

### Records Disposition Project Inventory Worksheet

Department Name:	Building:	Location Code:	Date of Inventory:
Name of Person who is the Head of Office:	Telephone:	Fax:	E-mail Address:
Name of Person Responsible for Records:	Telephone:	Fax:	E-mail Address:
Name of Person Completing Inventory:	Telephone:	Fax:	E-mail Address:

#### Record Series Information

Title of record series:
Description of record series (summary of content):
Purpose of record series (function or use):
Location of record series (list all locations):

Record medium (check all that apply):		
<input type="checkbox"/> Paper	<input type="checkbox"/> Digital	<input type="checkbox"/> Microform (microfilm, microfiche)
Audio-visual:		
<input type="checkbox"/> Photographs	<input type="checkbox"/> Slides	<input type="checkbox"/> Video-tape
<input type="checkbox"/> Audio cassette tape	<input type="checkbox"/> Reel-to-reel audio tape	<input type="checkbox"/> Motion picture film
<input type="checkbox"/> Other (please describe):		

Inclusive Dates: From:	To:
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These records contain these types of sensitive information (check all that apply):	
<input type="checkbox"/> Personally identifiable health information	<input type="checkbox"/> Salary, income, net worth information
<input type="checkbox"/> Personally identifiable information about students	<input type="checkbox"/> Lawyer-Client Privilege
<input type="checkbox"/> Grievance and disciplinary information	<input type="checkbox"/> Employee Evaluations
<input type="checkbox"/> Other (please describe):	

Is this series still created and/or received: <input type="checkbox"/> No <input type="checkbox"/> Yes
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#### Record Storage

<b>Storage Containers:</b> <input type="checkbox"/> Vertical file cabinet <input type="checkbox"/> Lateral file cabinet <input type="checkbox"/> Flat file cabinets <input type="checkbox"/> Boxes <input type="checkbox"/> Shelves <input type="checkbox"/> Stacks (of paper, files) <input type="checkbox"/> File server <input type="checkbox"/> Hard drive <input type="checkbox"/> CD's, DVD's <input type="checkbox"/> Other:	<b>Volume:</b> Number of drawers: Number of drawers: Number of drawers: Number of boxes: Number of shelves:      Length of shelves: Height of stack in inches: K:            MB:            GB: K:            MB:            GB: Number of CD's/DVD's:      K:            MB:            GB: Volume of other:
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#### Operational and Administrative Use of Records

How often do you refer to the records? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Never <input type="checkbox"/> Other:
For how long do you refer to the records?: <input type="checkbox"/> 1 year <input type="checkbox"/> 2 years <input type="checkbox"/> 3 years <input type="checkbox"/> 5 years <input type="checkbox"/> 10 years
What do you do with the records when they are no longer needed or used? (check all that apply): <input type="checkbox"/> Transfer them to the University Archives <input type="checkbox"/> Leave them in work areas <input type="checkbox"/> Move them to inactive storage areas <input type="checkbox"/> Destroy them

Notes:
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