

## Archival Storage Conditions Survey

Use this form to record information about your records storage area. If you use more than one storage area, make photocopies and fill out a separate sheet for each area.

**Storage area being surveyed** \_\_\_\_\_

**Record the size of the room (length, width, height):** Approximate is okay

Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_

**What floor is it on?**

**What record formats are stored in the room?** Check all that apply.

Paper \_\_\_\_\_ Bound volumes \_\_\_\_\_ Microfilm \_\_\_\_\_ Audio tapes \_\_\_\_\_

Computer disks \_\_\_\_\_ Computer tapes \_\_\_\_\_ Videotapes \_\_\_\_\_

Other (please list) \_\_\_\_\_

**What other activities is the room used for besides storage of historical records?**

Storage of artifacts \_\_\_\_\_ Work space \_\_\_\_\_ Research \_\_\_\_\_

Other (please describe) \_\_\_\_\_

**Is food allowed in this room?**

Yes \_\_\_\_\_ No \_\_\_\_\_ Don't know \_\_\_\_\_

**How often is this room cleaned?**

Daily \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ Other \_\_\_\_\_ Don't know \_\_\_\_\_

**What are the records stored on?** Note the condition of all that apply.  
(e.g., is a metal file rusty?)

Metal shelves \_\_\_\_\_ Wooden shelves \_\_\_\_\_ Floor \_\_\_\_\_

Metal file cabinet \_\_\_\_\_ Wooden file cabinet \_\_\_\_\_

Other (please describe): \_\_\_\_\_

**What are the records stored in?** Check all that apply.

Boxes\_\_\_\_\_ Folders\_\_\_\_\_ Other\_\_\_\_\_

**Are the containers “archival”?**

Yes\_\_\_\_\_ No\_\_\_\_\_ Don't know\_\_\_\_\_

**What kind of lighting is used in this area?** Check all that apply.

Natural (such as windows or skylights)\_\_\_\_\_

Flourescent\_\_\_\_\_ Incandescent\_\_\_\_\_ Halogen\_\_\_\_\_

Mercury vapor\_\_\_\_\_ Don't know\_\_\_\_\_

**Are the lights turned off when no one is in the room?**

Yes\_\_\_\_\_ No\_\_\_\_\_ Don't know\_\_\_\_\_

**Does the room have heat?**

Yes\_\_\_\_\_ No\_\_\_\_\_ Don't know\_\_\_\_\_

If yes, what kind? (e.g., oil hot air, wood stove, gas space heater)

\_\_\_\_\_

**Does the room have air conditioning?**

Yes\_\_\_\_\_ No\_\_\_\_\_ Don't know\_\_\_\_\_

**Does the room have humidity controls?**

Yes\_\_\_\_\_ No\_\_\_\_\_ Don't know\_\_\_\_\_

**Does the room have windows/doors to the outside?**

Yes\_\_\_\_\_ No\_\_\_\_\_ Don't know\_\_\_\_\_

If yes, are they ever propped open?

Yes\_\_\_\_\_ No\_\_\_\_\_ Don't know\_\_\_\_\_

**Is the heat or air conditioning “set back” at night or during the weekend?**

Yes\_\_\_\_\_ No\_\_\_\_\_ Don't know\_\_\_\_\_

**Are the temperature and relative humidity recorded?**

Yes\_\_\_\_\_ No\_\_\_\_\_ Don't know\_\_\_\_\_

**Does the public have access to the storage area?**

Yes \_\_\_\_\_ No \_\_\_\_\_ Don't know \_\_\_\_\_

**Do you have a system of locks or alarms?**

Yes \_\_\_\_\_ No \_\_\_\_\_ Don't know \_\_\_\_\_

**Do you have fire extinguishers in the room?**

Yes \_\_\_\_\_ No \_\_\_\_\_ Don't know \_\_\_\_\_

**Have you had problems with damage from any of the following?**

If yes, please explain briefly.

***Water***

Yes \_\_\_\_\_ No \_\_\_\_\_ Don't know \_\_\_\_\_

***Light:***

Yes \_\_\_\_\_ No \_\_\_\_\_ Don't know \_\_\_\_\_

***Insects:***

Yes \_\_\_\_\_ No \_\_\_\_\_ Don't know \_\_\_\_\_

***Rodents:***

Yes \_\_\_\_\_ No \_\_\_\_\_ Don't know \_\_\_\_\_

***Mold or fungus:***

Yes \_\_\_\_\_ No \_\_\_\_\_ Don't know \_\_\_\_\_