



## Condition Report, Care Recommendations & Inspection Record Outdoor Mural

*An annual inspection and documentation of your murals is an important first step in an ongoing maintenance program. By recording the materials and condition of your murals and retaining the report in your files, changes in condition from year to year can be readily detected. This will allow you to address problems and deterioration before major unsightly and perhaps irreparable damage occurs.*

<b>Title:</b>	<b>Artist:</b>	<b>Date:</b>
Owner of Painting:	Address:	Phone:
Location of Painting/Address:		
Owner of Wall:	Address:	Phone:
Details of Agreement / Responsibility if known:		
Custodian of Painting-Organization:		
Contact Position Title/Person:		
Address:		Phone:
Details of Agreement / Responsibility if known:		
Description of Image:		
Plaque:		
Signature: <input type="checkbox"/> Yes / <input type="checkbox"/> No    Location:		

<b>Maintenance Program:</b>	<input type="checkbox"/> Regular Program with funding / <input type="checkbox"/> Regular Program without funding	
Maintenance Schedule:		
Organization Responsible for Maintenance:		
Contact Person / Office:	Address:	Phone:
Duties:		
Last examined: (See back page)		
Date and nature of repair / intervention; by whom:		

<b>Location:</b>	Description:		
Adjacent to:	<input type="checkbox"/> Sidewalk	<input type="checkbox"/> Lane: Pedestrian / Vehicles	<input type="checkbox"/> Vacant Lot:
	<input type="checkbox"/> Parking:Pavement / Gravel / Soil	<input type="checkbox"/> Road: Pavement / Dirt / Gravel	<input type="checkbox"/> Building / Porch
	<input type="checkbox"/> Vegetation / Landscaping:	<input type="checkbox"/> Paving stones / <input type="checkbox"/> Garden / <input type="checkbox"/> Grass / <input type="checkbox"/> Trees	<input type="checkbox"/> Other:
Orientation - Facing towards: <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West			
Lighting:			
Security:			





**ADDITIONAL NOTES / SKETCH, PHOTO OR PHOTOCOPY OF IMAGE WITH DAMAGES**



**ACTION REQUIRED:** *(Please note: Any treatment undertaken should be recorded in a report and retained in the painting's file.)*

	Urgent need of treatment	Would benefit from treatment	Well maintained	Unable to comment
Wall & Surrounding Area				
Auxiliary Support				
Support				
Image Layers				
Surface Coating				

**Periodic Inspection by:**

Date:

Proposed action reviewed by:  N/A):

Date:

**ADDITIONAL NOTES / SKETCH, PHOTO OR PHOTOCOPY OF IMAGE WITH DAMAGES**



**ACTION REQUIRED:** *(Please note: Any treatment undertaken should be recorded in a report and retained in the painting's file.)*

	Urgent need of treatment	Would benefit from treatment	Well maintained	Unable to comment
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Auxiliary Support				
Support				
Image Layers				
Surface Coating				

**Periodic Inspection by:**

Date:

Proposed action reviewed by:  N/A):

Date:

**ADDITIONAL NOTES / SKETCH, PHOTO OR PHOTOCOPY OF IMAGE WITH DAMAGES**





**ACTION REQUIRED:** *(Please note: Any treatment undertaken should be recorded in a report and retained in the painting's file.)*

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Auxiliary Support				
Support				
Image Layers				
Surface Coating				

**Periodic Inspection by:**

Date:

Proposed action reviewed by: ( N/A):

Date:

**ADDITIONAL NOTES / SKETCH, PHOTO OR PHOTOCOPY OF IMAGE WITH DAMAGES**