

RECORD SERIES INVENTORY FORM

Action Required  
 Establish Schedule  
 Revise Schedule  
*Schedule Number*

TYPE OR PRINT CLEARLY. COMPLETE ONE FORM FOR EACH RECORD SERIES. RECORD GROUP NUMBER:

Section A. Identification of Program Unit and Contact Person

1. State or Local Agency

2. Division or Office

3. Subdivision

4. Program Unit

5. Person Completing Form: (Name)  
(Date)

(Title)

(Telephone)

Section B. Description of Records

6. Record Series

(a) Title:

(b) Variant Title:

7. Dates of Records

(a) Beginning to Ending

(b) Missing Dates:

8. Are records still created? yes no

9. Are records indexed? yes no  
If yes, title and location:

10. Arrangement of Record Series

Alphabetically by

Numerically by

Alphanumeric by

Chronologically by

Unarranged

Other

11. Description of Records

(a) Who creates and/or uses the records and for what purpose?

(b) Informational Content

(c) Value of Records (check all that apply)

Administrative  Legal  Fiscal  Historical  Other

(d) Are these records vital? yes no

(e) Reference Frequency times  daily  weekly  monthly  yearly  
for \_\_\_months \_\_\_years. Never after

**SECTION B. DESCRIPTION OF RECORD SERIES (CON'T.)**

12(a) Characteristics (check the medium to left of record format):

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> <b>Paper</b>          | <input type="checkbox"/> <b>Audio Visual</b> | <input type="checkbox"/> <b>Microfilm</b> | <input type="checkbox"/> <b>Electronic</b> |
| <input type="checkbox"/> Legal Size            | <input type="checkbox"/> Audiotape           | <input type="checkbox"/> Roll Film        | <input type="checkbox"/> Tape              |
| <input type="checkbox"/> Letter Size           | <input type="checkbox"/> Motion Picture      | <input type="checkbox"/> Aperture Cards   | <input type="checkbox"/> Disk              |
| <input type="checkbox"/> Bound Volume          | <input type="checkbox"/> Video Tape          | <input type="checkbox"/> Microfiche       |  |
| <input type="checkbox"/> Computer Printouts    | <input type="checkbox"/> Photo Print         | <input type="checkbox"/> Jackets          |  |
| <input type="checkbox"/> Maps, Plans, Drawings | <input type="checkbox"/> Photo Glass         |   |  |
| <input type="checkbox"/> Publications          |  |   |  |
| <input type="checkbox"/> Other                 |  |   |  |

12(b) Total Volume and Location of Records (by cu. ft.) 12(c) Total volume generated per year  
 Office (Most recent year)  
 State Records Center  
 Other Storage Specify:

13. Condition of Records:  Good  Fair  Poor  
 Molded  Dirty  Torn  Other

14. Confidential?  yes  no. If yes, cite authority.

15. Record is  
 original - Location of duplicate:  
 duplicate - Location of original:

16. Summarized:  yes  no  
 Title and Location of Summary Record

**SECTION C. PROPOSED RETENTION PERIOD AND DISPOSITION**

17. Subject to:  Audit  Other (specify):

18. Legal retention requirement?  yes  no. If yes, cite authority

19. The proposed retention period for this record series should be implemented as follows:

Retain in program office space for	years	months
Transfer to state/local facility for	years	months
Transfer to State Records Center for	years	months

Other (Specify)\_\_\_

Final Disposition (following completion of retention period)

Destroy  Transfer to State Archives  Transfer to Approved Repository

20. Additional Comments