

A DISASTER PLAN

For Museums

This document is designed to assist museums in preparing for emergency situations which may threaten the safety of persons, collections and facilities. Whether your institution has a minimal amount of time to devote to emergency planning or is undertaking a comprehensive planning project, this disaster plan can help you to gather vital information which will be invaluable in the event of an emergency. Use this document as it is, or use selected parts. It may be reproduced without permission, provided that the Amigos Preservation Service is credited.

DISASTER PLAN

Institution: _____

Date of current revision: _____

IN-HOUSE EMERGENCY TEAM

Administrator: _____

Office Phone: _____ Home Phone: _____ Cell Phone: _____

Disaster Team Leader: _____

Office Phone: _____ Home Phone: _____ Cell Phone: _____

Building Maintenance: _____

Office Phone: _____ Home Phone: _____ Cell Phone: _____

Disaster Team:

1. _____
2. _____
3. _____
4. _____

Department Head: _____

Department Head: _____

Department Head: _____

Department Head: _____

Department Head: _____

FACILITIES: LOCATIONS OF EMERGENCY SYSTEMS

Building: _____

List locations and attach floor plan (use letters to indicate locations on floor plan).

A. Main Utilities

1. Main water shut-off valve: _____
2. Sprinkler shut-off valve: _____
3. Main electrical cut-off switch: _____
4. Main gas shut-off: _____
5. Heating/cooling system controls: _____

B. Fire Suppression Systems (by room or area)

1. Sprinklers: _____
2. Halon: _____
3. Other: _____

C. Water Detectors _____

D. Keys

Key boxes: _____

Individuals with master and/or special keys (attach list with names, titles, and keys in possession)

E. Fire Extinguishers (Label by number according to type)

1. Type A - Wood, paper, combustibles
2. Type B - Gasoline, flammable liquid
3. Type C - Electrical
4. Type ABC - Combination

F. Fire Alarm Pull Boxes (use floor plan)

G. Smoke and Heat Detectors (use floor plan)

H. Radios

1. Transistor radios (for news): _____
2. Two-way radio (for communication): _____

I. First Aid Kits _____

J. Public Address System _____

K. Nearest Civil Defense Shelter _____

EMERGENCY SERVICES

Company/Service and Name of Contact

Phone #

Security _____

Fire Dept. _____

Police/Sheriff _____

Ambulance _____

Civil Defense _____

Other _____

Maintenance/Utilities:

Janitorial Service _____

Plumber _____

Electrician _____

Locksmith _____

Carpenter _____

Gas Company _____

Electric Company _____

Water Utility _____

Recovery Assistance:

Preservation Resource Amigos Imaging and Preservation Service (800) 843-8482

Preservation Resource _____

Conservators/Specialists:

Paper & Book _____

Photographs _____

Computer Records _____

EMERGENCY SERVICES (continued)

Conservators/Specialists (continued):

Textiles _____

Objects _____

Paintings _____

Architecture _____

Wooden Artifacts _____

Local Freezer (1): _____

Local Freezer (2): _____

Disaster Recovery Service: _____

Account pre-established? Yes No Account Number: _____

Services available: Water Recovery Freezer Vacuum Freeze Dryer
 Fire Recovery Mold Fumigation Environment Control

Disaster Recovery Service: _____

Account pre-established? Yes No Account Number: _____

Services available: Water Recovery Freezer Vacuum Freeze Dryer
 Fire Recovery Mold Fumigation Environment Control

Exterminator: _____

Other Services: _____

Insurance (Attach copy of insurance policy)

Insurance Company: _____

Agent/Contact: _____

Policy Number: _____

Self-Insured? Yes No If yes, list contact: _____

Other

Legal Advisor: _____

Architect: _____

Historic Buildings: _____

COLLECTION SALVAGE SUPPLIES

<u>On-Site Location or Off-Site Source</u>	<u>Phone #</u>
<input type="checkbox"/> Cotton swabs _____	_____
<input type="checkbox"/> Distilled water _____	_____
<input type="checkbox"/> Freezer bags (all sizes) _____	_____
<input type="checkbox"/> Freezer or wax paper _____	_____
<input type="checkbox"/> Gloves, nitrile or latex _____	_____
<input type="checkbox"/> Interfacing (Pellon) _____	_____
<input type="checkbox"/> Masks _____	_____
<input type="checkbox"/> Milk crates, plastic _____	_____
<input type="checkbox"/> Mylar polyester sheets _____	_____
<input type="checkbox"/> Newsprint, blank _____	_____
<input type="checkbox"/> Notepads & clipboards _____	_____
<input type="checkbox"/> Nylon monofilament (fishing) line _____	_____
<input type="checkbox"/> Paper towels (no dyes) _____	_____
<input type="checkbox"/> Plastic clips/clothespins _____	_____
<input type="checkbox"/> Plastic screening (fine mesh) _____	_____
<input type="checkbox"/> Shallow plastic trays _____	_____
<input type="checkbox"/> Soft natural bristle brushes _____	_____
<input type="checkbox"/> Sponges _____	_____

EQUIPMENT & SUPPLIES

On-Site Location or Off-Site Source

Phone #

- | | |
|--|-------|
| <input type="checkbox"/> Aprons, smocks _____ | _____ |
| <input type="checkbox"/> Book trucks, metal _____ | _____ |
| <input type="checkbox"/> Boots, rubber _____ | _____ |
| <input type="checkbox"/> Brooms _____ | _____ |
| <input type="checkbox"/> Buckets & trash cans, plastic _____ | _____ |
| <input type="checkbox"/> Camera (to document damage) _____ | _____ |
| <input type="checkbox"/> Dehumidifiers _____ | _____ |
| <input type="checkbox"/> Extension cords, grounded _____ | _____ |
| <input type="checkbox"/> Fans _____ | _____ |
| <input type="checkbox"/> Flashlights _____ | _____ |
| <input type="checkbox"/> Forklift _____ | _____ |
| <input type="checkbox"/> Generator, portable _____ | _____ |
| <input type="checkbox"/> Hard hats _____ | _____ |
| <input type="checkbox"/> Lighting, portable _____ | _____ |
| <input type="checkbox"/> Mops, pails _____ | _____ |
| <input type="checkbox"/> Pallets _____ | _____ |
| <input type="checkbox"/> Paper towels _____ | _____ |
| <input type="checkbox"/> Plastic sheeting, heavy _____
(stored w/ scissors, tape) | _____ |
| <input type="checkbox"/> Refrigerator trucks _____ | _____ |
| <input type="checkbox"/> Safety glasses _____ | _____ |
| <input type="checkbox"/> Sponges, industrial _____ | _____ |
| <input type="checkbox"/> Sponges, natural rubber _____ | _____ |
| <input type="checkbox"/> Sump pump, portable _____ | _____ |
| <input type="checkbox"/> Tables, portable _____ | _____ |
| <input type="checkbox"/> Trash bags, plastic _____ | _____ |
| <input type="checkbox"/> Vacuum, wet _____ | _____ |

EQUIPMENT & SUPPLIES (continued)

On-Site Location or Off-Site Source

Phone #

Water hoses _____

Water-proof clothing _____

Other:

ATTACHMENTS

- 1. List of **SALVAGE PRIORITIES** for each department, area and/or office.
- 2. **EMERGENCY PROCEDURES** and **EVACUATION PLAN**.
- 3. Copy of **INSURANCE POLICY**.
- 4. Copy of **DISASTER RECOVERY VENDOR CONTRACT**.
- 5. Other **EMERGENCY PLANNING** and **RECOVERY DOCUMENTS**:

LOCATIONS WHERE THIS PLAN IS ON FILE

In-House:

Off-Site:
