Field Guide Assessment Form

		What type of emergency is it?
Date		Is it still happening? □ Yes □ No
Name	Affiliation	What is the nature (e.g., water, fire structural dirt/debris) and extent of damage?
Other participants		
Assessor/Inspector: \Box	Conservator ☐ Volunteer ☐ Sta	.ff Member
	Other	Where is the damage (e.g., room, furniture, collection)?
Page(s) 1 of Atta	achments: 🗖 Sketches 📮 Docum	ents
	☐ Images ☐ Other	Can staff handle the situation initially? \square Yes \square No
		Who is in charge?
Assessor Contact Info		Is it safe to enter? \square Yes \square No
Street Address		in no, what needs to be done to make it sale.
•		
PhoneEmail		Who discovered/reported damage?
Assessment Location		How long has the collection been damaged?
Site Location		What has been done so far?
City	County St	ate
Neighborhood/area		What is the security status?
Jurisdictional Information		Does anything need to be done to clean and/or secure the area before
	not sure. Name of agency, institution of sure. Name of agency, institution of sure.	
Owner/Administrator		Other notes
Contact	Dept./Division	
Street Address		
City/State/Zip		
D.I.		

Initial Situation Survey