

# Special Collections Declaration Form

## Custodian/Responsible Party

Name: \_\_\_\_\_ Department: \_\_\_\_\_ Office Location Bldg: \_\_\_\_\_  
 Office Location Rm: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ After Hours Phone: \_\_\_\_\_

## Ownership of Collection *(If on loan, indicate duration in months)*

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> UC Owned           | <input type="checkbox"/> On Loan – Other Institution, Domestic | <input type="checkbox"/> On Loan – Government, Domestic | <input type="checkbox"/> On Loan - Private Owner |
| <input type="checkbox"/> Gift - Conditional | <input type="checkbox"/> On Loan – Other Institution, Foreign  | <input type="checkbox"/> On Loan – Government, Foreign  | Duration of Loan: _____                          |

## Collection Location *(Complete all fields)*

Building: \_\_\_\_\_ Floor: \_\_\_\_\_ CAAN: \_\_\_\_\_  
 Room #: \_\_\_\_\_ Additional: \_\_\_\_\_

## Collection Type *(Select most appropriate type)*

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Archaeological artifacts | <input type="checkbox"/> Historic object    | <input type="checkbox"/> Religious object     | <input type="checkbox"/> Other : _____ |
| <input type="checkbox"/> Archival documentation   | <input type="checkbox"/> Library media      | <input type="checkbox"/> Scientific specimens |  |
| <input type="checkbox"/> Cultural material        | <input type="checkbox"/> Prehistoric object | <input type="checkbox"/> Work of art          |  |

## Material Type *(Select all that apply)*

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Agricultural Crop      | <input type="checkbox"/> Drape/Tapestry      | <input type="checkbox"/> Metal/Precious                | <input type="checkbox"/> Synthetic Chemical    |
| <input type="checkbox"/> Animal Material        | <input type="checkbox"/> Electronic Media    | <input type="checkbox"/> Natural Chemical              | <input type="checkbox"/> Synthetic Fiber       |
| <input type="checkbox"/> Basket                 | <input type="checkbox"/> Geological Specimen | <input type="checkbox"/> Natural Fiber                 | <input type="checkbox"/> Tools/Instruments     |
| <input type="checkbox"/> Bound Book             | <input type="checkbox"/> Human Material      | <input type="checkbox"/> Paper/Newspaper               | <input type="checkbox"/> Upholstered Furniture |
| <input type="checkbox"/> Cabinetry/Furniture    | <input type="checkbox"/> Jewelry             | <input type="checkbox"/> Photographic Media Electronic | <input type="checkbox"/> Wet Collections       |
| <input type="checkbox"/> Carpet/Floor Covering  | <input type="checkbox"/> Linen               | <input type="checkbox"/> Photographic Media Glass      | <input type="checkbox"/> Wood Products         |
| <input type="checkbox"/> Cellulose Nitrate Film | <input type="checkbox"/> Magazine            | <input type="checkbox"/> Photographic Media Paper      | <input type="checkbox"/> Other : _____         |
| <input type="checkbox"/> Ceramics/Pottery       | <input type="checkbox"/> Metal/Ferrous       | <input type="checkbox"/> Pyroxylin Plastic             |  |
| <input type="checkbox"/> Decoration             | <input type="checkbox"/> Metal/Non-Ferrous   | <input type="checkbox"/> Safety Film                   |  |

## Method of Storage *(Select most descriptive)*

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Boxed/Container – Cardboard    | <input type="checkbox"/> File Cabinet/Desk Drawer – Metal  | <input type="checkbox"/> Open Display/Storage               | <input type="checkbox"/> Open Shelving – Wood Restrained   |
| <input type="checkbox"/> Boxed/Container - Metal        | <input type="checkbox"/> File Cabinet/Desk Drawer – Wood   | <input type="checkbox"/> Open Shelving – Metal Restrained   | <input type="checkbox"/> Open Shelving – Wood Unrestrained |
| <input type="checkbox"/> Boxed/Container – Plastic/Wood | <input type="checkbox"/> File Cabinet – Fire Rated         | <input type="checkbox"/> Open Shelving – Metal Unrestrained |  |
|   | <input type="checkbox"/> Freezer/Refrig/Climate Controlled |   |  |

## Hazardous Effects *(Select all that apply)*

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Flame                         | <input type="checkbox"/> Frangible/Friable by Impact | <input type="checkbox"/> Light//UV/Solar | <input type="checkbox"/> Smoke/Soot                   |
| <input type="checkbox"/> Frangible/Friable by Fall     | <input type="checkbox"/> Heat/Temperature            | <input type="checkbox"/> Loss of Power   | <input type="checkbox"/> Theft/Embezzlement Potential |
| <input type="checkbox"/> Frangible/Friable by Handling | <input type="checkbox"/> Humidity                    | <input type="checkbox"/> Pressure        | <input type="checkbox"/> Water                        |

## Response Triage *(Select most appropriate initial response)*

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Protect in Place - Immediate      | <input type="checkbox"/> Protect in Place – Extended Delay | <input type="checkbox"/> Remove from Area - Immediate      | <input type="checkbox"/> Remove from Area – Extended Delay |
| <input type="checkbox"/> Protect in Place – Moderate Delay |  | <input type="checkbox"/> Remove from Area – Moderate Delay |  |