

A DISASTER PLAN

For Libraries and Archives

This document is designed to assist libraries and archives in preparing for emergency situations which may threaten the safety of persons, collections and facilities. Whether your institution has a minimal amount of time to devote to emergency planning or is undertaking a comprehensive planning project, this disaster plan can help you to gather vital information which will be invaluable in the event of an emergency. Use this document as it is, or use selected parts. It may be reproduced without permission, provided that the Amigos Preservation Service is credited.

DISASTER PLAN

Institution: _____

Date of current revision: _____

IN-HOUSE EMERGENCY TEAM

Administrator: _____

Office Phone: _____ Home Phone: _____ Cell Phone: _____

Disaster Team Leader: _____

Office Phone: _____ Home Phone: _____ Cell Phone: _____

Building Maintenance: _____

Office Phone: _____ Home Phone: _____ Cell Phone: _____

Disaster Team:

1. _____
2. _____
3. _____
4. _____

Department Head: _____

Department Head: _____

Department Head: _____

Department Head: _____

Department Head: _____

FACILITIES: LOCATIONS OF EMERGENCY SYSTEMS

Building: _____

List locations and attach floor plan (use letters to indicate locations on floor plan).

A. Main Utilities

1. Main water shut-off valve: _____
2. Sprinkler shut-off valve: _____
3. Main electrical cut-off switch: _____
4. Main gas shut-off: _____
5. Heating/cooling system controls: _____

B. Fire Suppression Systems (by room or area)

1. Sprinklers: _____
2. Halon: _____
3. Other: _____

C. Water Detectors _____

D. Keys

Key boxes: _____

Individuals with master and/or special keys (attach list with names, titles, and keys in possession)

E. Fire Extinguishers (Label by number according to type)

1. Type A - Wood, paper, combustibles
2. Type B - Gasoline, flammable liquid
3. Type C - Electrical
4. Type ABC - Combination

F. Fire Alarm Pull Boxes (use floor plan)

G. Smoke and Heat Detectors (use floor plan)

H. Radios

1. Transistor radios (for news): _____
2. Two-way radio (for communication): _____

I. First Aid Kits _____

J. Public Address System _____

K. Nearest Civil Defense Shelter _____

EMERGENCY SERVICES

Company/Service and Name of Contact

Phone #

Security _____

Fire Dept. _____

Police/Sheriff _____

Ambulance _____

Civil Defense _____

Other _____

Maintenance/Utilities:

Janitorial Service _____

Plumber _____

Electrician _____

Locksmith _____

Carpenter _____

Gas Company _____

Electric Company _____

Water Utility _____

Recovery Assistance:

Preservation Resource Amigos Imaging and Preservation Service (800) 843-8482

Preservation Resource _____

Conservators/Specialists:

Paper & Book _____

Photographs _____

Computer Records _____

EMERGENCY SERVICES (continued)

Local Freezer (1): _____

Local Freezer (2): _____

Disaster Recovery Service: _____

Account pre-established? Yes No Account Number: _____

Services available: Water Recovery Freezer Vacuum Freeze Dryer
 Fire Recovery Mold Fumigation Environment Control

Disaster Recovery Service: _____

Account pre-established? Yes No Account Number: _____

Services available: Water Recovery Freezer Vacuum Freeze Dryer
 Fire Recovery Mold Fumigation Environment Control

Exterminator: _____

Other Services: _____

Insurance (Attach copy of insurance policy)

Insurance Company: _____

Agent/Contact: _____

Policy Number: _____

Self-Insured? Yes No If yes, list contact: _____

Other

Legal Advisor: _____

Architect: _____

COLLECTION SALVAGE SUPPLIES

<u>On-Site Location or Off-Site Source</u>	<u>Phone #</u>
<input type="checkbox"/> Freezer or wax paper _____	_____
<input type="checkbox"/> Gloves, rubber _____	_____
<input type="checkbox"/> Interfacing (Pellon) _____	_____
<input type="checkbox"/> Masks _____	_____
<input type="checkbox"/> Milk crates, plastic _____	_____
<input type="checkbox"/> Mylar polyester sheets _____	_____
<input type="checkbox"/> Newsprint, blank _____	_____
<input type="checkbox"/> Notepads & clipboards _____	_____
<input type="checkbox"/> Nylon monofilament (fishing) line _____	_____
<input type="checkbox"/> Paper towels (no dyes) _____	_____
<input type="checkbox"/> Sponges _____	_____
<input type="checkbox"/> Trash bags, plastic _____	_____

EQUIPMENT & SUPPLIES

<u>On-Site Location or Off-Site Source</u>	<u>Phone #</u>
<input type="checkbox"/> Aprons, smocks _____	_____
<input type="checkbox"/> Book trucks, metal _____	_____
<input type="checkbox"/> Boots, rubber _____	_____
<input type="checkbox"/> Brooms _____	_____
<input type="checkbox"/> Buckets & trash cans, plastic _____	_____
<input type="checkbox"/> Camera (to document damage) _____	_____
<input type="checkbox"/> Dehumidifiers _____	_____
<input type="checkbox"/> Extension cords, grounded _____	_____
<input type="checkbox"/> Fans _____	_____
<input type="checkbox"/> Flashlights _____	_____

EQUIPMENT & SUPPLIES (continued)

<u>On-Site Location or Off-Site Source</u>	<u>Phone #</u>
<input type="checkbox"/> Forklift _____	_____
<input type="checkbox"/> Generator, portable _____	_____
<input type="checkbox"/> Hard hats _____	_____
<input type="checkbox"/> Lighting, portable _____	_____
<input type="checkbox"/> Mops, pails _____	_____
<input type="checkbox"/> Pallets _____	_____
<input type="checkbox"/> Paper towels _____	_____
<input type="checkbox"/> Plastic sheeting, heavy _____ (stored w/ scissors, tape)	_____
<input type="checkbox"/> Refrigerator trucks _____	_____
<input type="checkbox"/> Safety glasses _____	_____
<input type="checkbox"/> Sponges, industrial _____	_____
<input type="checkbox"/> Sponges, natural rubber _____	_____
<input type="checkbox"/> Sump pump, portable _____	_____
<input type="checkbox"/> Tables, portable _____	_____
<input type="checkbox"/> Trash bags, plastic _____	_____
<input type="checkbox"/> Vacuum, wet _____	_____
<input type="checkbox"/> Water hoses _____	_____
<input type="checkbox"/> Water-proof clothing _____	_____
Other:	
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____

ATTACHMENTS

- 1. List of **SALVAGE PRIORITIES** for each department, area and/or office.
- 2. **EMERGENCY PROCEDURES** and **EVACUATION PLAN**.
- 3. Copy of **INSURANCE POLICY**.
- 4. Copy of **DISASTER RECOVERY VENDOR CONTRACT**.
- 5. Other **EMERGENCY PLANNING** and **RECOVERY DOCUMENTS**:

LOCATIONS WHERE THIS PLAN IS ON FILE

In-House:

Off-Site:
