

# 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 <input type="checkbox"/> Paper <input type="checkbox"/> Audiovisual <input type="checkbox"/> Micrographic <input type="checkbox"/> Electronic	
9. TOTAL QUANTITY (In cubic feet <b>or</b> number of items): <input type="checkbox"/> Cubic feet: <input type="checkbox"/> Items:                                      Type of items:	
10. ANNUAL ACCUMULATION (In cubic feet <b>or</b> number of items): <input type="checkbox"/> Cubic feet: <input type="checkbox"/> 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	