

Appendix C: Site Questionnaire

Organization _____

Mailing address _____

City _____ State _____ Zip _____

Web address _____

Location address _____

City _____ State _____ Zip _____

Project contact Mr. Ms. Dr.

Name _____ Title _____

Phone _____ Fax _____

If seasonal organization, provide an off-season number _____

E-mail _____

Mailing Address (if different from institution address) _____

Collections Assessor

Name _____

Phone _____ Fax _____

E-mail _____

Architectural Assessor/Living Collections Assessor (if applicable)

Name _____

Phone _____ Fax _____

E-mail _____

Governing control

state county municipal private non-profit tribal government other _____

Is the applicant organization university controlled? yes no

If a board governs your organization, how many members are on the board? _____

What is their term of service? _____

Type of organization (*Check one.*)

- | | |
|---|--|
| <input type="checkbox"/> aquarium | <input type="checkbox"/> natural history museum |
| <input type="checkbox"/> arboretum/botanic garden | <input type="checkbox"/> nature center |
| <input type="checkbox"/> art museum | <input type="checkbox"/> planetarium |
| <input type="checkbox"/> children's/youth museum | <input type="checkbox"/> science/technology museum |
| <input type="checkbox"/> historic house/site | <input type="checkbox"/> specialized museum** (<i>specify</i>) |
| <input type="checkbox"/> history museum | _____ |
| <input type="checkbox"/> general museum* | <input type="checkbox"/> zoo |

* *A museum with collections representing two or more disciplines equally (e.g., art and history).*

** *A museum with collections limited to one narrowly defined discipline (e.g., textiles, stamps, maritime, ethnic group).*

Annual operating budget for most recently completed fiscal year

FY _____ \$ _____

Are funds regularly expended on the preservation of collections? yes no don't know

If yes, approximately how much is expended annually on the preservation of collections?
(*Include costs for supplies, equipment, surveys, treatment, preservation reformatting, commercial binding, consultants/contractors, etc.*) \$ _____

If yes, are preservation funds for collections a regular line item in the museum budget?
 yes no don't know

Are funds regularly expended on the preservation of the building(s)? yes no don't know

If yes, approximately how much is expended annually on the preservation of the building(s)?
\$ _____

If yes, are these funds a regular line-item of the institutional budget? yes no don't know

Year the museum was first open and exhibiting to the public _____

Museum's open hours _____

Mission statement

Include the museum's mission statement or description of museum's purpose below with the **date of approval** by the Board of Directors. If you need more space, you may attach a copy.

Goals and Previous Assessments

What goals does the institution have for this survey? (*Check all that apply, and elaborate if there are areas of special concern.*)

- develop a long-range preservation plan for collections
- increase staff awareness of collections preservation concerns
- increase institutional commitment to collections
- use as a tool to obtain funding for collections care
- improve collections care
- improve environmental conditions
- improve the preservation of the building
- other _____

Comments/special concerns _____

On a scale of 1 to 10 (1 = low, 10 = high), rate collections care as a priority of your institution _____

If your museum has received the following, indicate which year(s).

Institute of Museum and Library Services

Conservation Assessment Program (CAP) _____

Conservation Project Support Grant (CPS) _____

Museum Assessment Program (MAP) Collections _____ Governance _____
 Institutional _____ Public Dimension _____

National Endowment for Humanities

Preservation Assistance Grant (PAG) _____

Other Programs in the Preservation and Access Division _____

Staff

Include both paid and non-paid (volunteer) staff below. (*Attach an extra page, if needed.*)

Name	Title	Works with Collections	Full Time	Part Time	Paid	Volunteer
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Which person is primarily responsible for collections care and preservation?

Does this person's job description reflect these activities? yes no

Is there a conservator on staff? yes no

Who has responsibility for each of the following activities (e.g., title of staff member, outside service, etc.)?

preparing collections for exhibit or loan	_____
preparing collections for research and storage	_____
cleaning and repairing collection material	_____
labeling/marketing objects	_____
packing and unpacking objects	_____
building maintenance	_____

Indicate whether formal orientation or training is provided for staff (paid and unpaid) in the following areas

collection preservation activities	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> don't know
handling objects	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> don't know
labeling/marketing objects	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> don't know
packing/unpacking techniques	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> don't know
building maintenance and repair	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> don't know
general housekeeping and cleaning	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> don't know

Who provides the orientation/training? _____

Buildings

How many buildings does the institution occupy? _____

How many contain collections? _____

Are they all on the same site? yes no

If no, where are the buildings located? _____

How many sites does the institution maintain? _____

Does the institution own the building(s) or site(s) in which its collections are housed? yes no

If no, explain _____

Collections and Collections Policies

What part of the institution's permanent collection is inventoried? _____%
(Inventory: Itemized listing of objects and their locations for which the museum has responsibility.)

Date of the last inventory _____ How often are inventories conducted? _____

What part of the institution's permanent collection is cataloged? _____%
(Catalog: Collection divided into separate meaningful categories with entries that contain descriptive detail [including physical description, provenance, history, accession information, etc.] for each object.)

What is the size and composition of the institution's collections? *(Check one box for each line.)*

Collection type	Number of Objects							
	None	1-20	21-100	101-500	501-1,000	1,001-5,000	5,001-10,000	10,000+
Archaeology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arms and armor/weapons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Botany (live)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Botany (herbaria)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ceramics and glass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethnography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Film/sound recordings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Furniture/wood artifacts/wood sculpture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Geology/mineralogy/paleontology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Historic objects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Industrial machinery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Library/archival materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Metalwork/metal sculpture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Musical instruments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paintings (panel/canvas)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Photographic materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Science/technology/medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stone artifacts and sculpture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Textiles and costume	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation vehicles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Watercolors/drawings/prints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wet collections/fluid preserved collections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Zoology (live)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Zoology (other)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What percentage of your holdings is owned by the institution? _____%

If less than 100%, who owns the collections? _____

Has the institution ever engaged a consultant to survey all or part of the collections? yes no

If yes, elaborate briefly _____

What part of the institution's permanent collection has been photographed? _____%

Are any collection materials used in hands-on, educational activities? yes no

If yes, what percentage? _____%

Does your institution have a written collections management policy?

yes in development no don't know

If yes, who has responsibility for the following activities (title of staff member)?

develops _____

implements _____

has authority to modify _____

Indicate if your institution routinely monitors the collections for

condition security other _____ n/a

Do you lend objects to other institutions? yes no

Purpose of loans (*check all that apply*)

analysis research exhibition other _____

What is the average duration of a loan? _____

Do you use a contract that specifies terms for the loan of your objects? yes no

Who determines whether it is safe for objects to travel? _____

Do you perform condition reports before and after the loan of objects? yes no

Do you borrow objects from other collections? yes no

Purpose of borrowing (*check all that apply*)

analysis research exhibition other _____

Do you sign contracts that specify terms for borrowing from other institutions? yes no

Do you perform condition reports when borrowed objects are received? yes no

Do you perform condition reports prior to borrowed objects being returned to their owner(s)? yes no

Does your institution have a long-range conservation/preservation plan for collections?
 yes no plan under development don't know

If yes, who has responsibility for the following activities (title of staff member)?

develops _____

approves _____

implements long-range plans _____

Does the institution obtain conservation services on a contractual basis? yes no

In the last five years, how often has the institution obtained conservation services?
 never 1-2 times 3-5 times more than 5 times don't know

In the typical year how often does the institution obtain conservation services?
 never 1-2 times 3-5 times more than 5 times don't know

Indicate whether your institution has written or unwritten policies/guidelines on the following collections care issues. (*Check the appropriate box.*)

	Written policy	Unwritten policy	No policy
collecting plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
accession/deaccession procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
preservation plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
security/theft procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
food and drink policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
smoking policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
pest management policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
care and handling policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
restriction policies of fragile/vulnerable items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
reproduction policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
maintenance procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
internal exhibition policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
loan policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
environmental standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
housekeeping plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
facility use plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
other (<i>specify</i>)			
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When there are changes to the existing policies or procedures, are they documented? yes no

Are they distributed to all staff? yes no

Exhibitions (For information on light levels, see "Illumination" section p.17)

What percentage of the collection is on exhibition? _____%

Are there permanent exhibitions? yes no

Are objects rotated on and off exhibit? yes no

Are there temporary exhibitions? yes no

How often do the temporary exhibitions change? _____

Who has responsibility for the following activities? (Give title of staff member.)

planning exhibitions _____

designing exhibitions _____

choosing objects for exhibitions _____

monitoring collections on exhibit _____

exhibit and/or mount fabrication _____

Are collections materials displayed in areas other than the exhibition galleries (e.g., offices, entrance, outdoors, offsite, etc.)? yes no

If yes, where? _____

What percentage of objects on display in exhibitions are borrowed from other institutions?

permanent exhibitions _____%

temporary exhibitions _____%

Storage

Is all collections storage in the same building? yes no

If not, list all buildings where storage is located _____

(Remember to complete the Structures section (pages 14-20) for ALL buildings)

Do you have short-term temporary storage or preparation areas? yes no

The storage of objects is organized by

culture size material taxonomic order object type not organized

other _____

Are all collections storage areas accessible for examination by the assessor? yes no

Who has access to storage areas? _____

Are access registers maintained? yes no

Are individuals who are not staff members (e.g., visiting scholars, curators from other museums) permitted to work in storage areas unaccompanied? yes no

Who has responsibility for the following activities? (*Give title of staff member.*)

choosing furniture, enclosures, materials
and set up for storage _____

organizing collections storage _____

moving objects in and out of storage _____

checking for evidence of damage _____

monitoring security/access _____

conducting inventories _____

Are collections storage areas used for non-collections-related activities?

yes no If yes, describe _____

Are collections storage areas used for the storage of items other than collection objects?

yes no If yes, describe _____

Emergency Preparedness

What weather conditions or sources of natural disaster are associated with the geographical location of your institution? (*Check all that apply.*)

flood lightning strikes earthquake volcanic activity mud slides
 hurricane range fires tornado other _____

What other potential sources of disasters are near your institution? (*Check all that apply.*)

airport military base dam industrial trucking route
 power plant industrial plant railroad line major highway
 other _____

Have any objects been damaged by natural or other disasters in the past five years?

yes no If yes, explain _____

Does the institution have a written emergency preparedness plan for the collections?

yes in development no don't know

If yes, how often is it revised, and by whom? _____

What type of emergencies does the plan address?

earthquake flood heavy snow hurricane lightning strikes ice
 mud slides range fires tornado wind volcanic activity don't know
 other _____

Who has copies of the emergency plan?

- Executive Director Curator Collections Manager
 Board President All of the above don't know

Are there copies of the plan located at various points in the building?

- yes no don't know

Does appropriate staff know where the copies of the plan are located?

- yes no don't know

Which local emergency preparedness coordinators have copies of the emergency plan?

- Local (municipal, county, tribal) Emergency Management Agency Director/Coordinator
 Local Emergency Planner Local Emergency Operations Center Manager Fire Marshal
 Fire Chief Fire Department's Chief of Operations (trainer) Police Chief
 Coast Guard or National Guard Liaison Mayor or Municipal Risk Manager or Safety Officer
 Public Works Department don't know

Have local emergency preparedness coordinators been consulted in the development of the emergency plan?

- yes no don't know

Have local emergency preparedness coordinators been informed about the special nature of the buildings and collections?

- yes no don't know

Does the institution have a written evacuation of collections plan?

- yes in development no don't know

Who is responsible for collection emergency preparedness and collection salvage activities?

Do insurance policies exist for the building?

- yes in development no don't know

Do insurance policies exist for the collections?

- yes in development no don't know

Indicate whether the institution has emergency preparedness drills for the following

- | | | | |
|-----------------------------|------------------------------|-----------------------------|-------------------------------------|
| collection response/salvage | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> don't know |
| earthquake | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> don't know |
| fire | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> don't know |
| hazardous material spill | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> don't know |
| flood | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> don't know |
| other _____ | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> don't know |
-

Do you maintain emergency supplies for protection or salvage of collections? yes no

Where are they kept? _____

Are they inventoried regularly? _____

Does the institution maintain off-site records/photographs of the collection? yes no

If yes, where? _____

Are the institution's records protected from fire, flooding, and other hazards? yes no

Does the institution have regularly scheduled inspections by the fire department? yes no

Does the institution have an automatic fire detection system? yes no

What type of fire suppression system does the institution have? (*Check all that apply.*)

wet pipe sprinkler system dry pipe sprinkler system Halon fire hoses

hand-held extinguisher

ABC water CO2 other _____

How often are your fire detection and suppression systems tested? _____

Does the fire detection and suppression system meet the needs of the collections? yes no

Are sprinkler heads and nozzles located so that they don't pose a threat to collections objects? yes no

Does the institution have an open flame or heat generating device policy? yes no

Is the staff trained in the use of fire extinguishers? yes no

Is there an emergency lighting system? yes no

Are escape routes clearly marked? yes no

Security and Safety

Within the last five years, has there been vandalism? yes no

If yes, against which? collections building other _____

Is there a plan for preventing vandalism? yes no

Is there a plan for dealing with vandalism? yes no

Does the institution have a Bomb Threat Report and Response Plan? yes no

Does the institution have a Hostage Response Plan? yes no

Does the institution have any passive security measures for the collections? yes no

If yes, which? dead bolts on storage doors locked gates/cages assigned keys

locked exhibition cases sign in/out logs don't know

Does the institution have any active security measures for the collections? yes no

If yes, which? CC TV perimeter alarms live guards keycard entry systems

Museum Sites (*Photocopy this section and complete for each museum site.*)

Site area <1 acre 1.1 acre – 5 acres 5.1 acres - 10 acres >10.1 acres

Location type urban suburban rural

Has a Historic Landscape Report been completed? yes no

Is the site a National Historic Landmark? yes no

Indicate items that have required maintenance or repair by either in-house employees or contractors during the last three to five years

Site	Employees		Contractors		n/a
	maintenance	repair	maintenance	repair	
lawns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
gardens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
walks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
drives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
parking lots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
steps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
fences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
railings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
yard drains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
areaways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Indicate who performs the following activities on the site

Site	Employees	Contractors	n/a
snow removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
trash removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
leaf removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Structures (Photocopy pages 14-20 of this section and complete for each structure, including storage areas.)

Note: If the facility consists of additions that function independently or in a significantly different manner from the primary structure, or if the construction, use, or climate control systems are different, complete the following section for each addition. An architect will be assigned to structures more than 50 years old.

Name of structure _____

Owner _____

Original use of structure _____

Current use of structure _____

Address (if different from museum address) _____

Size of structure < 10,000 sq. ft. 50,001 sq. ft. - 100,000 sq. ft.
 10,001 sq. ft. - 25,000 sq. ft. >100,000 sq. ft.
 25,001 sq. ft. - 50,000 sq. ft.

Type of structure modern building built as a museum
 older building built as a museum
 older or historic structure not originally designed as a museum
 building shared with other non-museum activities
 other _____

Has the institution ever engaged a consultant to survey all or part of the building? yes no
If yes, elaborate briefly _____

Has a Historic Structures Report been completed? yes no
If yes, date _____

Is the building listed on the National Register of Historic Places? yes no

Is the building a National Historic Landmark? yes no

Is any other historic documentation for the building available? yes no
If yes, list and indicate where these documents are available _____

Building statistics Approximate area of original construction _____ sq. ft.
 Number of stories _____
 Footprint (ground area occupied by a building) _____ sq. ft.

Construction date 17th century 1800-1850 1876-1900 1926-1956
 18th century 1851-1875 1901-1925 other _____

If addition(s), construction dates 17th century 1800-1850 1876-1900 1926-1956
 18th century 1851-1875 1901-1925 other _____

Approximate area of each addition

year _____ sq. ft. _____ year _____ sq. ft. _____
 year _____ sq. ft. _____ year _____ sq. ft. _____

Approximate square foot area of functions

exhibitions _____ sq. ft. n/a
 offices _____ sq. ft. n/a
 collections storage _____ sq. ft. n/a
 exhibition/collection preparation _____ sq. ft. n/a
 education functions _____ sq. ft. n/a
 corridors and stairs _____ sq. ft. n/a
 building services _____ sq. ft. n/a
 food preparation and consumption _____ sq. ft. n/a
 other _____ sq. ft. n/a
total usable floor space _____ sq. ft.

Construction type (*Check all that apply.*)

exterior walls	<input type="checkbox"/> wood	<input type="checkbox"/> brick	<input type="checkbox"/> stone	<input type="checkbox"/> metal	<input type="checkbox"/> other _____
basement walls	<input type="checkbox"/> wood	<input type="checkbox"/> brick	<input type="checkbox"/> stone	<input type="checkbox"/> plaster	<input type="checkbox"/> other _____ <input type="checkbox"/> n/a
finished walls	<input type="checkbox"/> wood	<input type="checkbox"/> glass	<input type="checkbox"/> plaster	<input type="checkbox"/> dry wall	<input type="checkbox"/> other _____
basement floor	<input type="checkbox"/> earth	<input type="checkbox"/> brick	<input type="checkbox"/> wood	<input type="checkbox"/> concrete	<input type="checkbox"/> n/a
main floor	<input type="checkbox"/> steel	<input type="checkbox"/> wood	<input type="checkbox"/> concrete	<input type="checkbox"/> other _____	
other floor	<input type="checkbox"/> steel	<input type="checkbox"/> wood	<input type="checkbox"/> concrete	<input type="checkbox"/> other _____	<input type="checkbox"/> n/a
attic floor	<input type="checkbox"/> steel	<input type="checkbox"/> wood	<input type="checkbox"/> concrete	<input type="checkbox"/> other _____	<input type="checkbox"/> n/a
roof covering	<input type="checkbox"/> wood	<input type="checkbox"/> slate	<input type="checkbox"/> tile	<input type="checkbox"/> metal	<input type="checkbox"/> tar <input type="checkbox"/> other _____
roof rafters	<input type="checkbox"/> wood	<input type="checkbox"/> steel	<input type="checkbox"/> flat roof	<input type="checkbox"/> sloping roof	
window sash	<input type="checkbox"/> wood	<input type="checkbox"/> metal	<input type="checkbox"/> casement	<input type="checkbox"/> double hung	

Indicate items that have required maintenance or repair by either in-house employees or contractors during the last three to five years:

Exterior Building	Employees		Contractors		n/a
	maintenance	repair	maintenance	repair	
windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
gutter, downspouts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
water hydrants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
exterior painting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
roofs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
chimneys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
skylights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
masonry cracks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interior Building					
water damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
termite damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
floors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
plaster cracks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
painting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
fireplaces and flues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
roof leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
electrical system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
lighting fixtures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
plumbing system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
heating system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
air conditioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are employees who perform building maintenance and/or repairs aware of historic preservation standards?

yes no don't know

Do employees apply historic structure preservation standards when making repairs or doing maintenance on the building?

yes In some but not all cases no don't know

Do contractors apply historic structure preservation standards when making repairs or doing maintenance on the building?

yes In some but not all cases no don't know

Was insulation installed during the past three to five years? yes no

Indicate if there is a history of recurring problems in the building. (*Check all that apply.*)

- | | | | |
|---|--|--|---------------------------------------|
| <input type="checkbox"/> basement flooding | <input type="checkbox"/> wall condensation | <input type="checkbox"/> electrical | <input type="checkbox"/> wet basement |
| <input type="checkbox"/> window/plumbing leaks | <input type="checkbox"/> mildew | <input type="checkbox"/> stained walls | <input type="checkbox"/> blown fuses |
| <input type="checkbox"/> window condensation | <input type="checkbox"/> roof leaks | <input type="checkbox"/> structural-exterior | <input type="checkbox"/> pests |
| <input type="checkbox"/> cold water pipe condensation | <input type="checkbox"/> stained ceilings | <input type="checkbox"/> structural-interior | <input type="checkbox"/> other _____ |

Are special events permitted anywhere in the building? yes no

If yes, where? _____

Does the structure have any special facilities? yes no

- If yes, please indicate
- | | | |
|--|--|---|
| <input type="checkbox"/> aquaria and ponds | <input type="checkbox"/> photographic laboratories | <input type="checkbox"/> insect zoo |
| <input type="checkbox"/> conservation laboratories | <input type="checkbox"/> preparation laboratories | <input type="checkbox"/> live animal facilities |
| <input type="checkbox"/> dermestid chamber | <input type="checkbox"/> fumigation chamber | <input type="checkbox"/> receiving/packing area for collections |
| <input type="checkbox"/> other _____ | | |

Climate Control and Environment

In what areas of the building are environmental conditions monitored?

- | | |
|---|---|
| <input type="checkbox"/> all areas with collections (exhibits, storage, etc.) | <input type="checkbox"/> some areas with collections, but not all |
| <input type="checkbox"/> no areas | <input type="checkbox"/> don't know |

Who is responsible for monitoring environmental conditions? _____

What type of environmental monitoring equipment do you have? (*Check all that apply.*)

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> sling psychrometer | <input type="checkbox"/> thermometers | <input type="checkbox"/> hygrometers |
| <input type="checkbox"/> recording hygrothermographs | <input type="checkbox"/> thermo-hygrometers | <input type="checkbox"/> data loggers |
| <input type="checkbox"/> battery operated psychrometer | <input type="checkbox"/> none | <input type="checkbox"/> other _____ |

Is monitoring equipment calibrated on a regular basis? yes no don't know n/a

Does the structure have a central heating, ventilating, and air conditioning (HVAC) system? yes no

If yes, answer questions below; if no, answer questions for structures without HVAC on the next page.

For structures with central HVAC

Is the entire building included in the central HVAC system? yes no

If no, specify areas not included _____

Are there separate temperature zones within the centralized system? yes no

If yes, can temperature in those zones be adjusted by individual users? yes no

Are there separate humidity zones within the centralized system? yes no

Do you think the system is working properly? yes no

Do you use supplemental environmental control equipment in areas covered by the system? yes no

If yes, check all you use fan portable dehumidifier portable heater
 heater window air conditioner other _____

Do you open doors and/or windows to control temperature and provide ventilation? yes no

Do you lower the HVAC levels each evening? yes no

For structures without a central HVAC system

Are any of the following centralized? heat yes no
cooling yes no

Do you use local climate control equipment? yes no

If yes, check all you use

<input type="checkbox"/> fan	<input type="checkbox"/> portable heater, if so what kind?
<input type="checkbox"/> window air conditioner	<input type="checkbox"/> electric
<input type="checkbox"/> portable humidifier	<input type="checkbox"/> kerosene
<input type="checkbox"/> portable dehumidifier	<input type="checkbox"/> quartz
<input type="checkbox"/> other _____	<input type="checkbox"/> other _____

Do you open doors and/or windows to control temperature and provide ventilation? yes no

Pollutants and Particulates

If your building has a central HVAC system, is the air filtered for

dust	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> don't know
gaseous pollutants	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> don't know
none	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> don't know

If there is no central HVAC system or if the air is not filtered for dust and gaseous pollutants, do you take any precautions to protect your collections against these problems? yes no

If yes, how? _____

Is smoking allowed in the building? yes no

If yes, where? _____

Illumination

Which of the following illuminate exhibition and storage areas? (*Check all that apply.*)

	Exhibition	UV filtration	Storage	UV filtration	n/a
natural daylight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
fluorescent light	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
incandescent light	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
tungsten halogen	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

In what areas of the building are light levels monitored?

- all areas with collections (exhibits, storage, etc.) some areas with collections, but not all
 no areas don't know

Who is responsible for monitoring? _____

What light monitoring equipment do you use? (*Check all that apply.*)

- footcandle or lux meter photo light meter surface temperature thermometer
 ultraviolet (UV meter) other _____

When are the lights turned on in the exhibition areas? (*Check all that apply.*)

- during hours museum is open 24 hours a day
 only when visitors are present only when people are present
 other _____

Are light levels adjusted in your galleries for the visually impaired? yes no

Is photography permitted in exhibition areas? yes no

If yes, indicate what type of photography is permitted

- flash photography non-flash photography
 floodlight illuminated photography film or video recording

Pest Control

Has there ever been a pest problem in your institution? yes no

If yes, indicate which pests have been a problem

	insects	fungi (mold)	rodents	birds	bats	other _____
exhibitions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
building structure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does your institution have a pest management (prevention and control) program? yes no

Are collection areas routinely inspected for pest evidence or activity? yes no

Are the collection areas routinely treated with a pesticide? yes no

If yes, what kind of pesticide? _____

Are collections materials routinely treated with a pesticide? yes no

If yes, what kind of pesticide? _____

Are live flowers or plants permitted in the building? yes no

If yes, where? _____

Is food prepared or consumed in the building? yes no

If yes, where? _____

Energy Sources

What energy sources are used in the building(s)? (*Check all that apply*)

- oil propane electric geo-thermal natural gas
 wood (chips, pellets) solar wind other _____

Supplement for Arboreta and Botanical Gardens

Note: Read the instructions at the front of the Site Questionnaire and complete this supplement if applicable. If desired, attach a written description of your institution and its collections.

Sites and Structures

What is the acreage of the site(s)? _____

Briefly describe the site(s) _____

Who owns the site(s)? _____

If not the institution, explain the arrangement for the property's management
(e.g., a legally binding long-term lease)

Indicate the percentage of the land used for

managed collections _____ %

natural areas _____ %

other collection-related areas not open to the public _____ %

please explain _____

visitor services (including buildings & parking lots) _____ %

other _____ %

What is the total percentage of the land that is not open to the public? _____ %

Number of buildings on site _____

Number of buildings on site for

collections storage _____ maintenance _____

herbarium specimen storage _____ visitor services _____

exhibition (including display conservatories) _____ library _____

labs _____ lath or shade structures _____

propagation facilities _____ greenhouses _____

other _____ **total** _____

Climate Control and Environment

Greenhouse Information

Environment single zone multiple zones number of zones _____
 number of independently controlled zones _____

Ventilation vents fans screens other _____

Does the greenhouse have low and high temperature alarms? yes no

How often is the system tested? _____

Who is alerted to the alarms after hours? _____

Who is responsible for the system's upkeep? _____

Does the greenhouse have a backup heating and generating capacity? yes no

What percentage of the outdoor collections is under irrigation? _____ %

Collections and Collection Policies

Does your institution have a written collections policy for living collections?

yes in development no don't know

If yes, who has responsibility for the following activities? (*Give title of staff member.*)

develops _____

implements _____

has authority to modify _____

How is the application of the policy monitored? _____

Does the collection policy specify who is ultimately responsible for the well-being of the living collections?

yes no If yes, name and title _____

How many different plant species does the institution maintain? _____

What is the size and composition of the institution's collections? (*check one box for each line*)

	None	1-20	21-100	101-501	501-1,000	1,001-5,000	5,001-10,000	10,000+
woody	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
non-woody	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
hardy at site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
not hardy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
annual/seasonal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How many herbarium specimens does the institution maintain? _____

Indicate the percentage of the permanent living collection that is accessioned _____%

cataloged _____%

inventoried _____%

Do you have a library or archive? yes no

Perceived threats (*Check all that apply.*)

- invasive plants overuse of trails erosion diseases
 air pollution urban sprawl severe weather/storms vandalism
 severe animal browse insects other _____

Supplement for Zoos and Aquariums

*Note: Read the instructions at the front of the Site Questionnaire and complete this supplement if applicable. If desired, attach a written description of your institution and its collections. **Only non-AZA accredited institutions will have living collections assessed.***

General Information

Is the institution accredited by the American Zoo Association? yes no

If yes, date _____

Sites and Structures

What is the acreage of the grounds? _____

Who owns the grounds? _____

Number of buildings on site

curatorial/collections storage _____

library _____

visitor services _____

other _____

exhibits/habitats _____

animal housing _____

maintenance _____

total _____

Staffing

Does the institution employ a full-time veterinarian? yes no

If not, how often does the part-time veterinarian visit? _____

Number of full time animal care specialists, including curatorial staff _____

Number of part time animal care specialists, including curatorial staff _____

Collections and Collection Policies

How many animals does the institution own? _____

How many different species does the institution own? _____

What types of and how many dangerous and venomous animals does the institution own? (*Add extra pages if necessary.*)

animal _____ number _____

animal _____ number _____

animal _____ number _____

animal _____ number _____

animal _____ number _____

Does your institution have a written collections management policy for the living collections?

- yes in development no don't know

If yes, who has responsibility for the following activities? (*Give title of staff member.*)

develops _____
 implements _____
 has authority to modify _____

Does the collection management policy specify who is primarily responsible for the well-being of the living collections? yes no

If yes, name or title _____

How does the institution maintain the animal records? _____

Does the institution have a policy of disposition and acquisition of surplus animals? yes no

What is the size and composition of the institution's living collections? (*Check one box for each line.*)

The listing below is from the American Zoo and Aquarium (AZA) Taxon Advisory Groups.

	None	1-20	21-100	101-500	501-1,000	1,001-5,000	5,001-10,000	10,001+
<i>Birds</i>								
Anseriformes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Charadriiformes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ciconiiformes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Columbiformes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coraciiformes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cracids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Galliformes/Tinamiformes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gruiformes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parrots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Passerines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Penguins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pelecaniformes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Piciformes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Raptors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Turacos, Cuckoos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Fish</i>								
Freshwater Fish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marine Fish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Invertebrates</i>								
Aquatic Invertebrates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Terrestrial Invertebrates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	None	1-20	21-100	101-500	501-1,000	1,001-5,000	5,001-10,000	10,001+
<i>Mammals</i>								
Antelope and Giraffe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bears	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buffalo, Bison, Cattle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Canids, Hyenids, Aardwolves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elephants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Felids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marine Mammals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marsupials, Monotremes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New World Primates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Old World Monkeys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pangolin, Aardvark, Xenarthra	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pigs, Peccaries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prosimians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rhinoceros	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rodents, Insectivores, Lagomorphs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sheep, Goats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Small Carnivores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tapirs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Reptiles and Amphibians</i>								
Amphibians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chelonians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crocodylians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lizards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Snakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (<i>please specify</i>)								
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Exhibits

Indicate the number and type of live exhibits and the associated life support system equipment.

Type of live exhibits

Life support system

Terrestrial

____ tundra

____ taiga

____ desert or dune

____ savanna/grassland

____ chaparral

____ forest

____ rainforest

____ scrub forest

____ mountains

____ icecap

Aquatic

____ pelagic

____ reef

____ lakes and ponds

____ rivers and streams

____ coastal

____ brackish water

Wetlands

____ marsh

____ swamp

Other

____ urban

____ suburban

____ agricultural

____ riparian

____ estuarine

____ intertidal or littoral

Indicate the number and type of quarantine and off exhibit isolation buildings/cages/tanks and the associated life support system equipment.

Number	Type	Life support system
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are there facilities for crating and transporting animals? yes no

Emergency Preparedness

Does the institution have an emergency plan to protect the living collections? yes no

Does the institution have an emergency policy for injury by an animal? yes no

Does the institution have an emergency procedure for injury by a venomous animal? yes no

Does the institution have a written procedure in the event of animal escape? yes no

Does the institution have Risk Management or Safety Audit Plan? yes no

Supplement for ReCAP Participants

Note: Read the instructions at the front of the Site Questionnaire and complete this supplement if applicable. You may use your ReCAP supplement from the CAP application in place of this page.

Year Received CAP _____

Describe what preservation efforts your museum has accomplished since your previous CAP assessment. *(Attach additional pages if needed.)* If these efforts were funded by grants or donations, please list the name and source of the grant and/or the source of the donation.

Describe your museum's need and goals for a new assessment. *(Attach additional pages if needed.)*