



Set #

Destroy
 Transfer after:

RECORDS INVENTORY WORKSHEET

Date

Agency	School or Department	Office or Area
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Name of person who completed this form	Contact person phone	Name of records coordinator	Records coordinator phone
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Title of record	Description
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Inclusive dates	<u>Location of records</u> <input type="checkbox"/> File drawer <input type="checkbox"/> Cube/Room # _____ <input type="checkbox"/> Network <input type="checkbox"/> Other _____	Total volume	Do indexes or finding aids exist for these records? If so, please describe them.
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<u>Media type</u> <input type="checkbox"/> Paper <input type="checkbox"/> CD-DVD <input type="checkbox"/> Video/Audio tape <input type="checkbox"/> Electronic <input type="checkbox"/> Microfilm/fiche <input type="checkbox"/> Other _____	<u>Frequency of use</u> <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other _____	<u>Original or copies</u> <input type="checkbox"/> Original <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Back-up If secondary copy, where is primary/original?
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FOR RECORDS OFFICER/RECORDS COORDINATOR USE ONLY

Record series title	Disposition authority number (DAN)	In-office retention	Records center retention	Cut-off
<input type="text"/>	<input type="text"/>	Months <input type="text"/>	Months <input type="text"/>	<input type="text"/>
Remarks		Years <input type="text"/>	Years <input type="text"/>	Total retention in years <input type="text"/>
<input type="checkbox"/> Essential <input type="checkbox"/> Archival <input type="checkbox"/> Confidential <input type="checkbox"/> Other Comments: <input type="text"/>				