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| **PUBLIC RECORDS STORAGE FACILITY PRE-INSPECTION PROFILE**  Form RC-150 (Revised 01/2012) | |  | | **STATE OF CONNECTICUT**  **Connecticut State Library**  **Office of the Public Records Administrator**  231 Capitol Avenue, Hartford, CT 06106  <http://ctstatelibrary.org/publicrecords/> |
| **INSTRUCTIONS:**   1. Use this form to request approval for the storage of public records pursuant to §11-8 of *the General Statutes of Connecticut*. Approval is required for the storage of records for all state agencies within the executive department, towns, cities, boroughs, districts, and other political subdivisions of the state. 2. Submit completed form and any relevant supporting documentation to the above-listed address. Staff will contact you to schedule a site inspection. | | | | |
| **ORGANIZATION PROFILE** | | | | |
| **NAME OF ORGANIZATION:** | | | | |
| **MAILING ADDRESS:** | | | | |
| **CONTACT NAME:** | | | **CONTACT TITLE:** | |
| **CONTACT PHONE:** | **CONTACT FAX:** | | **CONTACT E-MAIL:** | |
| **OWNERSHIP STRUCTURE (e.g., Corporation, Family Owned, Sole Proprietorship):** | | | | |
| **DATE ORGANIZATION BEGAN PROVIDING RECORDS MANAGEMENT SERVICES:** | | | | |
| **GENERAL SERVICES PROVIDED:** | | | | |
| **DESCRIBE ANY SPECIAL CERTIFICATIONS REQUIRED AND MAINTAINED BY CURRENT EMPLOYEES:** | | | | |
| **FACILITY OVERVIEW** | | | | |
| **1. PHYSICAL ADDRESS OF FACILITY:** | | | | |
| **2. TYPE OF FACILITY CONSTRUCTION (steel, concrete, brick, and/or other):** | | | | |
| **3. DATE FACILITY CONSTRUCTED (include dates of any substantive modifications):** | | | | |
| **4. SIZE OF FACILITY (square footage):** | | | | |
| **5. CAPACITY OF FACILITY (cubic footage):** | | | | |
| **6. NUMBER OF FLOORS:** | | | | |
| **7. HEIGHT OF CEILING:** | | | | |
| **8. DESCRIBE HEATING/COOLING SYSTEM:** | | | | |
| **9. IS THE FACILITY A DEDICATED RECORDS STORAGE FACILITY?  YES  NO. IF NOT, WHAT OTHER ITEMS/MATERIALS ARE STORED IN FACILITY?** | | | | |
| **10. ARE RECORDS STORAGE AREAS SEPARATED BY FIRE WALLS?  YES  NO. IF YES, SPECIFY FIRE RATING:** | | | | |
| **11. IS THE FACILITY IN A FLOOD PLAIN?  YES  NO. IF YES, IS IT  100 YEAR OR LESS?  500 YEAR OR LESS?  1,000 YEAR OR LESS?** | | | | |
| **12. ARE THERE ANY HAZARDOUS MATERIALS STORED IN THE BUILDING OR ON THE PROPERTY?  YES  NO. IF YES, DESCRIBE:** | | | | |
| **13. ARE THERE ANY HAZARDOUS MATERIAL FACILITIES LOCATED NEARBY?  YES  NO. IF YES, DESCRIBE TYPE AND PROXIMITY:** | | | | |
| **14. IS THERE A PEST MANAGEMENT PROGRAM?  YES  NO. IF YES, DESCRIBE:** | | | | |
| **15. ARE THERE ANY WINDOWS IN RECORDS STORAGE AREA?  YES  NO. IF YES, DESCRIBE:** | | | | |
| **16. IS THERE A SECURITY ALARM SYSTEM?  YES  NO. IF YES, DESCRIBE:** | | | | |
| **17. IS THERE A FIRE ALARM SYSTEM?  YES  NO. IF YES, DESCRIBE:** | | | | |
| **18. IS THERE A FIRE SUPRESSSION / SPRINKLER SYSTEM?  YES  NO. IF YES, DESCRIBE:** | | | | |
| **19. LIST ANY ELECTRONIC OR GAS POWERED EQUIPMENT USED INSIDE THE BUILDING (e.g., forklifts):** | | | | |
| **20. DESCRIBE SHELVING/STORAGE SYSTEM:** | | | | |
| **21. DOES THE FACILITY HAVE A DISASTER PLAN OR CONTINUITY OF OPERATIONS PLAN?  YES  NO. IF YES, WHEN WAS IT LAST UPDATED?** | | | | |
| **22. IS THERE A VAULT?  YES  NO. IF YES, DESCRIBE CONSTRUCTION, FIRE RATING, AND ANY ADDITIONAL DETAILS, SUCH AS WHETHER PAPER RECORDS OR MEDIA WILL BE STORED IN THE VAULT:** | | | | |
| **23. IS THERE A CERTIFICATE OF OCCUPANCY (CO) FOR THE FACILITY?  YES  NO. IF YES, PLEASE PROVIDE COPY.** | | | | |
| **24. IF THERE IS ADDITIONAL RELEVANT INFORMATION ABOUT THE FACILITY, PLEASE DESCRIBE BELOW. ATTACH ADDITIONAL PAGES IF NEEDED.** | | | | |