type="text"/>

2. Description of Department

A. Site

Number of rooms for your department?	<input type="text"/>
Are your offices located in the City/Town Hall?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
*If yes, skip ahead to 2B. The Town Administrator must fill out the remainder of this section (2A).	
Is your building an historic structure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is a site/building plan available in the event of a disaster?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
Describe the area surrounding the facility:	<input type="text"/>
Is the department located in a flood plain?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
Approximate lot size? (Please describe in feet)	<input type="text"/>
Type of construction?	<input type="text"/>
Number of floors?	<input type="text"/>
Year of construction?	<input type="text"/>
General condition?	<input type="text"/>

B. People

Average number of staff in your department per day?

Average number of visitors to your department per day?

3. Types of records/objects maintained by your department (Check all applicable)

- | | | |
|--|--|---|
| <input type="checkbox"/> Architectural plans, blueprints | <input type="checkbox"/> Archives/Manuscripts | <input type="checkbox"/> Audio/Visual (e.g., film, reel-to-reel, VHS) |
| <input type="checkbox"/> Books, Rare | <input type="checkbox"/> CDs & DVDs | <input type="checkbox"/> Electronic Records (e.g., databases) |
| <input type="checkbox"/> Glass & Ceramics | <input type="checkbox"/> Historic Structures | <input type="checkbox"/> Maps |
| <input type="checkbox"/> Microforms | <input type="checkbox"/> Newspapers | <input type="checkbox"/> Paintings |
| <input type="checkbox"/> Paper Records | <input type="checkbox"/> Photographs/Negatives | <input type="checkbox"/> Sculptures |
| <input type="checkbox"/> Textiles | <input type="checkbox"/> Wood Objects | |

Other
(Please specify)**4. Does your department have an inventory of records?**☐ Yes ☐ No ☐ Don't Know

If yes, please indicate the format(s):

☐ Paper☐ Electronic - internal☐ Electronic - external

Would the inventory be available in the event of a disaster?

☐ Yes☐ No☐ Don't Know**5. Are your department's records stored:**☐ On-site☐ Off-site

If off-site, please indicate address:

If on-site, please indicate the location:

☐ Attic☐ Basement☐ Office☐ Storage room☐ Vault

Other (Please specify)

6. Do any of the following potential hazards exist in your department's collections? (Check all applicable)☐ Arsenic (e.g., taxidermy)☐ Asbestos☐ Firearms / Ammunition☐ Moldy materials☐ Nitrate photographic film

Chemicals (Please specify)

Other (Please specify)

7. Has a survey of your department's records been completed to identify your essential records?☐ Yes☐ No☐ Don't Know

If so, where does the list reside?

Who is aware of the priorities?

8. Does your department have a COOP (Continuity of Operations Plan) and/or disaster plan?

☐ Yes ☐ No ☐ Don't Know

If yes, please answer the following questions:

What is the date of the most recent version?

Has the disaster plan been practiced?

☐ Yes ☐ No

Has the department worked with other municipal departments in developing this plan?

☐ Yes ☐ No ☐ Don't Know

If yes, please list the partnering departments:

Have the fire and/or police departments and the local emergency management director (EMD) been included in this process?

☐ Yes ☐ No ☐ Don't Know

Is this plan on file with the EMD?

☐ Yes ☐ No ☐ Don't Know

Is this plan on file with the fire department?

☐ Yes ☐ No ☐ Don't Know

Does the plan include a communication plan?

☐ Yes ☐ No ☐ Don't Know

Does the plan include an evacuation plan?

☐ Yes ☐ No ☐ Don't Know

If yes, has the evacuation plan been practiced?

☐ Yes ☐ No ☐ Don't Know

9. Insurance [To be completed by the Administrator]

Does the municipality have federal flood insurance?

☐ Yes ☐ No ☐ Don't Know

Does the municipality have property insurance for the building?

☐ Yes ☐ No ☐ Don't Know

Does the municipality have property insurance for historic objects/records?

☐ Yes ☐ No ☐ Don't Know

Is the municipality self-insured?

☐ Yes ☐ No ☐ Don't Know

10. Does your department have disaster recovery supplies on hand?

☐ Yes ☐ No

If so, what is included in the supply list?

Are supplies stored on-site or off-site?

11. What kind of recovery expertise will be needed in the event of a disaster that affects your department? (Check all applicable)

- | | | |
|---|--|--|
| <input type="checkbox"/> Book/paper conservation | <input type="checkbox"/> Building restoration | <input type="checkbox"/> Building drying |
| <input type="checkbox"/> Commercial freeze-drying | <input type="checkbox"/> Electronic media recovery | <input type="checkbox"/> Film restoration |
| <input type="checkbox"/> Fine Art conservation | <input type="checkbox"/> Object conservation | <input type="checkbox"/> Off-site storage |
| <input type="checkbox"/> Off-site work space | <input type="checkbox"/> Photograph conservation | <input type="checkbox"/> Project supervision |
| <input type="checkbox"/> Textile conservation | | |

Other
(Please specify)

12. What types of immediate, fundamental security needs would your department have in the event of a large-scale disaster?

Please specify:

13. Does your department have any of the following on-site? (Check all applicable)

- | | | |
|---|--|--|
| <input type="checkbox"/> Climate controls | <input type="checkbox"/> Fire detection/Alarms | <input type="checkbox"/> Fire suppression system |
| <input type="checkbox"/> Generator* | <input type="checkbox"/> Generator plug-in* | <input type="checkbox"/> Security system |

*Specify generator/plug-in type

If generator runs on fuel, is a supply kept on hand?

☐ Yes ☐ No

14. What type of resources could your department offer in the event of a disaster? (Check all applicable)

- | | | |
|---|--|---|
| <input type="checkbox"/> Freezer storage | <input type="checkbox"/> Internet access | <input type="checkbox"/> Kitchen facilities |
| <input type="checkbox"/> Meeting room space | <input type="checkbox"/> Staff | |

Other
(Please specify)