# ELECTRONIC RECORDS INVENTORY WORKSHEET

## General Information

<table>
<thead>
<tr>
<th>Agency:</th>
<th>Indian Health Service</th>
<th>Date:</th>
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</table>

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.