

Records Inventory Data Worksheet

See instructions in Publication #76, *Inventory and Planning*, before completing this form.

1a. GOVERNMENT/AGENCY		1b. DEPARTMENT/UNIT	
2. RECORDS SERIES TITLE			
3. DATE SPAN			
4. RECORDS SERIES DESCRIPTION (Describe content and characteristics of records)			
5. ARRANGEMENT <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Alphanumeric <input type="checkbox"/> Other (specify):			
6a. RETENTION <input type="checkbox"/> Not scheduled <input type="checkbox"/> Permanent <input type="checkbox"/> Appraise for historical value <input type="checkbox"/> Scheduled retention:			
6b. SCHEDULE AND ITEM NUMBER, OR REASON FOR PROPOSED RETENTION			
7. LOCATION			
8. FORMAT Paper Audiovisual Micrographic Electronic			
9. TOTAL QUANTITY (In cubic feet <i>or</i> number of items) : Cubic Feet: Items: Type of items:			
10. ANNUAL ACCUMULATION (In cubic feet <i>or</i> number of items): Cubic Feet: Items:			
11. FREQUENCY OF USE: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Seldom <input type="checkbox"/> Never			
12. RESTRICTIONS ON USE			
RECORDS ARE			
13. <input type="checkbox"/> IN POOR CONDITION			
14. <input type="checkbox"/> VITAL (Essential to operations)			
15. <input type="checkbox"/> OFFICIAL COPIES			
16a. NAME OF PERSON COMPLETING FORM		16b. DATE	