

RECORD INVENTORY AND ANALYSIS

DEPARTMENT OF HISTORY, ARTS & LIBRARIES
RECORDS MANAGEMENT SERVICES

DEPARTMENT	DIVISION/OFFICE		
LOCATION	PERSON	TELEPHONE	DATE
RECORD TITLE			
RECORD DESCRIPTION			
PURPOSE OF RECORD			
TYPE OF RECORD <input type="checkbox"/> ORIGINAL - Location of Duplicate: _____ <input type="checkbox"/> DUPLICATE - Location of Original: _____			
TYPE OF RECORD <input type="checkbox"/> LETTER SIZE <input type="checkbox"/> PLANS/DRAWING <input type="checkbox"/> CARD FILE <input type="checkbox"/> PRINTOUT <input type="checkbox"/> LEGAL SIZE <input type="checkbox"/> VIDEO TAPE <input type="checkbox"/> PHOTOGRAPH <input type="checkbox"/> MICROFILM <input type="checkbox"/> LEDGER <input type="checkbox"/> AUDIO TAPE <input type="checkbox"/> OTHER: _____			
IS RECORD MICROFILMED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NOT, COULD MICROFILM BE USED? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW	DOES RECORD HAVE HISTORICAL / ARCHIVAL VALUE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW	
PROPOSED RETENTION PERIOD _____ YEARS IN OFFICE _____ YEARS IN RECORDS CENTER STATUTORY RETENTION PERIOD - P.A. _____ YEAR _____			
COMMENTS:			