

Damaged Physical Records Notification Form

Prepared by _____		Date _____		
Agency _____		Date of Damage _____		
Point of Contact _____		Contact Email and Phone Number _____		
Location (Street Address /Building/Floor/Room) of Damage/Area				
<p>Type of Damage</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Fire <input type="checkbox"/> Smoke <input type="checkbox"/> Mould/Mildew <input type="checkbox"/> Other _____ </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Clean Water (Fire Suppression/Roof Leak) <input type="checkbox"/> Dirty Water (Sewage/Flood) <input type="checkbox"/> Debris/Torn </td> </tr> </table>			<input type="checkbox"/> Fire <input type="checkbox"/> Smoke <input type="checkbox"/> Mould/Mildew <input type="checkbox"/> Other _____	<input type="checkbox"/> Clean Water (Fire Suppression/Roof Leak) <input type="checkbox"/> Dirty Water (Sewage/Flood) <input type="checkbox"/> Debris/Torn
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<p>Types of Materials Damaged</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> File Folders/Loose Papers <input type="checkbox"/> Microfilm <input type="checkbox"/> Microfiche <input type="checkbox"/> Bound Volumes <input type="checkbox"/> Other _____ </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Photographs <input type="checkbox"/> Tapes (audio/data/video) <input type="checkbox"/> Maps/plans <input type="checkbox"/> Film Negatives/slides (Colour or Black and White) </td> </tr> </table>			<input type="checkbox"/> File Folders/Loose Papers <input type="checkbox"/> Microfilm <input type="checkbox"/> Microfiche <input type="checkbox"/> Bound Volumes <input type="checkbox"/> Other _____	<input type="checkbox"/> Photographs <input type="checkbox"/> Tapes (audio/data/video) <input type="checkbox"/> Maps/plans <input type="checkbox"/> Film Negatives/slides (Colour or Black and White)
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<p>Replacement/Backup/Salvage (Use additional pages if necessary for explanations)</p> <p>Are Damaged Materials older than 50 years? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain _____</p> <p>Are Damaged Materials Replaceable? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain _____</p> <p>Can Backup Copy be Used and Original Discarded? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain _____</p> <p>Outside Remediation Vendor Required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>				
Comments/ Request				