

June 27, 1973

Dear H.I.R.A. Representative:

Health Instructional Resources Associated is currently updating its catalog of audio-visual materials and equipment now available for instructional use by its member organizations.

In order to include accurate and necessary information concerning these materials, we request that you answer the questions on the attached forms.

INSTRUCTIONAL MATERIALS INFORMATION REQUEST FORM

This form is designed to describe one item per page. Please duplicate the form as need prior to completion.

EQUIPMENT INFORMATION REQUESTION FORM

Note that there are four different forms for collecting equipment information. Duplicate as many of each form as you need in order to complete one for each different item. For example, different makes and models of 16mm projectors should be listed on separate sheets, but identical 16mm projectors should be listed on one sheet with quantity owned noted.

Although the equipment may not be available for loan to member institutions, please include a complete list in order to aid H.I.R.A. in learning more what the capabilities and needs of each member institution are.

For both materials and equipment forms, be sure to include institution, representative, position, and phone number at least once per type of form. On additional forms the name of the institution may be abbreviated and forms stapled together.

So that we may meet our established deadlines for this catalog, we must have the above information no later than the day of the next H.I.R.A. meeting, Thursday, July 12, 1973.

We thank you for your time and interest in this matter. If there are any questions, please feel free to contact:

For instructional materials:

James P. Slayden 338-9111 ext. 394
Laura Kohlemainen 363-7191 ext. 335

For equipment:

Susan Hurst 577-1491
Sue Gibson 961-1697

Bring completed forms to the July 12 meeting or mail to:

Susan Hurst, Learning Resources Librarian
Division of Medical Communication
1369 Scott Hall, 540 East Canfield
Detroit, Michigan 48201

H.I.R.A. Instructional Materials Information Request Form

Institution _____ Position _____
 Representative _____ Date _____
 Phone _____ Ext. _____

1. Title & Subject _____ 2. Year produced _____ Does it need updating? _____	3. What is the medium used? <input type="checkbox"/> Visual Aid <input type="checkbox"/> Video Tape 1 in. <input type="checkbox"/> 8 mm <input type="checkbox"/> Model <input type="checkbox"/> Video Tape 1/2 in. <input type="checkbox"/> Super 8 <input type="checkbox"/> Posters <input type="checkbox"/> 3/4 in. videocassette <input type="checkbox"/> 16 mm <input type="checkbox"/> Microfilm On what equipment was it _____ <input type="checkbox"/> 35 mm slides <input type="checkbox"/> Microfiche recorded? _____ <input type="checkbox"/> Film strip	4. If applicable, Cartridge (cassette) _____ Reel-to-reel (open reel) _____
5. <input type="checkbox"/> Silent <input type="checkbox"/> Sound 6. <input type="checkbox"/> Black & White <input type="checkbox"/> Color	7. Running time _____ If slides, how many? _____	8. The production: _____ <input type="checkbox"/> is an overview <input type="checkbox"/> in-depth <input type="checkbox"/> describes theory <input type="checkbox"/> describes application
9. Designed for: _____ <input type="checkbox"/> Classroom <input type="checkbox"/> *Student <input type="checkbox"/> Seminar <input type="checkbox"/> Paramedical <input type="checkbox"/> Auditorium <input type="checkbox"/> Nursing <input type="checkbox"/> Other: _____ <input type="checkbox"/> Physicians <input type="checkbox"/> Other: _____		

If you wish to give a summary of these materials, please do so in this space:

*Please describe (Include item number) :

PHOTOGRAPHY/PROJECTION

Institution _____

Representative _____ Date _____

Position _____ Phone _____ Ext. _____

Make _____ Model _____ Approx. Date of Purchase _____

NOTE: PLEASE USE ONE FORM FOR EACH PIECE OF EQUIPMENT. (List quantity owned in space provided.)

CAMERAS

Still ----- 35mm Polaroid Instamatic 120 2-1/4 x 2-1/4 Other Describe _____ _____ _____ (List additional items on back.)	Movie ----- Regular 8mm Super 8mm 16mm 35mm Other Describe _____ _____ _____
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PROJECTORS

Still ----- 35mm (2x2) 3-1/4 x 4 (lantern slides) Microscope Opaque Overhead Filmstrip Stereo X-Ray Sound on Slide Other Describe _____ _____ _____ (List additional items on back.)	Movie ----- Regular 8mm Super 8mm Regular/Super 8mm 16mm 35mm Super 8 Cartridge Silent Sound Magnetic Optical Other Describe _____ _____ _____
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ACCESSORIES
(for above camera)

Lenses (Include adaptors & filters)
List _____

Copy Equipment
Slide Duplication Equipment
Describe _____

Copy Stands
Describe _____

Flash
Type _____
Other Accessories (Tripods, cases, lighting equipment, etc.) _____

ACCESSORIES
(for above projector)

Lenses (Include length & adaptors)
List _____

Light Source (Lamp type & wattage) _____

Additional Accessories _____

Remote Control Capability _____

Is this equipment available for loan to member institutions? _____
If yes, under what conditions? _____

PORTABLE AUDIO EQUIPMENT

Institution _____
 Representative _____ Date _____
 Position _____ Phone _____ Ext. _____

Make _____ Model _____ Approx. Date of Purchase _____

NOTE: PLEASE USE ONE FORM FOR EACH PIECE OF EQUIPMENT. (List quantity owned in space provided.)

TAPE RECORDERS

___ Reel to Reel Reel Size _____
 ___ Cassette
 ___ 8 Track Cartridge
 ___ Tape Loop
 ___ Other Describe _____

___ Monophonic ___ AC
 ___ Stereophonic ___ AC/DC
 ___ Full Track ___ Playback Only
 ___ Half Track ___ Record Only
 ___ Quarter Track ___ Record/Playback
 ___ Microphone included

___ Slide Sync. Capabilities
 Describe _____

PHONOGRAPHS

___ Monophonic
 ___ Stereophonic
 ___ 78RPM ___ 45RPM ___ 33-1/3RPM
 ___ 16RPM ___ Variable Speed

DUPLICATION EQUIPMENT

___ Reel to Reel
 ___ Reel to Cassette
 ___ Cassette to Cassette
 Duplication Speed
 ___ Normal
 ___ High Speed
 Duplication Ratio _____
 Number of copies that can be duplicated at one time _____

Does the above tape recorder/phonograph require an amplifier? _____

AMPLIFIERS

___ Portable Amplifiers
 Make _____ Model _____
 Approx. power output in watts _____
 Number and type of inputs (mic., phono., aux., etc.) _____

MISCELLANEOUS

___ Microphones
 ___ Floor Stand
 ___ Table Stand
 ___ Lapel (Lavelier)
 ___ Shotgun (Directional)
 ___ Portable P.A. Systems (including speakers)
 ___ Portable Speakers
 ___ Headphones
 ___ Monophonic
 ___ Stereophonic

Is the equipment described available for loan? _____
 If yes, under what conditions? _____

TELEVISION

Institution _____
 Representative _____ Date _____
 Position _____ Phone _____ Ext. _____

Make _____ Model _____ Approx. Date of Purchase _____

NOTE: PLEASE USE ONE FORM FOR EACH PIECE OF EQUIPMENT. (List quantity owned in space provided.)

VIDEOTAPE MACHINES

2" quad head Color
 1" helical scan Black & White
 3/4" videocassette
 1/2" helical scan Record/Playback
 Other Playback Only
 Describe _____ Record Only

What playback systems are compatible with the above unit? _____

TELEVISION PRODUCTION EQUIPMENT

Video Switcher
 Describe _____

Sync Generator
 Describe _____

Camera Control Unit
 Describe _____

Special Effects Generator
 Describe _____

TELEVISION RECEIVERS

Color VHF Only
 Black & White VHF & UHF
 Screen Size _____

TELEVISION CAMERAS

Color With tripod
 Black & White Without tripod
 With viewfinder With dolly
 Without viewfinder Without dolly
 Zoom lens
 Lens size _____ Speed _____
 Fixed lens
 Lens size _____ Speed _____

Is the equipment described available for loan to member institutions? _____

If yes, under what conditions? _____

VIDEO MONITORS

Color
 Black & White
 Screen Size _____

Sept 1979

TO: ALL H.I.R.A. MEMBERS AND ALL OTHER INTERESTED PARTIES
FROM: THE H.I.R.A. RESOURCE SHARING COMMITTEE

The Health Instructional Resources Associated (H.I.R.A.) is planning to produce a union list of audio-visuals within the next few months. This union list will only be useful if institutions submit their holdings. Please give us your support in this project. We are aiming for maximum usefulness with minimum cost. The price of the catalog will be set when we have some idea of the number of items to be included, but we anticipate a price somewhere between \$25-\$50. The list will be arranged by titles and MeSH subject headings and will be in a printed form with heavy binder. Any institution, whether or not a member of H.I.R.A., may submit their holdings and/or purchase a copy of the list.

Attached you will find a form for the submission of your audio-visual holdings for inclusion in this list. Please use this as a master copy and fill in your institution's code before copying. Use your U.L.O.S.S.O.M. code if you have one; if not, contact Lucy Lee at Crittenton Hospital (652-5338) and she will assign one.

Also included in this packet are a copy of the Interlibrary Loan Agreement which all lenders and borrowers of the materials in the union list will be expected to abide by, and a list of guidelines for what types of items should be submitted for inclusion. If you have any questions on what may be submitted or on the organization itself, contact one of the members of the Resource Sharing Committee listed below.

- | | | |
|-----------------|-------------------------------------|----------|
| Lucy Lee | Crittenton Hospital | 652-5338 |
| Ellen McCooey | Oakland County Health Department | 424-7079 |
| Ellen O'Donnell | St. John Hospital | 343-3733 |
| Lynn Sorenson | Detroit-Macomb Hospital Association | 225-5185 |

Thank you for your cooperation in this endeavor. We hope it will make the task of tracking down audio-visual programs for our patrons much easier.

H.I.R.A. Equipment Information Request Form

Institution _____

Representative _____ Date _____

Position _____ Phone _____ Ext. _____

Does your institution have an auditorium? _____ Seating Capacity _____

If so, is it equipped with a permanent audio system? _____

Describe _____

Does your institution have ___ microfilm ___ microfiche?

If so, please list equipment on hand, including make, model, and approximate date of purchase. _____

Does your institution have graphics and/or printing equipment? _____

If so, please list equipment on hand. _____

Note: Please print or type.

CRITERIA
FOR INCLUSION OF MATERIALS IN THE
HEALTH INSTRUCTIONAL RESOURCES ASSOCIATED (H.I.R.A.)
UNION LIST

1. Material should be about health or health care administration. Patient education material may be included.
2. Only items available for loan should be submitted.
3. Items submitted should not be backdated more than five years. Older material of a 'classic' nature may be submitted, but they will be reviewed by the committee for their usefulness before being included.
4. Include only items of a substantive nature. (For example: Generally, a single audio-cassette from a pharmacy company should not be included, but a tape on heartsounds and murmurs may be included.)
5. Do not include in-house productions unless they are of general interest and good quality.
6. Do not include audio-cassette series (eg. Audio-Digest) as these are already listed on the Union List of Selected Serials of Michigan (ULOSSOM).

Please use judgement and consider the usefulness of the material being submitted to the local health community. If some material is of questionable use or quality, do not include it. The committee reserves the right to make the final decision on which of the submitted materials will be included in the Union List.