REPUBLIC OF THE PHILIPPINES
CITY GOVERNMENT OF PARAÑAQUE
Cultural, Historical and Tourism Promotions Division
(**CHTPD)**

CHECKLIST FOR MUSEUM INSPECTION

MU NO.: _____

Mission Order No. _____
Series of 200_____, Date: _____

NAME OF THE MUSEUM: _____ OWNER/MANAGER _____

BUSINESS ADDRESS: _____ DATE OF INSPECTION _____

TEL./FAX NOS. _____ E-MAIL ADD. _____ PERSON PRESENT _____

	YES	NO
I. MEMBERSHIP		
- Member of the National Committee on Museum?	( )	( )
II. LOCATION AND FAÇADE		
- Pleasant locality and environs with proper ingress & egress?	( )	( )
- Façade and architectural features are appropriately designed?	( )	( )
III. GALLERY AND DISPLAY ROOM		
- Fully air-conditioned?	( )	( )
- Adequately illuminated?	( )	( )
IV. CONFERENCE/ AUDITORIUM		
- With audio-visual equipment and made available to the public?	( )	( )
V. LIBRARY		
- Adequately equipped and made available to the public?	( )	( )
VI. STORAGE ROOM		
- Provided for storing collection artifacts / item?	( )	( )

COMMENTS/ EXPLANATIONS: (By owner/representative of hotel)

_____
_____
_____

RECOMMENDATION:
Favorable ( ) Unfavorable ( ) Hold in Abeyance ( )

REMARKS:

_____
_____
_____

We hereby certify that we have conducted an inspection of the above-referred established on _____ and that the foregoing report is our evaluation on the facts gathered in the course of amid inspection.

_____ _____
INSPECTOR INSPECTOR

_____
Applicant/Representative

RECOMMENDING APPROVAL: APPROVED BY:

JOSEPHINE S. OROZCA
Office-In-Charge
Cultural and Tourism Affairs

DEAN G. CALLEJA
Department Head
Special Services Office