South Carolina Department of Archives and History Division of Archives and Records Management RECORD SERIES INVENTORY FORM TYPE OR PRINT CLEARLY. COMPLETE ONE FORM FOR	Action Required Establish Schedule Revise Schedule Schedule Number EACH RECORD SERIES. RECORD GROUP NUMBER:			
Section A. Identification of Program Unit and Contact Per 1. State or Local Agency	2. Division or Office			
3. Subdivision	4. Program Unit			
5. Person Completing Form: (Name) (Date)	(Title) (Telephone)			
Section B. Description of Records				
6. Record Series	7. Dates of Records			
(a) Title:	(a) Beginning to Ending			
(b) Variant Title:	(b) Missing Dates:			
8. Are records still created? \Box yes \Box no	9. Are records indexed? □ yes □ no If yes, title and location:			
10. Arrangement of Record Series	If yes, the and location.			
\Box Alphabetically by	★			
\Box Numerically by	□ Unarranged			
\Box Alphanumeric by	□ Other			
11. Description of Records (a) Who creates and/or uses the records and for what purpose?				
(b) Informational Content				
 (c) Value of Records (check all that apply) □ Administrative □ Legal □ Fiscal □ Historical □ Other 				
(d) Are these records vital? \Box yes \Box no				
(e) Reference Frequency formonths times □ daily □ weekly □ monthly □ yearly years. Never after				

SECTION B. DESCRIPTION OF RECORD SERIES (CONT.)						
12(a) Characteristics (check the medium to left of record format):						
□ Paper □ Legal Size □ Letter Size □ Bound Volume □ Computer Printouts □ Maps , Plans , Drawings □ Publications □ Other	□ Audio Visual □ Audiotape □ Motion Picture □ Video Tape □ Photo Print □ Photo Glass	☐ Microfilm ☐ Roll Film ☐ Aperture Cards ☐ Microfiche ☐ Jackets		□ Electronic □Tape □Disk		
12(b) Total Volume and Location of Records (by cu. ft.) Office State Records Center Other Storage Specify: Most Decent Vocu						
Most Recent Year 12(c) Total Megabytes of Electronic Records (mb) Office						
Other Storage Most Recent Year	Most Recent Year					
 13. Condition of Record □ Poor □ Mold □ Other 		Fair Torn		no. If yes, cite authority.		
 15. Record is □ original – Location of duplicate: □ duplicate – Location of original: 		 16. Summarized: □ yes □ no Title and Location of Summary Record 				
SECTION C. PROPOSED RETENTION PERIOD AND DISPOSITION 17. Subject to: Audit Other (specify):						
18. Legal retention requirement? \Box yes \Box no. If yes, cite authority						
19. The proposed retention period for this record series should be implemented as follows (check all that apply)						
 Retain in program of Transfer to state/loca Transfer to State Rec 	l facility for		years years years	months months months		
□ Other (Specify)						
 20. Final Disposition (following completion of retention period) Destroy Transfer to State Archives Transfer to Approved Repository 21. Additional Comments 						