

Department of Tourism
Office of Tourism Standards and Regulation



SELF-ASSESSMENT CHECKLIST Museum / Gallery

NAME OF MUSEUM/GALLERY: _____
 BUSINESS ADDRESS: _____
 TELEPHONE NO. : _____ FAX NO.: _____
 GENERAL MANAGER/OWNER : _____

Please check on the appropriate box. Do not leave blank boxes.

| A. MEMBERSHIP | YES | NO | REMARK/S |
|---------------------------------------------------------------------------|------------|-----------|-----------------|
| 1. Membership of the National Committee on Museum | | | |
| B. LOCATION AND FACADE | YES | NO | REMARK/S |
| 1. Pleasant locality and environs with proper ingress & egress. | | | |
| 2. Facade and architectural features are appropriately designed. | | | |
| C. GALLERY AND DISPLAY ROOM | YES | NO | REMARK/S |
| 1. Fully air-conditioned | | | |
| 2. Adequately illuminated | | | |
| D. CONFERENCE/AUDITORIUM | YES | NO | REMARK/S |
| 1. Provided with audio-visual equipment and made available to the public. | | | |
| E. LIBRARY | YES | NO | REMARK/S |
| 1. Adequately equipped and made available to the public. | | | |
| F. STORAGE ROOM | YES | NO | REMARK/S |
| 1. Provided for storing collected artefacts/items. | | | |
| G. MUSEUM SHOP | YES | NO | REMARK/S |
| 1. Books, postcards, and other souvenir items made available for sale. | | | |
| H. RECEPTION/LOUNGE AREA | YES | NO | REMARK/S |
| 1. Well-informed receptionist should be made available to usher guests. | | | |

