

## Record of the Superintendent's Decision Regarding Installation of Automatic Fire Protection Systems and Consolidation of Collections

The Superintendent completes this Record in accordance with NPS Museum Fire Protection Standard (1.c) (MH-1 9.B.1.1.c) together with the Object Assessment (Figure 9.3), and provides a copy of these two documents to the AHJ or RSFM, Regional Director, and Regional Curator.

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

Superintendent: \_\_\_\_\_  
(Print Name) (Signature)

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Print Name, Title)

|                         |                      |
|-------------------------|----------------------|
| Building/Structure Name | FMSS Number          |
|                         |                      |
| Number of Floors        | Floor Area (Sq. Ft.) |
|                         |                      |

|                                                                  |                                                       |                                           |                                         |
|------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------|-----------------------------------------|
| 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 (describe):                       |                                                       |                                           |                                         |

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

|                                                                    |                                             |                                                        |                                                        |
|--------------------------------------------------------------------|---------------------------------------------|--------------------------------------------------------|--------------------------------------------------------|
| Existing automatic fire protection systems (Check all that apply): |                                             |                                                        |                                                        |
| <input type="checkbox"/> Sprinkler system                          | <input type="checkbox"/> Suppression system | <input type="checkbox"/> Fire detection / alarm system | <input type="checkbox"/> Smoke detection/ alarm system |
| <input type="checkbox"/> None                                      |                                             |                                                        |                                                        |
| <input type="checkbox"/> Other (describe:)                         |                                             |                                                        |                                                        |
| Comment:                                                           |                                             |                                                        |                                                        |

|                                                           |                                                             |
|-----------------------------------------------------------|-------------------------------------------------------------|
| Availability of utility resources (Check all that apply): |                                                             |
| <input type="checkbox"/> Water (city/well)                | <input type="checkbox"/> Electricity (commercial/generator) |
| <input type="checkbox"/> Other (describe:)                |                                                             |
| Comment:                                                  |                                                             |

Describe the rationale for ***not*** installing an automatic fire protection system in this building/structure, ***or for not*** consolidating individual “first priority” objects to a safe space where these systems are installed, in accordance with NPS Museum Fire Protection Standard (1):

|  |  |
|--|--|
|  |  |
|--|--|

**Figure 9.3a. Record of the Superintendent's Decision Regarding Installation of Automatic Fire Protection Systems and Consolidation of Collections**