Records Disposition Project Inventory Worksheet

Department Name:		Building:		Location Code:	Date of Invent	ory:
Name of Person who is the He	ead of Office:	Telephone:		Fax:	E-mail Addres	ss:
Name of Person Responsible 1	for Records:	Telephone:		Fax:	E-mail Addres	ss:
Name of Person Completing I	nventory:	Telephone:		Fax:	E-mail Addres	ss:
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 tha		Digital		☐ Micro	form (microfilm, micro	fiche)
☐ Paper Audio-visual:				☐ Microform (microfilm, microfiche)		
☐ Photographs ☐ Slides ☐ Video-tape						
☐ Audio cassette tape ☐ Reel-to-reel audio tape ☐ Motion picture film						
Other (please describe):						
Inclusive Dates:						
From: To:						
These records contain these types of sensitive information (check all that apply): Personally identifiable health information						
Is this series still created and/or received: No Yes						
Record Storage Storage Containers: Volume:						
	Number of dra	wers:				
	Number of dra					
Flat file cabinets Number of drawers:						
Boxes Number of boxes:						
☐ Shelves Number of shelves: Length of shelves: ☐ Stacks (of paper, files) Height of stack in inches:						
	-	/B:	GB:			
		⁄IВ:	GB:			
1 = '	Number of CD		K:	MB:	GB:	
U Other:	Volume of oth		A duniniatus ti	vo Ugo of Dogowa		
Operational and Administrative Use of Records How often do you refer to the records?						
Daily Weekly Monthly Yearly Other:						
For how long do you refer to the records?:						
1 year 2 years 3 years 5 years 10 years						
What do you do with the records when they are no longer needed or used? (check all that apply): Transfer them to the University Archives Leave them in work areas						
Move them to inactive stor		_	roy them	I areas		
Notes:						
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