

SC Department of Archives & History NEW RECORD SERIES INVENTORY FORM

(ARM-1)

Return to SCDAH via: THIS FORM IS ONLY FOR THE *CREATION* OF A South Carolina Department of Archives RECORD SERIES. PLEASE TYPE OR PRINT Records Management Division CLEARLY. COMPLETE ONE FORM FOR EACH 8301 Parklane Road RECORD SERIES. Columbia, SC 29223-4905 **RECORD GROUP NUMBER:** Email: Assigned Records Analyst OR rm@scdah.sc.gov **Phone:** 803-896-6128 Section I. Identification of Program Unit and Contact Person 2 Division or Office: 1. Name of Agency: 4. Program Unit: 3. Subdivision: 6. Email: 5. Name of Requester: 8. Date: 7. Telephone Number: **Section II. Description of Records** 9. Record Series 10. Dates of Records (a) Title: (a) Beginning: to Ending: (b) Variant Title: (b) Missing Dates: ☐ yes ☐ no 12. Are records indexed? 11. Are records still created? □ yes □ no If yes, title and location: 13. Arrangement of Record Series ☐ Alphabetically by: ☐ Chronologically by: ☐ Numerically by: ☐ Unarranged: ☐ Alphanumeric by: ☐ Other: 14(a) Description of Records: Who creates and/or uses the records and for what purpose? 14(b) Informational Content: 14(c) Value of Records (check all that apply) ☐ Administrative ☐ Legal ☐ Fiscal ☐ Historical ☐ Other (describe) ☐ Yes □ No 14(d) Are these records vital? 14(e) Reference Frequency Times □ daily □ weekly □ monthly □ yearly for years. Never after: months

15(a) Characteristics	s (check the medium to	the left of r	ecord forn	nat):	
☐ Paper	☐ Audio Visual	☐ Microfilm		☐ Electronic	☐ Other (Describe)
Legal Size	☐ Audiotape	☐ Roll Film		☐ Tape	
Letter Size	☐ Motion Picture	☐ Aperture Ca	ards	☐ Disk	
☐ Bound Volume ☐ Computer Printouts	☐ Video Tape ☐ Photo Print	☐ Microfiche ☐ Jackets			
☐ Maps , Plans , Drawings	☐ Photo Glass	= Jackets			
□ Publications					
15(b) Total Volume and Location of Records (by cu. ft.)					
Office:					
State Records Center:					
Other Storage: Specify Other Storage Location:					
Amount of Records Created in the Past Year:					
15(c) Total Megabytes of Electronic Records (MB)					
Office:					
Other Storage: Specify C			Other Storage Location:		
Amount of Records Created in the Past Year:					
16. Condition of Records:			17. Confidential?		
☐ Good ☐ Fair ☐ Poor ☐ Molded		☐ yes ☐ no			
☐ Dirty ☐ Torn ☐ Other			If yes, cite authority:		
18. Record is			19. Summarized:		
☐ Official – Location of duplicate:			□ yes □ no		
_			Title and Location of Summary Record:		
☐ Duplicate – Location of official:					Ž
Section III. Proposed Retention Period and Disposition					
20. Subject to: ☐ Audit ☐ Other (specify):					
21. Legal retention requirement? □ yes □ no If yes, cite authority:					
22. The proposed retention period for this record series should be implemented as follows (check all that					
apply):	tention period for this i	record series	s silould be	implemented as fo	offows (check all that
_ =	aram office anges for			41	
<u> </u>	gram office space for	yea		months	
☐ Transfer to st	tate/local facility	yea	ars	months	
☐ Transfer to S	tate Records Center for	r yea	ars	months	
☐ Other (Specify):					
23. Final Disposition (following completion of retention period):					
☐ Destroy ☐ Transfer to State Archives ☐ Transfer to Approved Repository					
24. Additional Comments:					