Records Inventory & Analysis Form

Office:  
Unit:  
Address:  
Floor:  

Records Inventory

- Record Series Title:  
- Information Content:  
- Functions:  
- Records Series Description:  
- Record Series Still Created?  
  Yes  
  No  
- How is the Record Series Created?  
  Generated In-House  
  Completed/Supplied by 3rd Party  
  Other  
- Current Retention Schedule?  
  Yes  
  No  
  If Yes, what schedule(s) #  
- Location:  
- Inclusive Dates:  
- Volume:  

Records Analysis

1. Administrative Value
a. Reference Frequency: Daily Weekly Monthly Yearly N/A
   For years. Never After:

b. How long should this record be retained for administrative purposes and why?

c. Are these convenience copies for reference only? Yes No
   If Yes, where is the official copy located?

2. Fiscal Value

a. Is this record series audited? Yes No Don’t Know N/A
   If Yes, by whom and how often? Internal State Federal - Every Years

b. How long should this record be retained for fiscal purposes and why?

3. Legal Value

a. Are there any statutes that specify a certain retention period? Yes No
   Ohio Revised Code, Section Retain years
   Code of Federal Regulations, Section Retain years

b. How long should this record be retained for legal purposes? Provide Justification or Citation.

c. Has legal counsel been sought concerning any statutory or regulatory requirements affecting the retention of this record series? Yes No Who?

4. Historical Value

a. Should this record series be appraised by the State Archives for historical value? Yes No Don’t Know

b. Additional Comments

5. Essential (Vital) Value
a. Does this record contain vital information necessary to resume office/section functions after a disaster? Yes No Don’t Know
   If Yes, Explain:

6. Confidential Restrictions

   a. Are there access restrictions for this record series?
      Yes – All Yes – Part No Don’t Know
      If Yes, cite authority

   b. When does the restriction expire, if at all?

Records Retention/Disposition

   • Retain in office space for Year(s) Month(s)
     Transfer to offsite storage for additional Years
     Other

   • Final Disposition (Upon Expiration of Retention Period):
      Secure Destruction Transfer to State Archives Other:

   • Any legal constraints in moving this series out of its current format?
      Yes No If Yes, Explain:

   • Justification for Retention Period:

   • Total Retention Period (Identify by Format):

Notes

Analysis conducted by (Name/Title):

Date:

New Agency Series No.: 