

IHS-970 (02/2016)

RECORDS MANAGEMENT INVENTORY WORKSHEET**General Information**

Agency: Indian Health Service		Date:	Page ___ of ___
1. Location Name:	2. Office/Division/Section:	3. Building/Room Number:	
4a. Name of Contact Person Completing this Form		4b. Phone Number	
5a. Name of Records Liaison		5b. Phone Number	

Record Information

6. Title of Record		7. Description	
8. Inclusive Dates	9. Location of Records <input type="checkbox"/> Room # <input type="checkbox"/> File Drawer <input type="checkbox"/> Desk <input type="checkbox"/> Closet <input type="checkbox"/> Storage Building <input type="checkbox"/> Other	10. Total Volume	11. Do indexes or finding aids exist for these records? If so, please describe them.
12. Media Type <input type="checkbox"/> Paper <input type="checkbox"/> Electronic <input type="checkbox"/> CD-DVD <input type="checkbox"/> Microfilm/Microfiche <input type="checkbox"/> Video/Audio Tape <input type="checkbox"/> Map <input type="checkbox"/> Other	13. Frequency of Use <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other	14. Record Copy or Duplicate <input type="checkbox"/> Original or Record Copy <input type="checkbox"/> Duplicate	15. Are these records still created/received? <input type="checkbox"/> Yes <input type="checkbox"/> No

FOR RECORDS MANAGEMENT PROGRAM USE ONLY	
1. Records Series Title	2. Disposition Authority Number
3. What do you do with the records when they are no longer needed or used? <input type="checkbox"/> Leave them in work areas <input type="checkbox"/> Transfer to a Federal Records Center <input type="checkbox"/> Move to other storage areas <input type="checkbox"/> Destroy	4. Restrictions (Mark all that apply) <input type="checkbox"/> Vital <input type="checkbox"/> Subject to Audit <input type="checkbox"/> Lawyer/Client <input type="checkbox"/> PHI <input type="checkbox"/> PII <input type="checkbox"/> Other
5. Comments	

IHS-T018 (02/2012)

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Instructions

- Line 1 Enter the location name. Examples: Headquarters, Billings Area Office, Sells Service Unit
- Line 2 Enter the name of your division, department, and/or section
- Line 3 Enter the building and room number.
- Line 4 The contact person is defined as the individual completing the inventory worksheet for the office and/or program.
- Line 5 Indicate the name of the designated records liaison for your office.
- Line 6 The **Title of Record** is the name selected by your office and/or program for your records series, if it has one. It does not have to duplicate the title from the General Records Schedule (GRS). However, it should be the correct title found in the IHS Records Disposition Schedule (IHSRDS).
- Line 7 The **Description** should be as complete as possible. This will assist the Records Management Officer and/or Records Liaison Officer to determine if these records are in the GRS, IHSRDS, or require the records to be schedules.
- Line 8 **Inclusive Dates.** Record the beginning and end dates of the record series as a whole. These can be approximate dates (e.g. from 5/1995 to 3/2001 or from 1995 to 2001).
- Line 9 The **Location of Records** denotes where the records are stored.
- Line 10 The **Total Volume** indicates cubic feet, number of items, number of rolls, etc.
- Line 11 **Indexes or Finding Aids** may include a files management system as simple as a listing of what is kept in each file cabinet or a database.

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- Line 12 The **Media Type** can be any form and more than one type of medial for a record. Examples include: paper, electronic, microfilm/fiche, CD-ROM, DVD, etc. Check all that apply.
- Line 13 The **Frequency of Use** is how often the records are accessed.
- Line 14 The **Record Copy** would be considered the “original” for the agency, even if it is not the actual original. The **Duplicate Copy** is one received by another employee, division or agency.
- Line 15 Indicate whether the records continue to be created and/or received.

Instruction for the Records Management Officer and/or Records Liaison Officer:

1. The **Records Series Title** is either obtained from the GRS or from the IHSRDS.
2. The **Records Schedule Number** (formerly Job Number) is generated by the National Archives and Records Administration.
3. Indicate how records are treated when they are not needed for business purposes. Check all that apply.
4. **Restrictions.** Some records may be considered sensitive or have to be handled in a special way. Check all that apply.
5. The comment section can be used for anything relevant to the inventory process, particularly if the record series is determined to be new.