

IHS-971 (02/2016)

ELECTRONIC RECORDS INVENTORY WORKSHEET

General Information

Agency: Indian Health Service		Date:	
1. Location Name:	2. Office/Division/Section:	3. Building/Room Number:	
4. Name of Person Taking Inventory:	5. Phone Number:	6. Contact E-mail address:	

Electronic Records Information

7. Name of Electronic System: _____

8. Application Name: _____

9. Information Owner: _____

10. System Owner: _____

11. System is: Commercial off the shelf Custom, In-house

12. Electronic Records Description: _____

13. Inputs/Source Documents: (hard copy forms and hard copy documents that are scanned (e.g. correspondence, reports, still pictures, maps, etc.)) _____

14. Outputs: (what types of reports are generated from application) _____

15. Is there a register, index, etc. to the records? Yes No

16. Are data files backed-up? Yes No Frequency: _____

17. Where are the data backups stored? _____

18. How long are records kept? ___ Years(s) ___ Month(s)

19. Retention is based on: Statute or Law Regulation Industry Standard

20. If question #18 is not applicable, then recommend a retention period: _____

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Instructions

- Line 1 Enter the location name. Examples: Headquarters, Navajo Area Office, Crow Service Unit
- Line 2 Enter the name of your division, department, and/or section
- Line 3 Enter the building and room number
- Line 4 Enter the name of person completing the inventory worksheet for the office and/or program.
- Line 5 Enter the phone number of person completing the inventory worksheet.
- Line 6 Enter the email address of person completing the inventory worksheet.
- Line 7 **Electronic System.** Provide name of electronic system (e.g. RPMS, Action Tracking System, Webcident)
- Line 8 **Application Name.** Provide name of application (e.g. Electronic Health Record, Third Party Billing, Laboratory)
- Line 9 **Information Owner.** Provide name of program whose business function is supported by the information resource or the individual upon whom responsibility rests for carrying out the program that uses the resources.
- Line 10 **System Owner.** Provide the name of the agency official responsible for the overall procurement, development, integration, modification, or operation and maintenance of the information system.
- Line 11 **System Type.** Indicate whether system was designed for a single customer based on particular preferences and expectations versus commercial-off-the-shelf software which is created for the mass market.
- Line 12 **System Description.** Describe the main subject matter, date or geographic coverage.
- Line 13 **Sources of Data/Inputs.** Indicate the primary sources of data to the system. List data received from other systems, either from within or outside the agency.
- Line 14 **Outputs.** Indicate the principal products of the system (e.g. reports, tables, charts, graphic displays, etc.)
- Line 15 **Index/Register to Records.** Indicate whether there are related indexes or registers to the records.
- Line 16 **Data Backup/Frequency.** Indicate whether there is a data backup and frequency.
- Line 17 **Backup Location.** Indicate where the backups are stored.
- Line 18 **Retention of Records.** Indicate how long records should be retained.
- Line 19 **Authority for Retention.** Indicate whether a law, regulation or best practice is the basis for how long the records are kept.
- Line 20 **Recommended Retention.** Recommend how long records should be kept if no authority exists.