



## Handout 4.3—Sample Post-Event Report

<b>Date and location of incident</b>	<input type="checkbox"/> <b>Date:</b> <input type="checkbox"/> <b>Location:</b> Bldg: _____ Floor: _____ Room: _____	
<b>Type of incident</b>	<input type="checkbox"/> Water—clean <input type="checkbox"/> Water—gray <input type="checkbox"/> Water—black <input type="checkbox"/> Fire	<input type="checkbox"/> Mold <input type="checkbox"/> Pest infestation <input type="checkbox"/> Contamination <input type="checkbox"/> Other: _____
<b>Source of problem</b>		
<b>Areas affected</b>		
<b>Types of materials affected and amount</b>	<input type="checkbox"/> Bound volumes <input type="checkbox"/> Unbound paper <input type="checkbox"/> Maps, plans, oversized records <input type="checkbox"/> Photos/film/electronic media <input type="checkbox"/> Magnetic tapes, CDs <input type="checkbox"/> Artifacts <input type="checkbox"/> Microforms <input type="checkbox"/> Other—please specify: _____	<b>Quantity</b> (include units, e.g., boxes, cubic feet, linear feet, items) _____ _____ _____ _____ _____ _____



Recovery methods		Material Treated & Volume	Reason
	<input type="checkbox"/> Air drying in-house <input type="checkbox"/> Air drying contractor <input type="checkbox"/> Freezing in-house <input type="checkbox"/> Freezing contractor <input type="checkbox"/> Vacuum freeze drying		<hr/> <hr/> <hr/> <hr/> <hr/>
		Material Treated & Volume	Reason
	<input type="checkbox"/> Replacement <input type="checkbox"/> Discarded <input type="checkbox"/> Other in-house <input type="checkbox"/> Other contractor		<hr/> <hr/> <hr/> <hr/> <hr/>

Agency staff involved	Name & Unit	Role	Dates
Contractor(s)	Name	Work Performed	Dates
Notes/comments			