

Records Inventory Data Worksheet

See instruction in Publication #76, *Inventory and Planning*, before completing this form.

1a. GOVERNMENT/AGENCY	1b. DEPARTMENT
2. RECORDS SERIES TITLE	
3. DATE SPAN	
4. RECORDS SERIES TITLE	
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"/> Audio Visual <input type="checkbox"/> Micrographic <input type="checkbox"/> Electronic	
9. TOTAL QUANTITY (in cubic feet <i>or</i> number of items) <input type="checkbox"/> Cubic Feet: <input type="checkbox"/> Items: Type of Items:	
10. ANNUAL ACCUMULATION (In cubic feet <i>or</i> 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: <input type="checkbox"/> IN POOR CONDITION <input type="checkbox"/> VITAL (Essential to operations) <input type="checkbox"/> OFFICIAL COPIES	
16a. NAME OF PERSON COMPLETING FORM	16b. DATE