

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:

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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