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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 [ ]  noTitle 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
 |