Institutional Disaster Plan for: 

Compiled by: 

Date of Completion: 

This template is based on www.dplan.org, an online disaster planning tool hosted by Northeast Document Conservation Center (NEDCC), in collaboration with the Massachusetts Board of Library Commissioners. Funding for the development of dPlan was provided by the Institute of Museum and Library Services and the National Center for Preservation Technology and Training.
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I. INSTITUTIONAL INFORMATION

A. ABOUT YOUR INSTITUTION

Name of institution: _____________________________________________

Address: _______________________________________________________

City: ___________________ State: ___________________ Zip: __________

Type of institution:

Public Library Town Clerk's Office
College/University Library School Library
Special Library Archives/Manuscript Repository
Historical Society Records Center
Museum Other: _____________________________________________

Contact person

Although completion of the plan may involve a planning committee or multiple members of the disaster team, choose one person who is responsible for updating and sharing the plan:

Name: _______________________________________________________
Title: _______________________________________________________
Phone: ______________________________________________________
Email: ______________________________________________________

Back-up contact person

Name: _______________________________________________________
Title: _______________________________________________________
Phone: ______________________________________________________
Email: ______________________________________________________
B. STAFF/KEY PERSONNEL

Enter the following information for each staff member and for any other people who will be part of the disaster planning process (e.g., members of the Board of Trustees, etc.)

<table>
<thead>
<tr>
<th>Name:</th>
<th>Title:</th>
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</thead>
<tbody>
<tr>
<td>Work Phone:</td>
<td>Work Email:</td>
</tr>
<tr>
<td>Personal Phone/Cell:</td>
<td>Personal Email:</td>
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<tr>
<td>Home Address:</td>
<td>City:</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Name:</th>
<th>Title:</th>
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<tbody>
<tr>
<td>Work Phone:</td>
<td>Work Email:</td>
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<td>Personal Phone/Cell:</td>
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<td>Home Address:</td>
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<td>Work Phone:</td>
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<td>Personal Phone/Cell:</td>
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<td>Personal Phone/Cell:</td>
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<td>Home Address:</td>
<td>City:</td>
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(Repeat as needed)
a) DISASTER PLANNING COMMITTEE
The disaster planning team will gather information and put together the disaster plan. This committee is separate from the disaster response team (which will carry out the plan when and if a disaster occurs), although some staff may be members of both teams, particularly in a smaller institution.

Please assign the following disaster responsibilities to the members of your staff (or other key personnel) as appropriate. Staff members may be assigned more than one responsibility as needed.

<table>
<thead>
<tr>
<th>Staff member</th>
<th>Responsibilities</th>
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<tr>
<td></td>
<td>Gathering collections information</td>
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<td>Preparing a staff list</td>
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<td></td>
<td>Assessing risks</td>
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<tr>
<td></td>
<td>Devising opening and closing procedures</td>
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<td>Devising a preventative maintenance checklist</td>
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<td></td>
<td>Determining salvage priorities</td>
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<tr>
<td></td>
<td>Collecting insurance and accounting information</td>
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<tr>
<td></td>
<td>Collecting facilities information and preparing floor plans</td>
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<td></td>
<td>Collecting information about local emergency services</td>
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<td></td>
<td>Gathering internal supplies</td>
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<td></td>
<td>Collecting information about external supplies</td>
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<tr>
<td></td>
<td>Devising emergency response and evacuation procedures</td>
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<td></td>
<td>Preparing an emergency call list</td>
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<td></td>
<td>Identifying a potential command center and/or alternative storage or drying space</td>
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<td></td>
<td>Identifying potential volunteers and/or workers</td>
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<tr>
<td></td>
<td>Coordinating staff training</td>
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<tr>
<td></td>
<td>Managing distribution, review, and updating of the plan</td>
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<tr>
<td>Other:</td>
<td></td>
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<tr>
<td>Other:</td>
<td></td>
</tr>
</tbody>
</table>
II. EMERGENCY CONTACTS

A. DISASTER RESPONSE TEAM

The disaster response team will coordinate response to an emergency, as well as salvage and long-term rehabilitation of the collections and the building. The membership of the disaster response team may (or may not) be the same committee responsible for creating and updating the disaster plan.

It is important to include on the disaster team any personnel that are not on staff but will need to play an important role in disaster recovery (such as personnel from town departments and/or members of the board of trustees). These people should also be entered into the staff/key personnel list.

List the members of the disaster response team below, and indicate which members of the team will fill the specific roles that are likely to be needed during an emergency. Depending on the institution, not all of these roles will be necessary, additional responsibilities may be required, or disaster team members may occupy more than one role. In all cases, designate backups in case a team member is not available.

**Disaster Team Leader**
Coordinates all recovery activities and personnel; coordinates supplies, equipment, and services with other team members; authorizes expenditures; deals with insurance company; and reports to the director or governing body, as appropriate.

- **Primary:**
- **Primary Phone:**
- **Backup #1:**
- **Backup Phone:**

**Collections Recovery Specialist**
Keeps up-to-date on collections recovery procedures; decides on overall recovery/rehabilitation strategies; coordinates with administrator regarding collections-related services, supplies, and equipment; trains staff and workers in recovery and handling methods.

- **Primary:**
- **Primary Phone:**
- **Backup:**
- **Backup Phone:**

**Work Crew Coordinator**
Coordinates the day-to-day recovery work of library staff and volunteers to maintain an effective workflow; oversees response to medical emergencies; arranges for food, drink, and rest for staff, volunteers, and other workers.

- **Primary:**
- **Primary Phone:**
- **Backup:**
- **Backup Phone:**

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Technology Coordinator
Assesses damage to technology systems, such as hardware, software, and telecommunications; manages techniques and priorities for recovery efforts; coordinates with administrator for external services/supplies/equipment related to technology.

Primary: ____________________________
Primary Phone: _______________________
Backup: ____________________________
Backup Phone: _______________________

Building Recovery Coordinator
Assesses damage to the building and systems; decides on recovery/rehabilitation strategies for the building; coordinates with administrator for external services/supplies/equipment related to building recovery; maintains security of collections, building, and property during response and recovery.

Primary: ____________________________
Primary Phone: _______________________
Backup: ____________________________
Backup Phone: _______________________

Other:
_________________________________
_________________________________
### B. EMERGENCY CALL LIST

List disaster team and staff members in the order that they should be called in an emergency (many institutions list the staff members who live closest first):

<table>
<thead>
<tr>
<th>Order of Contact</th>
<th>Staff member</th>
<th>Contact Phone</th>
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<tbody>
<tr>
<td>1</td>
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</tbody>
</table>
C. IMPORTANT NUMBERS & SERVICES

This section identifies contacts within emergency services, facilities personnel, and recovery services that will be important during and after a disaster occurs. Include the area code and any necessary extensions for all contacts.

a) EMERGENCY SERVICES

<table>
<thead>
<tr>
<th>Service</th>
<th>Name</th>
<th>Phone</th>
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<tbody>
<tr>
<td>Police/Sheriff</td>
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<td>Fire Department</td>
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<tr>
<td>Ambulance</td>
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<td></td>
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<tr>
<td>In-house Security</td>
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<tr>
<td>After-hours/ Cell phone:</td>
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<tr>
<td>Security monitoring company</td>
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<td></td>
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<tr>
<td>After-hours phone/ Cell phone:</td>
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<td></td>
</tr>
<tr>
<td>Local emergency management</td>
<td></td>
<td></td>
</tr>
<tr>
<td>After-hours phone/Cell phone:</td>
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<td></td>
</tr>
<tr>
<td>Regional emergency management</td>
<td></td>
<td></td>
</tr>
<tr>
<td>After-hours phone/Cell phone:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poison Information Center</td>
<td></td>
<td>1-800-222-1222</td>
</tr>
</tbody>
</table>

Other:
b) MAINTENANCE & UTILITIES

Facilities Management Company
Organization/Name:
Contact person:
Address:
    City: __________________________ State: __________________________ Zip: __________________________
Phone: __________________________ Cell Phone: __________________________
Email: __________________________

Electrician
Organization/Name:
Contact person:
Address:
    City: __________________________ State: __________________________ Zip: __________________________
Phone: __________________________ Cell Phone: __________________________
Email: __________________________

Plumber
Organization/Name:
Contact person:
Address:
    City: __________________________ State: __________________________ Zip: __________________________
Phone: __________________________ Cell Phone: __________________________
Email: __________________________

Locksmith
Organization/Name:
Contact person:
Address:
    City: __________________________ State: __________________________ Zip: __________________________
Phone: __________________________ Cell Phone: __________________________
Email: __________________________

Carpenter
Organization/Name:
Contact person:
Address:
    City: __________________________ State: __________________________ Zip: __________________________
Phone: __________________________ Cell Phone: __________________________
Email: __________________________

Exterminator
Organization/Name:
Contact person:
Address:
    City: __________________________ State: __________________________ Zip: __________________________
Phone: ____________________________ Cell Phone: ____________________________
Email: ____________________________

Computer Emergency
Organization/Name: ____________________________
Contact person: ____________________________
Address: ____________________________
City: ____________________________ State: ____________________________ Zip: ____________________________
Phone: ____________________________ Cell Phone: ____________________________
Email: ____________________________

Legal Advisor
Organization/Name: ____________________________
Contact person: ____________________________
Address: ____________________________
City: ____________________________ State: ____________________________ Zip: ____________________________
Phone: ____________________________ Cell Phone: ____________________________
Email: ____________________________

Architect/Builder
Organization/Name: ____________________________
Contact person: ____________________________
Address: ____________________________
City: ____________________________ State: ____________________________ Zip: ____________________________
Phone: ____________________________ Cell Phone: ____________________________
Email: ____________________________

Gas Company
Organization/Name: ____________________________
Contact person: ____________________________
Address: ____________________________
City: ____________________________ State: ____________________________ Zip: ____________________________
Phone: ____________________________ Cell Phone: ____________________________
Email: ____________________________

Oil Company
Organization/Name: ____________________________
Contact person: ____________________________
Address: ____________________________
City: ____________________________ State: ____________________________ Zip: ____________________________
Phone: ____________________________ Cell Phone: ____________________________
Email: ____________________________

Electric Company
Organization/Name: ____________________________
Contact person: ____________________________
Address: ____________________________

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City: __________________________ State: __________________________ Zip: __________________________
Phone: __________________________ Cell Phone: __________________________
Email: __________________________

**Water Utility Company**
Organization/Name: __________________________
Contact person: __________________________
Address: __________________________

City: __________________________ State: __________________________ Zip: __________________________
Phone: __________________________ Cell Phone: __________________________
Email: __________________________

**Telephone Company**
Organization/Name: __________________________
Contact person: __________________________
Address: __________________________

City: __________________________ State: __________________________ Zip: __________________________
Phone: __________________________ Cell Phone: __________________________
Email: __________________________

**Elevator Company**
Organization/Name: __________________________
Contact person: __________________________
Address: __________________________

City: __________________________ State: __________________________ Zip: __________________________
Phone: __________________________ Cell Phone: __________________________
Email: __________________________

**Sprinkler Service Company**
Organization/Name: __________________________
Contact person: __________________________
Address: __________________________

City: __________________________ State: __________________________ Zip: __________________________
Phone: __________________________ Cell Phone: __________________________
Email: __________________________

**Heating system service**
Organization/Name: __________________________
Contact person: __________________________
Address: __________________________

City: __________________________ State: __________________________ Zip: __________________________
Phone: __________________________ Cell Phone: __________________________
Email: __________________________

**Cooling system service**
Organization/Name: __________________________
Contact person: __________________________
<table>
<thead>
<tr>
<th><strong>Address:</strong></th>
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<tbody>
<tr>
<td><strong>City:</strong></td>
<td><strong>State:</strong></td>
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<tr>
<td><strong>Phone:</strong></td>
<td><strong>Cell Phone:</strong></td>
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<tr>
<td><strong>Email:</strong></td>
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</table>

**Security system service**

<table>
<thead>
<tr>
<th><strong>Organization/Name:</strong></th>
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<tbody>
<tr>
<td><strong>Contact person:</strong></td>
<td></td>
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<tr>
<td><strong>Address:</strong></td>
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<td></td>
<td><strong>City:</strong></td>
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<td><strong>Cell Phone:</strong></td>
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<td><strong>Email:</strong></td>
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</table>

**Other:**

<table>
<thead>
<tr>
<th><strong>Organization/Name:</strong></th>
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<tbody>
<tr>
<td><strong>Contact person:</strong></td>
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<td><strong>Address:</strong></td>
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<td><strong>Cell Phone:</strong></td>
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<td><strong>Email:</strong></td>
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</table>
III. RESPONSE & RECOVERY

A. EVACUATION PROCEDURES
   It is strongly recommended that the institution prepare several floor plans that indicate various escape routes from the building, and post these prominently throughout the building.

a) CLEARING THE BUILDING
   Indicate below who is responsible for making sure that everyone leaves each floor or area. Be sure to make provisions for evacuating disabled personnel or patrons.

<table>
<thead>
<tr>
<th>Area/Floor</th>
<th>Responsible Staff</th>
<th>Backup #1</th>
<th>Backup #2</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

   Describe procedures for evacuating the building, including disabled personnel or patrons:

   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________

b) ASSEMBLY AREA(S)
   It is important to designate a specific area or areas outside the building (far enough away to be safe and out of the way of emergency services) for staff to gather after an evacuation.

<table>
<thead>
<tr>
<th>Area/Floor/Dept.</th>
<th>Responsible Staff</th>
<th>Backup #1</th>
<th>Assembly Location</th>
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</table>
B. COMMAND CENTER/TEMPORARY SPACE

During a disaster, a command center will be needed to serve as a base of operations for the Disaster Response Team. It is essential to have one central location through which all recovery activities are coordinated. All communications and decisions should be made through the command center.

The center should be near enough to the affected area to allow for easy communications, but far away enough to be safe and out of the way of the active salvage efforts. It should have easy access to phones and sufficient space to allow for completion of documentation and other paperwork.

Command center location: ____________________________________________

Alternate location #1: ____________________________________________

Alternate location #2 (off-site): ____________________________________
C. SALVAGE PRIORITIES

Setting priorities for salvaging collections is one of the most difficult but also one of the most important aspects of disaster planning. A listing of priority collections will allow your institution to concentrate on the most important materials that are accessible for salvage.

Although working by committee can be challenging, it is important to consider various points of view when making decisions about overall priorities. The salvage priorities committee should include representatives of each department and/or area, as well as any other interested parties.

a) INSTITUTIONAL RECORDS

Bibliographic records of the collections are perhaps the most obvious in this category. However, administrative records that will be crucial in getting the institution back up and running must also be included.

Administrative Records
List administrative records in order of priority for salvage (#1 = records to be salvaged first, etc.). Include financial records, personnel records, acquisition and cataloging tools, etc.

Priority ranking: __________________________________________
Name of record group: _______________________________________
Location of records: _________________________________________

Priority ranking: __________________________________________
Name of record group: _______________________________________
Location of records: _________________________________________

Priority ranking: __________________________________________
Name of record group: _______________________________________
Location of records: _________________________________________

(Repeat as needed)

Bibliographic Records
List bibliographic records of the collections in order of priority for salvage (#1 = records to be salvaged first, etc.). Include shelf lists, card catalogues, electronic databases, etc. If you hold collections that have not been cataloged or organized, create basic listings of such materials as soon as possible, and include those listings here.

Priority ranking: __________________________________________
Name of record group: _______________________________________
Location of records: _________________________________________

Priority ranking: __________________________________________
Name of record group: _______________________________________
Location of records: _________________________________________

(Repeat as needed)
b) COLLECTION PRIORITIES

Department heads or collection specialists should set priorities by department or by sections of the collection, with input from others within the department or area. As a general rule, do not to try to set salvage priorities on an item-by-item basis. Include specific floor and area information.

Salvage Priorities by Department

<table>
<thead>
<tr>
<th>Department</th>
<th>Priority ranking</th>
<th>Collection</th>
<th>Location</th>
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c) OVERALL SALVAGE PRIORITIES

Having set priorities for salvage of institutional records and collections, you now need to use these lists to set overall salvage priorities for the institution. This list should be shared with Fire Department personnel, so that they are familiar with the location of these materials. Include specific floor and area information for the Locations.

<table>
<thead>
<tr>
<th>Material or equipment</th>
<th>Priority ranking</th>
<th>Collection</th>
<th>Location</th>
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D. INFORMATION TECHNOLOGY

Some of your institution's crucial operating data may be stored electronically, including financial information, catalog data, and scanned or born-digital collections. A strategy for protecting electronic data and equipment from loss must have several components:

- The use of backups to replace or reconstruct data that is lost in a disaster.
- Provisions to replace or repair equipment (hardware and software) that is damaged in a disaster.
- Setting salvage priorities for data and equipment, so that the most important materials can be rescued if there is time when a disaster occurs.
- Contingency planning for moving computer operations to another location in the event of a major disaster, so that the institution can continue to operate while collections and the building are salvaged.

a) CONTACTS

In case of information systems failure or damage, provide the following information about internal and outside sources of assistance. Remember that it is very important to keep any account numbers and passwords current, and to indicate who on staff knows them.

**Information Technology Department**

Contacts for problems/issues with hardware and software.

Department name: ________________________________
Contact person: ________________________________
Address: ________________________________
    City: __________________ State: __________________ Zip: __________
Phone: __________________ After-hours phone: __________________

**Remote Storage Site for Backups**

(e.g., if data is backed up and stored at a commercial facility)

Organization name: ________________________________
Contact Person: ________________________________
Address: ________________________________
    City: __________________ State: __________________ Zip: __________
Phone: __________________ After-hours phone: __________________
Account number: __________________
Procedures for retrieving backups in an emergency: __________________
In-house staff member familiar with account details and passwords: __________________

**Internet service provider**

Organization name: ________________________________
Contact Person: ________________________________
Address: ________________________________
    City: __________________ State: __________________ Zip: __________
Phone: __________________ After-hours phone: __________________
Account number: __________________
Procedures for restoring service in an emergency:

In-house staff member familiar with account details and passwords:

Web site host
Organization name:
Contact Person:
Address:
   City: __________________ State: ____________ Zip: _______
Phone: __________________ After-hours phone: __________
Account number:
Procedures for restoring service in an emergency:

In-house staff member familiar with account details and passwords:

Online subscription service(s)
Organization name:
Contact Person:
Address:
   City: __________________ State: ____________ Zip: _______
Phone: __________________ After-hours phone: __________
Account number:
Procedures for retrieving backups in an emergency:

In-house staff member familiar with account details and passwords:

Regional online catalog/network
Organization name:
Contact Person:
Address:
   City: __________________ State: ____________ Zip: _______
Phone: __________________ After-hours phone: __________
Account number:
Procedures for restoring the network in an emergency:

In-house staff member familiar with account details and passwords:
b) DATA BACKUP

Identify all electronic data unique to your institution that is maintained solely in-house (e.g., collection records, in-house databases, financial information, digital collections). For each, indicate the location of the data, the person responsible for backup, the location of on-site and off-site backup(s) for the data, and the frequency of backup. If any of this data is not currently backed up, establish backup procedures immediately.

<table>
<thead>
<tr>
<th>Type of data:</th>
<th>Location of data:</th>
<th>Person responsible for backup:</th>
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</table>

<table>
<thead>
<tr>
<th>On-site location of backup:</th>
<th>Off-site location of backup:</th>
<th>Frequency of backup:</th>
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</table>

(Repeat as needed)
E. INSURANCE

There are a number of issues to consider when planning for insurance coverage. You will need coverage not just for your collections, but also for your building, machinery, and equipment. If your institution does a lot of business electronically, the data and systems may need to be insured as well. You should also consider business interruption and extra expense insurance, which covers loss of income and any extra expenses that may be incurred while providing services during the period of repair and restoration after a disaster.

Much of the information requested here should be found in your Summary of Insurance and your Claims manual, if your insurance agent has provided such documents. If you have flood/earthquake insurance, or business interruption/extra expense insurance, include that information here.

Insurance is a complex subject and can be very confusing. It is very important that you consult with your insurance agent to determine precisely what coverage is right for your institution.

Insurance Agent: ____________________________________________
Contact Person: ____________________________________________
Address: _________________________________________________
    City: ___________________ State: ___________________ Zip: ______
Phone: ___________________ After-hours phone: _________________
Account/policy number: ________________________________
Deductible: _____________________
Coverage: ________________________________________________

Procedures required by the insurance company in case of damage or loss:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

(Continue as needed)
F. EMERGENCY FUNDS

Funds may be needed to pay vendors and contractors during a disaster, as well as for ongoing recovery and repair after the emergency is resolved.

a) IN-HOUSE FUNDS

List the person(s) who are authorized to disburse funds.
Name: ____________________________
Title: ____________________________

If there is an institutional credit card, list the person(s) who are authorized to use it.
Name: ____________________________
Title: ____________________________

If applicable, list the person(s) who can provide authorization for large purchase orders.
Name: ____________________________
Title: ____________________________

If applicable, provide information about institutional charge accounts:
Organization: ____________________________
Contact person: ____________________________
Phone: ____________________________ Cell Phone: ____________________________
Access procedures: ____________________________

Persons authorized to incur charges: ____________________________

(Repeat as needed)

b) ADDITIONAL FUNDS

If additional funds must be acquired through another department or agency (e.g., through the town finance committee), provide contact information below:

Name: ____________________________
Contact/Title: ____________________________
Address: ____________________________
City: ____________________________ State: ____________________________ Zip: ____________________________
Phone: ____________________________ After-hours Phone: ____________________________
Access procedures: ____________________________
IV. FACILITIES

An institution may have more than one building to care for but in the case of an emergency, not all sites will necessarily be involved. Assigning responsibility for individual structures while creating a cohesive plan for the overall institution will ensure that every building is included.

A. ADMINISTRATIVE

Provide information about the person or company responsible for overall facilities maintenance:

Name: __________________________
Contact person: __________________________
Address: __________________________
    City: __________________________ State: __________________________ Zip: __________________________
Phone: __________________________
After-hours phone: __________________________
Email: __________________________

Name: __________________________
Contact person: __________________________
Address: __________________________
    City: __________________________ State: __________________________ Zip: __________________________
Phone: __________________________
After-hours phone: __________________________
Email: __________________________

(Continue as needed)
B. EMERGENCY SHUT-OFFS

Provide information about the types of emergency shut-offs that are applicable to your building. Remember to also mark the location of these shut-offs on your building plans:

Main water shut-off valve: ________________________________
Procedures: ____________________________________________

Sprinkler shut-off valve: ________________________________
Procedures: ____________________________________________

Main electrical cut-off switch: __________________________
Procedures: ____________________________________________

Main gas shut-off: ________________________________
Procedures: ____________________________________________

Oil cut-off: ________________________________
Procedures: ____________________________________________

Heating system controls: __________________________
Procedures: ____________________________________________

Cooling system controls: __________________________
Procedures: ____________________________________________

Security system controls: __________________________
Procedures: ____________________________________________

Fire alarm annunciator panel: __________________________
C. FLOORPLAN

Provide architectural drawings or another representation of your building(s) floorplan. Include information about emergency exits, evacuation routes, critical equipment, and any other pertinent data.
V. SUPPLIES & SERVICES

For all services, consider providing one local source and one outside the immediate area in case the disaster extends beyond the institution.

A. RECOVERY SERVICES

Local freezing service:
Wet collections must be frozen within 48 hours to stabilize them and prevent mold from growing. They will be sent elsewhere later for drying and cleaning.

Company name: ____________________________
Contact person: ____________________________
Address: ____________________________
   City: _______ State: _______ Zip: _______
Phone: ____________________________
After-hours Phone: ____________________________
Email: ____________________________

Building Recovery/Collection Salvage Services
There are a relatively small number of reputable companies experienced in salvaging buildings and collections (e.g., drying and cleaning buildings, wet books, documents, computer data, microfilm, and audio/video) for cultural institutions.

Belfor
(800) 856.3333
www.belfor.com

BMS Cat
(800) 433.2940
www.bmscat.com

Polygon
(800) 422.6379
www.polygongroup.us

Professional Preservation Advice - Regional Centers
See the Regional Alliance for Preservation for a regional conservation/preservation centers throughout the United States. Enter information about the appropriate center(s) below.

Organization/Name: ____________________________
Contact person: ____________________________
Address: ____________________________
   City: _______ State: _______ Zip: _______
Phone: ____________________________
After-hours Phone: ____________________________
Web site: ____________________________
Specialty: ____________________________

Professional Preservation Advice - Conservators
To locate a private conservator in your area, consult the American Institute for Conservation (AIC) conservator database (http://www.conservation-us.org/membership/find-a-conservator#V5fLdpNfCk).

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**B. EMERGENCY SUPPLIES**

Every institution should keep at least a basic supply and equipment kit on hand to be used in an emergency. The kit should be stored in one or more sealed watertight containers and clearly labeled “Disaster Kit – Do Not Use for Other Purposes” so that materials are not removed mistakenly by staff or others. While disaster kits may include first aid supplies, the focus of the kit is on collections safety, not human safety. Additional health and safety products may be necessary to protect patrons. Quantities and locations of supply kits will depend on the size and type of institution.

Person responsible for inventorying supplies/equipment: _____________________________

Frequency of inventory (four times per year is recommended): ____________________

<table>
<thead>
<tr>
<th>Supply Item</th>
<th>Description</th>
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<tbody>
<tr>
<td>Aprons, plastic</td>
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<tr>
<td>Book trucks, hand carts, or dollies</td>
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<tr>
<td>Boots, rubber (or galoshes)</td>
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<tr>
<td>Brooms and dustpans</td>
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<tr>
<td>Boxes, cardboard</td>
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<tr>
<td>Bubble wrap</td>
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<td>Buckets (plastic)</td>
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<td>Camera with film (disposable)</td>
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<td>Clipboard</td>
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<tr>
<td>Clothesline (nylon or 30 lb. monofilament)</td>
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<tr>
<td>Clothespins</td>
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<tr>
<td>Dehumidifier (portable)</td>
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<tr>
<td>Ear plugs</td>
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<td>Extension cords (50 ft., grounded)</td>
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<tr>
<td>Fans (portable)</td>
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<td>First aid kit</td>
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<td>Flashlights (waterproof)</td>
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<td>Freezer, garbage bags (polyethylene various sizes)</td>
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<tr>
<td>Generator, portable</td>
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<td>Glasses (protective)</td>
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<td>Gloves (nitrile)</td>
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<td>Markers (waterproof)</td>
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<td>Masks, protective</td>
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<tr>
<td>Milk crates/Rescues/plastic boxes</td>
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<tr>
<td>Mops</td>
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<td>Paper (blotter, newsprint, pads for clipboards)</td>
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<td>Paper towels</td>
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<td>Pencils and pencil sharpener</td>
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<td>Plastic sheeting, heavy (polyethylene)</td>
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<tr>
<td>Radio, battery-operated (with weather band)</td>
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<td>Scissors</td>
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<td>Sponges (cellulose and dry sponges for cleaning soot)</td>
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<td>Sump pump (portable)</td>
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<td>Tables (portable folding)</td>
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<td>Tape (duct and clear tape, with dispenser)</td>
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<td>Tape (yellow caution)</td>
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<tr>
<td>Toolkit (tool kit should include crowbars, hammers, pliers, screwdrivers, etc.)</td>
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<td>Trash cans</td>
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<td>Utility knife and extra blades</td>
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<tr>
<td>Walkie-Talkies</td>
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<tr>
<td>Waxed or freezer paper</td>
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VI. REVIEW & DISTRIBUTION
Copies should be placed in all departments and at all points of contact (e.g., reference desk, circulation desk), and copies should also be stored off site.

A. DISTRIBUTION
List all staff members (and any others, such as the fire department) who will be given a copy of this plan, and indicate where the plans will be stored. Members of the Disaster Response Team should keep one copy of the plan in their car and one copy at work.

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B. REVIEW AND UPDATING

The plan should be reviewed and updated yearly (at a minimum).

List the people responsible for reviewing and updating each section of the plan:

Institutional Information: ____________________________
Staff list/Disaster Team lists: ____________________________
Facilities information/floor plans: ____________________________
Information technology: ____________________________
Insurance: ____________________________
Institutional salvage priorities: ____________________________
Evacuation instructions: ____________________________
Emergency numbers: ____________________________
In-house supplies: ____________________________
External supplies/services: ____________________________
Areas for relocation/temporary storage: ____________________________
Communication with emergency services: ____________________________
Availability of emergency funds: ____________________________
Other: ____________________________
Other: ____________________________