

# RECORDS INVENTORY WORKSHEET

Department/Section	Contact	Phone No.
Location of Records Room            File	Schedule No.	Item No.

Records Series Title

Record/File Title

Description (Contents, Purpose, and Use: Include form title and numbers, if any)

Record Copy                       Duplicate Copy

<b>File Type</b> <input type="checkbox"/> Subject <input type="checkbox"/> Case/Business Activity <input type="checkbox"/> Working Papers <input type="checkbox"/> Reference <input type="checkbox"/> Index	<b>Cut-Off Date</b> <input type="checkbox"/> Calendar Year <input type="checkbox"/> Fiscal Year <input type="checkbox"/> Anniversary <input type="checkbox"/> Continuous <input type="checkbox"/> Other _____	<b>Arrangement</b> <input type="checkbox"/> Alphabetic by _____ <input type="checkbox"/> Alphanumeric by _____ <input type="checkbox"/> Numeric by _____ <input type="checkbox"/> Chronological by _____ <input type="checkbox"/> Other _____	<b>Authorization for Series</b> <input type="checkbox"/> a. Statute <input type="checkbox"/> b. Regulations <input type="checkbox"/> c. Administrative  _____ (Citation)
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**Record Form**

<input type="checkbox"/> 8-1/2" x 11" paper (letter size)	<input type="checkbox"/> 11" x 15" computer printouts	<input type="checkbox"/> Computer disks
<input type="checkbox"/> 8-1/2" x 14" paper (legal size)	<input type="checkbox"/> 11" x 8-1/2" computer printouts	<input type="checkbox"/> Compact disks
<input type="checkbox"/> Bound books, catalogs	<input type="checkbox"/> Roll microfilm	<input type="checkbox"/> Computer tapes/cartridges
<input type="checkbox"/> 3" x 5" Cards	<input type="checkbox"/> Microfiche	<input type="checkbox"/> Video tapes
<input type="checkbox"/> 4" x 6" Cards	<input type="checkbox"/> Other _____	<input type="checkbox"/> Optical disks

**Electronic Records Filing**

- a. What is the name of the system?
- b. Who owns the system?
- c. What operating system is needed to retrieve and view files?
- d. What application software is needed to retrieve and view files?
- e. What is the file format? (.doc, .xls, .tif, .rtf, etc.)
- f. What is current age of media on which records are stored? (1 year, 5 years, etc.)
- g. How quickly is this information usually needed? (within minutes, days, weeks, etc.)
- h. How often is this information accessed? (daily, weekly, monthly, etc.)
- i. What business activity do these records support?
- j. Are there any records related to these records?
- k. Do you need more assistance with assessing these records?

**Current Holdings**

Year (Inclusive Dates)	Paper Cubic Feet	Electronic Bytes/Item Count	Type Filing Equipment Used	Quantity

