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| South Carolina Department of Archives and History  Division of Archives and Records Management  RECORD SERIES INVENTORY FORM | Action Required  Establish Schedule  Revise Schedule  *Schedule Number* |
| TYPE OR PRINT CLEARLY. COMPLETE ONE FORM FOR EACH RECORD SERIES. RECORD GROUP NUMBER: | |
| Section A. Identification of Program Unit and Contact Person | |
| 1. State or Local Agency | 1. Division or Office |
| 1. Subdivision | 1. Program Unit |
| 1. Person Completing Form: (Name)       (Title)       (Telephone)   (Date) | |
| Section B. Description of Records | |
| 1. Record Series 2. Title: 3. Variant Title: | 1. Dates of Records 2. Beginning       to Ending 3. Missing Dates: |
| 1. Are records still created?  yes no | 1. Are records indexed?  yes  no   If yes, title and location: |
| 1. Arrangement of Record Series   Alphabetically by        Chronologically by  Numerically by        Unarranged  Alphanumeric by        Other | |
| 1. Description of Records 2. Who creates and/or uses the records and for what purpose? | |
| 1. Informational Content | |
| 1. Value of Records (check all that apply)   Administrative  Legal  Fiscal  Historical  Other | |
| 1. Are these records vital?  yes  no | |
| 1. Reference Frequency       times  daily  weekly  monthly  yearly   for      \_\_ months      \_\_\_ years. Never after | |

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| SECTION B. DESCRIPTION OF RECORD SERIES (CONT.) | |
| 12(a) Characteristics (check the medium to left of record format):  **Paper**  **Audio Visual** **Microfilm** **Electronic**  Legal Size Audiotape Roll Film Tape  Letter Size Motion Picture Aperture Cards Disk  Bound Volume Video Tape Microfiche  Computer Printouts Photo Print Jackets  Maps , Plans , Drawings Photo Glass  Publications  Other | |
| 12(b) Total Volume and Location of Records (by cu. ft.)  Office  State Records Center  Other Storage       Specify:  Most Recent Year | |
| 12(c) Total Megabytes of Electronic Records (mb)  Office  Other Storage       Specify:  Most Recent Year | |
| 1. Condition of Records:  Good  Fair  Poor  Molded  Dirty  Torn  Other | 1. Confidential?   yes. no. If yes, cite authority. |
| 1. Record is   original – Location of duplicate:    duplicate – Location of original: | 1. Summarized:   yes  no  Title and Location of Summary Record |
| SECTION C. PROPOSED RETENTION PERIOD AND DISPOSITION | |
| 1. Subject to:  Audit  Other (specify): | |
| 1. Legal retention requirement?  yes  no. If yes, cite authority | |
| 1. The proposed retention period for this record series should be implemented as follows (check all that apply)   Retain in program office space for       years       months  Transfer to state/local facility for       years       months  Transfer to State Records Center for       years       months  Other (Specify)\_\_   1. Final Disposition (following completion of retention period)   Destroy  Transfer to State Archives  Transfer to Approved Repository | |
| 1. Additional Comments | |