

Record of the Decision Not to Implement Corrective Actions in a Structure Housing Collections

Park Name	
FMSS Location (Number)	FMSS Location Description
Number of Floors	Floor Area (Sq. Ft.)

Completed by: _____ Date: _____
(Print Name, Title)

Indicate if the building or structure is (Check all that apply):			
<input type="checkbox"/> Storage	<input type="checkbox"/> Work Room	<input type="checkbox"/> Preparation Area	<input type="checkbox"/> Research Room
<input type="checkbox"/> Exhibit Gallery	<input type="checkbox"/> Furnished Historic Structure	<input type="checkbox"/> Visitor Center	
<input type="checkbox"/> Other			

Type of construction (concrete, wood, steel, masonry, etc.) for the following:	
Walls	
Floors	
Ceilings	
Roof	
Supporting Members	
Other	

List and describe proposed corrective actions identified in the Museum Mitigation Action Plan for this structure:

Indicate the rationale for *not* implementing proposed corrective actions in this structure:

Figure 10.3b. Record of the Decision Not to Implement Corrective Actions in a Structure Housing Collections