

SERIES INVENTORY FORM

1. DATE PREPARED	2. OFFICE MAINTAINING THE FILES <i>(Name and symbol)</i>
3. PERSON DOING INVENTORY <i>(Name, office, phone number)</i>	4. SERIES LOCATION
5. SERIES TITLE	6. INCLUSIVE DATES
7. SERIES DESCRIPTION	
8. MEDIUM <i>(check all the apply)</i> <input type="checkbox"/> Paper <input type="checkbox"/> Microform <input type="checkbox"/> Electronic <i>(use information system form)</i> <input type="checkbox"/> Audiovisual <i>(use audiovisual form)</i>	13. REFERENCE ACTIVITY <i>(after cutoff)</i> <input type="checkbox"/> Current <i>(At least once a month per file unit)</i> For how long after cutoff? <input type="checkbox"/> Semicurrent <i>(Less than once a month per file unit)</i> <input type="checkbox"/> Noncurrent <i>(Not used for current agency business)</i>
9. ARRANGEMENT <input type="checkbox"/> Subject file classification system <input type="checkbox"/> Alphabetical by name <input type="checkbox"/> Alphabetical by subject <input type="checkbox"/> Geographical by <i>(specify)</i> <input type="checkbox"/> Numerical by <i>(specify)</i> <input type="checkbox"/> Chronological <input type="checkbox"/> Other <i>(specify)</i>	14. VITAL RECORDS STATUS: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, Indicate type here: use entry 15 to show any duplication.)</i> Emergency -Operating Rights-and-interests both
10. VOLUME <i>(in cubic feet)</i>	15. DUPLICATION: Are documents in this series available in another place or medium? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, explain where and in what medium.)</i>
11. ANNUAL ACCUMULATION <i>(in cubic feet or inches)</i>	16. FINDING AIDS <i>(if any)</i>
12. CUTOFF <i>(e.g., end of FY)</i>	17. RESTRICTIONS ON ACCESS AND USES
19. DISPOSITION AUTHORITY: Does the series have an approved disposition authority? <input type="checkbox"/> Yes <i>(List the schedule and the item number, give the current disposition instructions, and justify any proposed change.)</i> <input type="checkbox"/> No <i>(Propose an appropriate retention period.)</i>	18. CONDITION OF PERMANENT RECORDS <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor Comment: