



Massachusetts Libraries

BOARD OF LIBRARY COMMISSIONERS

Institution: _____

Critical Collections Questionnaire: Preservation

Institution: _____

Name of critical collection: _____

1. In this critical collection please indicate which specific formats of materials you consider to be in particular need of preservation attention by checking all appropriate categories of damage for each format affected.

Categories of Damage											
	Mold	Acid	Vandalism	Theft	Water	Light	Insect	Fire	Poor Storage and/or Handling	Arrived in poor condition	Other
a. Books											
b. Pamphlets											
c. Manuscripts											
d. Archives											
e. Ephemera											
f. Newspapers											
g. Maps											
h. Photographs											
i. Microfilms											
j. Recordings											
k. Films											
l. Video tapes											
m. CD's											
n. DVD's											
o. Other											

Please explain "Other" and elaborate on other categories that may warrant further detail.

2. Please indicate the principal causes of deterioration suffered by this critical collection.

- a. _____ Poor storage conditions
- b. _____ Use
- c. _____ Brittle (acidic) paper
- d. _____ Environmental damage
- e. _____ Insect damage
- f. _____ Pest damage (vermin)
- g. _____ Poor handling
- h. _____ Theft
- i. _____ Disaster Damage
- j. _____ Photocopying
- k. _____ Vandalism
- l. _____ Mold
- m. _____ Light
- n. _____ Other

Please explain "Other" and elaborate on other categories that may warrant further detail.

3. What has been, or is being, done toward the preservation of these materials? Please check all appropriate categories.

- a. _____ Rehousing
- b. _____ Preservation microfilming
- c. _____ Basic preservation repairs
- d. _____ Proper care and handling of materials
- e. _____ Deacidification
- f. _____ Staff education
- g. _____ Rebinding
- h. _____ Digitization and limiting access to originals
- i. _____ Other
- j. _____ Nothing

4. What is the scope of current preservation effort? Please give details to the answers above.

5. If nothing has been done, is anything planned for the future?

- a. _____ Yes

b. _____ No

If yes, please describe.

6. What percentage of this critical collection is protected either by library bindings or non-acidic containers?

a. Library binding _____%

b. Non-acidic containers _____%

7. Is this critical collection housed in one location (special room or area)?

a. _____ Yes

b. _____ No

8. Is there adequate space for housing it?

a. _____ Yes

b. _____ No

9. Please indicate the type of institution. Check the type that most completely applies.

a. _____ Public Library

b. _____ Academic Library

c. _____ Manuscript Repository or Archives

d. _____ Historical Society

e. _____ Town Clerk's Office

f. _____ Other (Describe) _____

10. Name of person completing the questionnaire: _____

11. Institution: _____

12. Address: _____

13. City: _____

14. Telephone: _____

15. Email: _____

16. Date: _____



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Critical Collections Questionnaire: Collections

1. Select and describe one collection from your holdings that you consider to be essential for research, your institution's mission or other purposes. In doing so please give the collection's name and /or subject area.

2. This collection is considered to be critical because it: (Please check all appropriate categories.)

- a. _____ supports a specific research program
- b. _____ is required to be kept by law or institutional policy
- c. _____ is kept as part of a cooperative/ consortial agreement
- d. _____ complements other materials in the repository
- e. _____ documents important topics in local history
- f. _____ documents particular areas of research interest
- g. _____ supports specific academic programs
- h. _____ other

Please elaborate on "other" and describe other categories that may warrant further detail.

Massachusetts Board of Library Commissioners

98 N. Washington Street, Suite 401, Boston, MA 02114

P: 800-952-7403 (in-state only)

P: 617-725-1860

F: 617-725-0140

mass.gov/libraries
(consumer portal)

mass.gov/mblc
(agency site)

3. This collection is important due to its: Please check all appropriate categories.

- o. _____ Comprehensiveness
- p. _____ Depth of coverage
- q. _____ Breadth of coverage
- r. _____ Documentation of a locale or region
- s. _____ Specific topic of interest
- t. _____ Other

Please elaborate on "Other" and describe other categories that may warrant further detail.

4. Please describe this collection by providing the number/volume and condition of the items by format.

Volume			Condition				
Category	Measurement	Total	Poor -----> Excellent				
a. Books	# of Titles		1	2	3	4	5
b. Pamphlets	# of Items		1	2	3	4	5
c. Manuscript (papers, documents, etc.)	# of Linear Ft.		1	2	3	4	5
d. Archives (public and/or institutional records)	# of Linear Ft.		1	2	3	4	5
e. Ephemera (transitory items, e.g. notices, tickets, broadsides, etc.)	# of Items		1	2	3	4	5
f. Newspapers	# of Titles		1	2	3	4	5
g. Maps	# of Items		1	2	3	4	5
h. Photographs	# of		1	2	3	4	5
i. Microfilms	# of Reels		1	2	3	4	5
j. Recordings	# of Reels or Discs		1	2	3	4	5
k. Films	# of Reels		1	2	3	4	5
l. Video tapes	# of Tapes		1	2	3	4	5
m. CD's	# of		1	2	3	4	5
n. DVD's	# of		1	2	3	4	5
o. Other	# of		1	2	3	4	5

Please comment on and describe why the materials are indicated as poor (1 or 2).

5. How is this collection used? Please check all appropriate categories.

- a. _____ Scholarly research/ publications
- b. _____ Genealogy
- c. _____ School projects and/or papers
- d. _____ Personal research
- e. _____ Legal research
- f. _____ Administrative use
- g. _____ Other

Please explain "Other" and elaborate on other categories that may warrant further detail.

6. What local, regional, or national collections do you know of that relate specifically to this critical collection?

a. Local:

b. Regional:

c. National:

7. What are the institution's access policies to these materials? Please check all appropriate categories.

- g. _____ Circulating
- h. _____ Non-circulating
- i. _____ Use with supervision only
- j. _____ Use only with permission
- k. _____ Restricted by the administration
- l. _____ Restricted by law
- m. _____ Restricted by donor
- n. _____ Restricted because of physical condition, etc.
- o. _____ Other

Please explain "Other" and elaborate on other categories that may warrant further detail.

8. What effect would preservation activities have on these policies? Please check all appropriate categories.

- a. _____ No Change
- b. _____ Increased access
- c. _____ Make some non-circulating materials circulating
- d. _____ Make originals more available
- e. _____ Information available in a photocopy, on microfilm, or digitized made of the preserved materials
- f. _____ Remove restrictions because of physical condition, etc.
- g. _____ Other

Please explain "Other" and elaborate on other categories that may warrant further detail.

9. What kinds of access to this critical collection are provided? Please check all appropriate categories.

- a. _____ Online catalog
- b. _____ Card catalog
- c. _____ Published bibliography
- d. _____ Finding aids (Mss.)
- e. _____ Published inventory
- f. _____ Unpublished inventory
- g. _____ Other

Please explain "Other"

10. What portion of this critical collection is under bibliographic or intellectual (i.e. catalog finding aids, inventories, etc.) control?

- a. Portion under intellectual control: _____%
- b. Portion with no formal access points: _____%

11. Please check the reasons for the portion with no access:

- a. _____ Backlog in processing/cataloging
- b. _____ Restricted gifts
- c. _____ Restricted by the administration
- d. _____ Restricted by law
- e. _____ Other

Please explain "Other" and elaborate on other categories that may warrant further detail.

12. Is there a project to complete bibliographic and/or intellectual access to this collection?
- a. Yes _____
 - b. No _____
13. Does your institution have a written mission statement and/or collections policy that encompasses your special collection?
- a. Yes _____
 - b. No _____
14. If so, does the collection mentioned above relate to this mission statement/ collection policy?
- a. Yes _____
 - b. No _____
15. Please indicate the type of institution. Check the type that most completely applies.
- a. _____ Public Library
 - b. _____ Academic Library
 - c. _____ Manuscript Repository or Archives
 - d. _____ Historical Society
 - e. _____ Town Clerk's Office

16. Name of person completing the questionnaire: _____

17. Institution: _____

18. Address: _____

19. City: _____

20. Telephone: _____

21. Email: _____

22. Date: _____



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Institution: _____

Critical Collections Questionnaire: Building Condition

1. Please describe the physical facility in which these materials are housed.

Building	Condition				
	Poor -----> Excellent				
a. Walls	1	2	3	4	5
b. Ceiling	1	2	3	4	5
c. Roof	1	2	3	4	5
d. Windows/ Skylights	1	2	3	4	5
e. Electrical System	1	2	3	4	5
f. Plumbing System	1	2	3	4	5
g. HVAC System	1	2	3	4	5
h. Other	1	2	3	4	5

2. Which of the following environmental controls exist in the physical facility in which this critical collection is housed? Please check all the appropriate categories.

- i. _____ Air-conditioning
- j. _____ System dehumidification
- k. _____ System humidification
- l. _____ Portable dehumidifiers
- m. _____ Portable humidifiers

3. Which of the following security and fire protection exists in the physical facility in which this critical collection is housed? Please check all appropriate categories.

- u. _____ Perimeter alarms
- v. _____ Motion detector
- w. _____ Door locks
- x. _____ Window locks
- y. _____ Card access
- z. _____ Digital keypads on doors
- aa. _____ Fire detection system (smoke, heat or ionization alarms)
- bb. _____ Fire suppression
- cc. _____ Sprinkler, dry pipe
- dd. _____ Sprinkler, wet pipe
- ee. _____ Gaseous
- ff. _____ Water mist

4. Have any provisions been made for upgrading the facility to address preservation needs?

- k. Yes _____
- l. No _____ If yes, please explain.

5. Is someone assigned the responsibility to administer and care for the collections designed as critical?

- h. Yes _____
- i. No _____

6. What financial resources for the support of preservation activities are available at your institution? Please check all appropriate categories.

Category	Amount (optional)
d. _____ Endowment	\$ _____
e. _____ Trust funds	\$ _____
f. _____ Annual budgetary allocation or line item	\$ _____
g. _____ External funding (e.g., grants)	\$ _____
h. _____ Other	\$ _____

Please describe when necessary.

7. Please indicate the type of institution. Check the type that most completely applies.

- p. _____ Public Library
 - q. _____ Academic Library
 - r. _____ Manuscript Repository or Archives
 - s. _____ Historical Society
 - t. _____ Town Clerk's Office
 - u. _____ Other (Describe) _____
-

8. Name of person completing the questionnaire: _____

9. Institution: _____

10. Address: _____

11. City: _____

12. Telephone: _____

13. Email: _____

14. Date: _____