

# Inquiry form on facilities

This form fills three pages. Please fill out th list completely

Date:

Institution
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1. Name of the institution:.....  
.....

2. Address:.....

3. Contact-person:.....

4. Telephone:.....

5. Fax:.....

6. E-mail contact-person:.....

7. In which building will the objects be hung/placed? (refer to items 1 and 2 if applicable)  
.....  
.....  
address:.....

8. In which rooms will the objects be hung/placed?  
.....  
.....  
.....

9. Which is the function of these rooms?  
.....  
.....  
.....

10. Will there be persons smoking regularly in the rooms? yes no  
Will there be persons eating regularly in the rooms? yes no

11. Who will be receiving the objects? Name and position:  
.....  
.....

Conservation

1. Is the light intensity falling upon the objects (daylight/artificial light) taken into consideration when placing or hanging the objects? yes no

Explanation:

.....

.....

.....

2. Does the temperature at the location of the objects change by more than 5°C from day to night and from work-day to week-end? yes no

Explanation:

.....

.....

.....

3. Are the rooms in which the objects will be placed/hung very humid at times? yes no  
If yes, when?

.....

.....

4. Are the rooms in which the objects will be placed/hung very dry at times? yes no  
If yes, when?

.....

.....

5. Are the objects to be placed against an outer wall? yes no  
Is there one or more of the following items within a distance of 1 metre?  
heaters or heater grids yes no  
inlets or outlets for air yes no  
apparatus for humidification or dehumidification yes no  
openings causing a draught (French doors or windows) yes no  
water pipes, water drains, water taps yes no  
open fire yes no  
storage of hazardous materials yes no  
plants yes no

6. Is the location/room of the objects cleaned regularly? yes no  
Cleaning method dry wet  
Products used:

.....

.....

Frequency:

.....

.....

Security

1. How are the objects protected/guarded (during day and night)?  
against fire:

.....  
.....

against theft

.....  
.....

against damage

.....  
.....

against water/humidity

.....  
.....

2. Who is checking on the presence and on the condition of the objects regularly? Name and position:

.....

Transportation

1. Can the building be reached by a lorry  to the front/back door  
 up to ... meter

2. Given the size and the weight of the objects (crating included), are there sufficient people to move the objects indoors safely and to place/hang the objects? yes no

3. Where will the objects be unpacked?

Please return the completed form to:

ICN, Department Collections, PO box 1098, 2280 CB Rijswijk, The Netherlands