**ATTACHMENT 7**

**OFFSITE STORAGE FACILITY SURVEY**

SUPPLIER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TELEPHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please add separate sheets of paper as necessary.

1. Is your company now storing records for government entities? If so, please provide names, telephone numbers and addresses of these clients.
2. Does your company have a limit on volumes of records that you are capable of storing? If so, what is that limit?
3. Is your company able to provide proper storage for microfilm, magnetic and electronic media (must satisfy ANSI standards)?
4. Do you offer special pricing for government accounts? If so, please provide details of your discount.
5. If applicable, please provide addresses of your other California based records storage facilities within a 50-mile radius from zip code 95833.
6. If your company provides services other than storage, please place a check mark beside the applicable services shown below.

 Onsite confidential shredding

 Sale of storage containers

 Pickup and delivery to and from your facility

 Retrieval service for records stored within your warehouse

 Records destruction (confidential and non-confidential)

 Microfilming shredding service

 Automated records management services are in place (i.e., automated procedures for monitoring the records retention instructions that apply to stored records)

 Customers are notified when their stored records become eligible for destruction

 Automated procedures are in place for locating stored containers

 Folder level retrieval service is provided

 Free of charge replacement containers provided in the event one is damaged while in your custody

 Your facility has the ability to respond to short notice retrieval requests. Please provide details

1. Please provide information about your facility by placing a check mark in the applicable box.

 Your facility is equipped with temperature and humidity controls

 Standby power is available

 Overhead sprinklers are installed over and within your shelving units

 Metal fire abatement barriers are installed within your shelving units

 Your facility meets local area earthquake standards

 Around-the-clock security provided. Please describe

 Members of your staff trained on procedures to be followed in case of a disaster (natural or otherwise)

1. If not previously furnished, please provide an itemized cost sheet of estimated service charges.
2. If you would like to add anything to the survey, please do so on a separate sheet of paper.

Questions concerning this survey should be directed to: [solicitations@jud.ca.gov](mailto:solicitations@jud.ca.gov).

Authorized Representative’s Signature and Date