|  |  |  |
| --- | --- | --- |
|  | Records Inventory Worksheet**Physical Records** | Page \_\_\_ of \_\_\_ |
| Date  |
| **Agency** | **Department/Division/Section** | **Building/Office/Cubicle #** |
| **Name of Contact Person** Who Completed this **Form** | **Contact Person Phone/Email** | **Name of Records Coordinator** | **Records Coordinator Phone/Email** |
| **Title of Records****Enter record name/file name used by office** | **Description** |
| Inclusive Dates | Location of Records**[ ]** Cube/Room # \_\_\_\_\_ **[ ]** File Drawer  **[ ]** Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Total Volume (cubic feet) | Do indexes or finding aids exist for these records? If so, please describe them. |
| Media Type**[ ]** Paper **[ ]** Microfilm/fiche **[ ]** Video/Audio Tape**[ ]** Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Frequency of Use**[ ]** Daily **[ ]** Weekly **[ ]** Monthly**[ ]** Annually **[ ]** Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_  | Primary or Secondary Copy?**[ ]** Primary**[ ]** Secondary If secondary copy, where is primary?**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **FOR RECORDS OFFICER/RECORDS COORDINATOR USE ONLY** |  |
| Records Series Title**Enter record series title given in records retention schedule** | Disposition Authority Number (DAN) | Cut-Off  | **Retention Period** | Disposition Action[ ]  Transfer[ ]  Destroy | Destruction Method |
| Remarks**[ ]** Essential **[ ]** Archival **[ ]** Confidential **[ ]** Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Comments |