

**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
www.cslib.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:

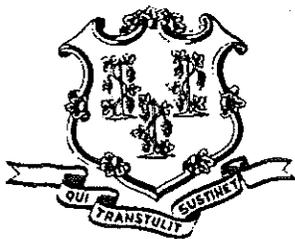
7. HEIGHT OF CEILING:

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? <input type="checkbox"/> YES <input type="checkbox"/> NO. IF YES, SPECIFY FIRE RATING:
11. IS THE FACILITY IN A FLOOD PLAIN? <input type="checkbox"/> YES <input type="checkbox"/> NO. IF YES, IS IT <input type="checkbox"/> 100 YEAR OR LESS? <input type="checkbox"/> 500 YEAR OR LESS? <input type="checkbox"/> 1,000 YEAR OR LESS?
12. ARE THERE ANY HAZARDOUS MATERIALS STORED IN THE BUILDING OR ON THE PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO. IF YES, DESCRIBE:
13. ARE THERE ANY HAZARDOUS MATERIAL FACILITIES LOCATED NEARBY? <input type="checkbox"/> YES <input type="checkbox"/> NO. IF YES, DESCRIBE TYPE AND PROXIMITY:
14. IS THERE A PEST MANAGEMENT PROGRAM? <input type="checkbox"/> YES <input type="checkbox"/> NO. IF YES, DESCRIBE:
15. ARE THERE ANY WINDOWS IN RECORDS STORAGE AREA? <input type="checkbox"/> YES <input type="checkbox"/> NO. IF YES, DESCRIBE:
16. IS THERE A SECURITY ALARM SYSTEM? <input type="checkbox"/> YES <input type="checkbox"/> NO. IF YES, DESCRIBE:
17. IS THERE A FIRE ALARM SYSTEM? <input type="checkbox"/> YES <input type="checkbox"/> NO. IF YES, DESCRIBE:
18. IS THERE A FIRE SUPRESSION / SPRINKLER SYSTEM? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO. IF YES, WHEN WAS IT LAST UPDATED?
22. IS THERE A VAULT? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO. IF YES, PLEASE PROVIDE COPY.
24. IF THERE IS ADDITIONAL RELEVANT INFORMATION ABOUT THE FACILITY, PLEASE DESCRIBE BELOW. ATTACH ADDITIONAL PAGES IF NEEDED.

"Sample Copy Only"
Proposal Submission:
Upload Valid Certificate of Approval



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Public Records Storage Facility Certificate of Approval

This certifies that the storage facility listed below meets the *Standards for Public Records Storage Facilities* issued by the Office of the Public Records Administrator in accordance with Sec. 11-8 of the *General Statutes of Connecticut*.

This certification is valid for a period of 10 years from the date of approval, unless there is a change in ownership; a significant renovation, repair, or damage to the facility; or a re-inspection finds that the facility does not meet the *Standards for Public Records Storage Facilities*.

Name of Facility

Address of Facility

FACILITY APPROVED BY:

Signature of Public Records Administrator

Date Approved

Printed Name