

## Object Assessment

Use the information generated from this assessment to support the decision to install automatic fire protection systems *or* relocate individual "first priority" objects to a safe space where these systems are installed.

Complete this assessment in collaboration with the Collections Advisory Committee and interdisciplinary team for museum fire protection. Use this assessment together with the RM-58 Chapter 7, Appendix A: Structural Fire Management Museum Collections Assessment Matrix.

**Complete this assessment for each space or structure storing or exhibiting collections.**

Park/Unit Name: \_\_\_\_\_

Indicate if the space 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 | <input type="checkbox"/> Furnished Historic Structure | <input type="checkbox"/> Visitor Center   |  |

Space/Structure Name: \_\_\_\_\_ FMSS Number: \_\_\_\_\_

Number of Floors: \_\_\_\_\_ Floor Area (Sq. Ft.): \_\_\_\_\_

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_  
(Print Name, Title)

**A. Evaluation of Objects in this Space**

One or more "Yes" responses to the questions in this section indicates the need to install an automatic fire protection system *or* relocate "first priority" objects to a safe space where these systems are installed.

**1. Are there objects, specimens, and/or archival items in this space/structure that are/have:** (indicate all that apply)

Associated with eminent individual(s), event(s), or resource(s)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Essential for resource management?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	High frequency of use?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
High interpretive and/or educational value?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	High monetary value?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	High research and scientific value?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Mission-critical?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Rare or irreplaceable?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Type specimens?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
						Voucher specimens?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Comment: \_\_\_\_\_

**2. How many museum objects are stored or exhibited in the space/structure?**

Total number of objects in this space:	Number of objects meeting criteria in A.1:
Comment: _____	Comment: _____

**3. Would the loss of the object(s) housed in this space/structure negatively impact the park research, exhibition and visitor interpretation, and/or education program?**

YES  NO   
Comment: \_\_\_\_\_

**4. Are the accession (and deaccession) book and folders housed in this space/structure?**

YES  NO   
Comment: \_\_\_\_\_

**5. Are any of the objects in this space/structure on loan to the park or center?**

YES  NO  Number: \_\_\_\_\_  
If "Yes," is fire protection a requirement of the loan(s)? YES  NO   
Comment: \_\_\_\_\_

**Figure 9.3. Object Assessment**

**B. Evaluation of Fuel Load in the Space/Structure Housing Collections**

A preponderance of "Yes" responses to questions in this section indicates the need to install automatic fire protection systems *or* relocate "first priority" objects to a safe space where these systems are installed.

**1. Do objects in this space/structure add to the structure's fuel load?** (Indicate numbers\* for all that apply)

Archival items	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Linear Feet:	Comment:
Basketry	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Number:	Comment:
Cellulose nitrate-based materials	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Number:	Comment:
Firearms and ordnance	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Number:	Comment:
Magnetic media	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Number:	Comment:
Negatives, polyester	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Number:	Comment:
Paintings	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Number:	Comment:
Photographic prints	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Number:	Comment:
Textiles	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Number:	Comment:
Wet specimens	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Number:	Comment:
Wood	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Number:	Comment:
Works on paper	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Number:	Comment:
Other (describe)				
Total number*:				

**2. What percentage\* of objects, specimens, and/or archival items in this space/structure are housed in:** (Indicate all that apply)

Storage	Closed steel cabinets	%:	Open shelving	%:
	Mobile compact storage (manual)	%:	Mobile compact storage (electronic)	%:
Exhibit	Exhibit cases	%:	Open display	%:
Other:				
Comment:				

**3. Are flammable or combustible non-collection materials housed in this space/structure?**

YES  NO

Describe:

**4. Does this space/structure include a workshop, preparation room, laboratory, breakroom with cooking appliances, or other activities such as living history activities?**

YES  NO

Describe:

\* Use ( ) to indicate estimate.

**Figure 9.3. Object Assessment (continued)**