# FACILITIES RAPORT/ SHORT VERSION

**POLIN Museum of the History of Polish Jews**

## INFORMATION ON THE INSTITUTION AND EXHIBITION

### APPLYING INSTITUTION/ORGANISER

Name of the institution:

Address:

Phone no.:

E-mail address:

### EXHIBITION

Exhibition title:

Exhibition location (address):

Exhibition duration:

Requested lending period:

Number of days:

Days and times the exhibition is open to the public:

**Exhibition curator:**

Phone no.:

E-mail address:

**Staffresponsible for the security of the collection before and during the exhibition:**

**Registrar:**

Phone no.:

E-mail address:

**Conservator:**

Phone no.:

E-mail address:

**Security Department Manager:**

Phone no.:

E-mail address:

### EXHIBITION VENUE - CONDITIONS

|  |  |  |
| --- | --- | --- |
|  | **YES**  | **NO** |
| **Climatic conditions - exhibition room****Temperature:** **Humidity:**  | Full air-conditioning |  |  |
| Humidifiers |  |  |
| Air dryers |  |  |
| Heating (please specify type: central heating, electric, etc.) |  |  |
| Climatic parameters measurement (inspection frequency: constant) |  |  |
| **Natural lighting** | Windows equipped with: anti-UV/sunscreens (delete as appropriate) |  |  |
| Showcases glass equipped with anti-UV filters |  |  |
| **Climatic conditions** | Blinds/ awnings/curtains/ shutters/internal transparent blinds/ internal blockout blinds /external blinds/other type of emergence (delete as appropriate) |  |  |
| No windows in the exhibition room  |  |  |
| **Artificial lighting** | Incandescent/halogen/fluorescent/light bulbs (delete as appropriate) |  |  |
| **Safety** | Fire protection systems |  |  |
| 24-hour security service |  |  |
| Vibrating/short-range infrared alarm sensors (delete as appropriate) |  |  |
| **Transport** | Transport by own (means of institution’s vehicle with special packaging) – if yes, put “a” or “b”:1. car (could be approved only for the transport of small archives)
2. bus or truck proper for artworks transport
 |  |  |
| Outsourcing of services for the transport of works of art to external specialised companies |  |  |

Date and signature of the person responsible for collection security during the exhibition

## B. BUILDING

Building type:

### ARCHITECTURAL PLAN OF THE EXHIBITION PREMISES

Location plan with the exhibition area marked and specified dimensions of the rooms (length x width x height) - as appendix to the Form

## C. LIST OF OBJECTS

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|  |  |  |  |
| --- | --- | --- | --- |
| No. | Description of the object (author, title, place and date of issue/creation, manufacturing technique) | Reference/ inventory number  | Exposing method |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |