COLLECTION INFORMATION

Date of Report _________________________
Unit: __________________________________
Registered Collection Name: ________________________________
Name and title of person filing report: ____________________________

OBJECT INFORMATION

Accession Number: _____________________ Object Name: ______________________
Object description ______________________________________________________
________________________________________________________________________
Location: __________________________________________________________________
Date of Damage _________________________

Damage Due to:

☐ Accident ____________________________ ☐ Deterioration _________________________
☐ Vandalism ____________________________ ☐ (Water/Heat/Smoke/Mold) _______________

Damage Estimated to be:

☐ Irreparable ____________________________ ☐ Requires Treatment __________________
What Treatment? __________________________

Damage Reported to Campus Security ________ Date __________________________
Report Sent to Campus Security ________ Date __________________________
Report Sent to the Risk Management, via Museums & Collections Services YES / NO

List What Physical Changes Have Occurred to the Object as a Result of the Damage

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Were All the Pieces of the Object Recovered? _______ What is Missing? ________________
__________________________________________________________
__________________________________________________________

Comments _____________________________________________________________
______________________________________________________________________________