

RECORDS INVENTORY WORKSHEET

| | | |
|---|-----------|--------------------|
| Department/Office: | Location: | Date of Inventory: |
| Name/Title of Head of Office: | Email: | Phone: |
| Name/Title of Person Responsible for Records: | Email: | Phone: |
| Inventory Completed by (Name and Title): | Email: | Phone: |

| | |
|--|-----|
| 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 and storage methods (i.e., file cabinets, boxes, etc.)): | |
| Inclusive Dates From: | To: |

| | |
|--|---------------------------------------|
| Do these records contain any of these types of sensitive information? (check all that apply) | |
| Personally identifiable health information | Salary, income, net worth information |
| Personally identifiable information about students | Lawyer-Client privilege |
| Grievance and/or disciplinary information | Employee Evaluations |
| Other (please describe): | None |

| | |
|--|------------------------------|
| Is this series still created/received? Yes No | If yes, annual accumulation: |
| Filing Method/Arrangement (i.e., alphabetical, chronological, etc.) | Total Current Volume: |

RECORDS INVENTORY WORKSHEET

| | | | | | |
|---|------------|---------|---------------------|----------|-------|
| Media Formats (check all that apply and indicate volume): | | | | | |
| Paper | Electronic | | Microfilm/Microform | | Other |
| How often do you refer to the records? | | | | | |
| Daily | Weekly | Monthly | Yearly | Never | Other |
| How long do you refer to the records? | | | | | |
| 1 year | 2 years | 3 years | 5 years | 10 years | Other |

FOR RECORDS MANAGEMENT USE ONLY

| | |
|------------------------------------|-----------|
| Retention Period and Justification | Comments |
| Archival Material? Yes No | IUC Group |