Attachment 1

RECORDS MANAGEMENT PROGRAM
AREA SELF-ASSESSMENT REPORT

SECTION I: IDENTIFICATION

DATE SUBMITTED: _____ FOR FISCAL YEAR: _____
LOCATION: _____

SIGNATURE OF THE AREA RECORDS MANAGEMENT LIAISON OFFICER:

_____

SIGNATURE OF THE AREA DIRECTOR:

_____

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SECTION II: POLICY AND PROCEDURE

1. Are your Area employees aware of and have access to the laws, statutes, policies, procedures, and regulations that govern the Indian Health Service Records Management Program? ☐YES ☐NO
   If no, please provide a written explanation.

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SECTION III: RECORDS MANAGEMENT NETWORK

2. Have you submitted a memorandum or directive that designates the Area Records Management Liaison Officer, the Assistant/Alternate Records Management Officer, and all Service Unit and Health Center Records Liaisons? ☐YES ☐NO
   Are the roles and responsibilities identified?
   If yes, attach a copy of the designation.
   If no, please provide a written explanation.

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SECTION IV: RECORDS MANAGEMENT TRAINING: CREATION, MAINTENANCE AND DISPOSITION

3. Has IHS Records Management training, covering both paper and electronic records, been provided to your employees? ☐YES ☐NO
   If yes, please provide training reports for all IHS records management training that has been provided in the past fiscal year.
   If no, please provide a written explanation.

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SECTION V: RECORDS MAINTENANCE AND DISPOSITION ACTIVITY

4. Do your employees comply with Agency and Federal Records Management Law regarding Creation, Maintenance and Disposition as outlined in IHS Manual Part 5, Chapter 15 "Records Management Program?" ☐YES ☐NO
   If yes, please provide an Area file plan report that reflects file manager compliance and an Area annual records holding report that reflects maintenance and disposition activity.
   If no, please provide a written explanation.

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SECTION VI: RECORDS CORRECTIVE ACTION PLAN

5. Was your Area required to submit an FMFIA Records Management Control Review Corrective Action Plan as a result of deficiencies discovered on last fiscal year's Area Self Assessment? ☐YES ☐NO
   If yes, please provide a corrective action status report.

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SECTION VII: COMMENTS

6. If there are any additional Records Management issues or concerns that you would like to address, please attach your narrative to this report.