

15(a) Characteristics (check the medium to the left of record format):

<input type="checkbox"/> Paper	<input type="checkbox"/> Audio Visual	<input type="checkbox"/> Microfilm	<input type="checkbox"/> Electronic	<input type="checkbox"/> Other (Describe)
<input type="checkbox"/> Legal Size	<input type="checkbox"/> Audiotape	<input type="checkbox"/> Roll Film	<input type="checkbox"/> Tape	
<input type="checkbox"/> Letter Size	<input type="checkbox"/> Motion Picture	<input type="checkbox"/> Aperture Cards	<input type="checkbox"/> Disk	
<input type="checkbox"/> Bound Volume	<input type="checkbox"/> Video Tape	<input type="checkbox"/> Microfiche		
<input type="checkbox"/> Computer Printouts	<input type="checkbox"/> Photo Print	<input type="checkbox"/> Jackets		
<input type="checkbox"/> Maps , Plans , Drawings	<input type="checkbox"/> Photo Glass			
<input type="checkbox"/> 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 Other Storage Location: _____

Amount of Records Created in the Past Year: _____

<p>16. Condition of Records:</p> <p><input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Molded</p> <p><input type="checkbox"/> Dirty <input type="checkbox"/> Torn <input type="checkbox"/> Other</p>	<p>17. Confidential?</p> <p><input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>If yes, cite authority: _____</p>
<p>18. Record is</p> <p><input type="checkbox"/> Official – Location of duplicate: _____</p> <p><input type="checkbox"/> Duplicate – Location of official: _____</p>	<p>19. Summarized:</p> <p><input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Title and Location of Summary Record: _____</p>

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):

<input type="checkbox"/> Retain in program office space for	_____ years	_____ months
<input type="checkbox"/> Transfer to state/local facility	_____ years	_____ months
<input type="checkbox"/> Transfer to State Records Center for	_____ years	_____ months
<input type="checkbox"/> Other (Specify): _____		

23. Final Disposition (following completion of retention period):

Destroy Transfer to State Archives Transfer to Approved Repository

24. Additional Comments: