

Facility Report

Institution

Name of institution _____

Address _____

City, State and Zip code _____

Telephone and Fax _____

Website _____

Type of Institution

Please circle the categories that best describe your institution:

MUSEUM COLLEGE/UNIVERSITY CULTURAL/COMMUNITY ORGANIZATION

LIBRARY RELIGIOUS INSTITUTION HOLOCAUST CENTER SCHOOL

OTHER (PLEASE SPECIFY) _____

Staff/Volunteer Working with the Exhibit

Person responsible for exhibit material:

Name and Title _____

Telephone and E-mail _____

Institutional Information

Annual visitation (if applicable) _____ Hours open to public _____

Are you collaborating with another group to present this exhibition? Yes _____ No _____

If yes, what is the other group's name? _____

Exhibit Area

Is the space: One large room Series of rooms Other (specify) _____

What is the floor space in square feet? _____

What is the total wall length in running feet? _____

What is the ceiling height? _____

Do you plan to use a modular wall partition or panel system? Yes___No___

If yes, describe_____

Are there any water fixtures such as plumbing pipes, sprinklers, or water fountains in or above the exhibition area? Yes___No___

If yes, describe_____

Will any factors affect exhibition installation, such as hanging systems or architectural features?

Yes___No___

If yes, describe_____

Is the exhibition space used for anything besides viewing exhibits? Yes___No___

If yes, what?_____

Security

Is your site protected by electronic security? Yes___No___

If yes, is it connected to a central station or a police station? Yes___No___

Do you have security guards on duty during open hours? Yes___No___

Do you have security guards on duty after hours? Yes___No___

Are galleries under constant visual surveillance? Yes___No___

If the exhibition space is in a multi-use facility and the facility will be open when the exhibit is closed, can the exhibit space be locked? Yes___No___

Fire Protection

Is your site protected by smoke detectors? Yes___No___

Are there heat sensors? Yes___No___

If yes, are they connected to a central station or to the fire department? Yes___No___

Do you have a sprinkler system? Yes___No___

Do you have fire extinguishers in exhibition and storage areas? Yes___No___

Insurance

What kind of coverage do you have for borrowed material? (please check all that apply)

_____ All-risk museum coverage, wall-to-wall (with standard exclusions)

_____ Coverage against fire

- _____ Coverage against theft
- _____ Coverage against natural disasters
- _____ Coverage against flood and water damage
- _____ Coverage against employee dishonesty

What is your limit of liability? \$_____

Name of insurance provider _____

Have there been any damages or losses to property in your care in the past three years (whether or not a claim was filed)? Yes ___ No ___

If yes, state circumstances _____

Exhibit Installation

Please Note: No special training or tools are required.

At most, it will take 4 people approximately 2 hours. More details are available on the Hatikvah web site under "Host Venue Resources".

Do you have personnel available for loading, unloading, and installation? Yes ___ No ___

Do you have personnel available to complete condition reports and other forms? Yes ___ No ___

Programming

Do you plan on offering public programs in conjunction with special exhibitions? Yes ___ No ___

If yes, describe _____

Is there any additional information you would like us to know about your institution, temporary exhibition space, programs, or staff? _____

Report completed by:

Name: _____

Date: _____

Title: _____

Phone: _____

Please attach a scale floor plan of the intended exhibition area, including location of windows, doors, electrical outlets, and structural obstacles, as well as a plan showing the location of the exhibition space in relation to the overall building.