RECORDS MANAGEMENT SELF ASSESSMENT TOOL

Introduction

Purpose: The purpose of the self-assessment is to measure how well your program area manages its records and to identify areas of improvement which can feed into your records management plan. Additionally it will assist the IHS RMO in identifying areas for improvement which can be used to develop strategies to help improve records management practices as a whole at the Indian Health Service.

Responsibility: Program areas are required to complete this self-assessment tool and incorporate any identified area for improvement into their records management plan.

- For HQ Offices/Divisions/Sections, the designated records liaison is responsible for overseeing the self-assessment process for one or more programs to ensure that each component completes the self-assessment as scheduled.
- For Area Offices, Service Units, District and Field Offices, and other components, the designated records liaison is responsible for ensuring that the self-assessment tool is completed for their respective office/program/unit.
- For Federal contracts, the person responsible for overseeing the self-assessment process is the Contracting Officer Representative (COR), who will ensure that contractors deliver exactly those products and services the IHS needs.

Instructions

1. Complete the coversheet.

2. Complete all questions. Answers must accurately reflect the current environment. This will identify what is being done well in your program and what areas can be improved.

3. Any responses to questions where 'Actions required' are noted must be fed into your Records Management Plan.

4. Send a copy of the completed plan to the Head of your area and to recordsmgmt@ihs.gov

Program Area Details

Date of assessment:	
Federal or Contractor Program:	
Site Name:	
Office or Division Director/COR	Name: Phone:
Details of person completing the self-assessment:	Name: Phone:
	Email:
	Job title:

No.	Requirement	Question	Response	Possible Remedial Actions

1. DELEGATION AND RESPONSIBILITIES				
1.1	Records management responsibilities are formally delegated to staff within the agency to ensure activities are undertaken.	**Have staff been delegated records responsibilities?**	☐ Yes ☐ No (action required)	➢ Discuss the role of the delegated staff ➢ Include delegations are cited in employee's performance evaluation plan or position description.
1.2	Policies and other governance define the role and responsibilities of the records liaison and provide authority to conduct an effective program-wide program.	**Do policies define the role and responsibilities of the records liaison and their duty to comprehensively manage a program's records?**	☐ Yes ☐ No	
1.3	Records management responsibilities are included in duties of employees.	**Have records management responsibilities been formally incorporated into performance plans or position descriptions?**	☐ Yes ☐ No	
1.4	Records liaisons offer guidance to a network of records liaisons in major components throughout the program or agency.	**Is direction provided to designated records liaisons?**	☐ Yes ☐ No	
1.5	Offices need to know the identity and role of the records liaison serving their office.	**Are offices informed of the identity/role of individual(s) delegated as the records liaison?**	☐ Yes ☐ No	
1.6	Records liaison participates in planning or adopting electronic solutions for management of records.	**Does the records liaison assist in planning for new electronic information systems?**	☐ Yes ☐ No	
1.7	Records liaison involved in development of micrographic, electronic recordkeeping and document imaging systems.	**Is records liaison involved in selection/ development of tools which manage records electronically?**	☐ Yes ☐ No	
1.8	Senior officials and program administrators	**Are senior officials/ others interviewed**	☐ Yes	

	are briefed on importance of records management and handling of records.	**prior to exiting IHS and informed of which records they might take?**	☐ No	

No.	Requirement	Question	Response	Possible Remedial Actions
1. DELEGATION AND RESPONSIBILITIES				
1.9	Name Records Contact delegations and provide details of training.	**Complete Section A of Attachment One.**		

No.	Requirement	Question	Response	Possible Remedial Actions
2. INVENTORY				
A successful records management program is based on knowing what information is available and where it is located. An inventory of records allows decisions to be made on the information's value and on how the records should be managed. An effective inventory covers all media and includes records, non-record Materials, active, and inactive records. It results in a complete, current identification of records.				
2.1	An inventory of records must be conducted periodically.	**Has a records inventory been conducted within the last three (3) years?**	☐ Yes ☐ No If no, indicate date of last inventory.	
2.2	Inventory covers records in all formats or mediums.	**Does the inventory cover paper, electronic, and other record formats?**	☐ Yes ☐ No	
2.3	Inventory covers records in various categories.	**Does the inventory include active, inactive, temporary, and permanent records and nonrecords?**	☐ Yes ☐ No	
2.4	The records inventory is conducted in offices or programs.	**Are all offices of IHS included in the inventory?**	☐ Yes ☐ No	
2.5	The inventory must be conducted by an individual familiar with the records.	**Was the inventory conducted by a records liaison, contractor, or other?**	☐ Yes ☐ No	

No.	Requirement	Question	Response	Possible Remedial Actions
3. TRAINING				
3.1	Employees are aware of Federal laws and regulations that govern records management activities.	**Has the program or office records liaison received training in Federal and IHS records management regulations, policies, and procedures?**	☐ Yes ☐ No	
3.2	Employees attend records management training on an annual basis.	**Are employees required to attend records management training each year?**	☐ Yes ☐ No	
3.3	Training is provided in a variety of modes.	**Is training provided via classroom, online, one-on-one, etc.?**	☐ Yes ☐ No	
3.4	Training is made available to all staff.	**Is training available to managers, commissioned corps, records/administrative staff, senior officials?**	☐ Yes ☐ No	
3.5	Individuals with regular records duties receive training in records maintenance, filing procedures, and records disposition.	**Do records liaisons, administrative assistants, secretaries and others with records duties receive records management training?**	☐ Yes ☐ No	
3.6	Training is received from external agencies such as NARA.	**Is records management guidance received from oversight agencies such as NARA?**	☐ Yes ☐ No	
3.7	Knowledge of core records management concepts are understood after training.	**Is the records liaison able to define the following?** ● **Personal and working papers** ● **File plans** ● **Temporary and Permanent records** ● **Vital records** ● **Disposition**	☐ Yes ☐ No	
3.8	Records training is evaluated.	**Do participants comment on training?**	☐ Yes ☐ No	

No.	Requirement	Question	Response	Possible Remedial Actions
4. CREATION OF OFFICIAL RECORDS AND MAINTENANCE				
4.1	Official files must be created to document the business activities: ➤ Of your program area. ➤ You undertake on behalf of another program area, and/or ➤ You undertake on behalf of the IHS as a whole.	**Is the program or office aware of the "recordkeeping requirements" found in statements in statutes, regulations, or agency directives or other issuances specifying which records are to be created or received and maintained by agency personnel?**	☐ Yes ☐ No	➤ Identify any records held by your program area and assess whether they should be official files. ➤ Ensure staff are aware of their responsibilities regarding file creation. ➤ Include the requirement for official file creation in local procedures as appropriate.
4.2	Offices or program areas shall document what records are created, regardless of format.	**Does each program or office have written guidance on what records, including electronic records, are to be created and maintained and the format of the official copy?**	☐ Yes ☐ No	
4.3	Offices or program areas must adequately and properly document their actions.	**Has guidance been provided to programs or offices regarding adequate and proper documentation?**	☐ Yes ☐ No	
4.4	Employees create records.	**Do employees maintain their own records?**	☐ Yes ☐ No	
4.5	Guidelines on handling working papers are established.	**Has the program or office issued guidance on the record status of working papers/files and drafts?**	☐ Yes ☐ No	
4.6	Guidance on personal papers is available.	**Has the program or office issued guidance on personal papers?**	☐ Yes ☐ No	

No.	Requirement	Question	Response	Possible Remedial Actions
4. CREATION OF OFFICIAL RECORDS AND MAINTENANCE				
4.7	Offices or programs create finding aids to assist with the access of records.	**Do program or office procedures require creation of finding aids such as indexes or log books to facilitate access to individual files or record items, when appropriate?**	☐ Yes ☐ No	
4.8	Employees know about filing principles.	**Are employees familiar with basic filing principles?**	☐ Yes ☐ No	
4.9	File stations are identified.	**Have file stations been designated?**	☐ Yes ☐ No	
4.10	File plans have been created.	**Are file plans available for each file station?**	☐ Yes ☐ No	
4.11	Standard classified filing systems are used.	**Has the program or office established standards and procedures for classifying, indexing, filing, and retrieving records and made them available to all employees?**	☐ Yes ☐ No	
4.12	Temporary and permanent records are separated.	**Are permanent series of records identified and maintained separately from temporary records?**	☐ Yes ☐ No	
4.13	Access to records is limited to a need-to-know basis.	**Is access to all records, regardless of medium, limited to authorized personnel?**	☐ Yes ☐ No	
4.14	Procedures exist on the handling of confidential or sensitive data or information?	**Has the program or office established/implemented regulations or procedures for the storage of controlled unclassified information (CUI), Privacy Act, and other restricted records?**	☐ Yes ☐ No	

No.	Requirement	Question	Response	Possible Remedial Actions
5. FILING DOCUMENTS				
Note: Network / shared drives and email accounts are NOT compliant recordkeeping systems.				
5.1	Documents that relate to program functions and are required to explain what happened, or provide evidence of decisions, advice, etc., must be labeled and filed into an official file folder, not kept loose on desks, haphazardly arranged in file cabinets, or stored in closets or other storage areas.	**Are all relevant official documents in your program area filed into official file folders in a consistent and timely manner?**	☐ Yes ☐ No	Ensure staff are aware of their responsibilities for filing documents on official file (see section 1). Include the requirements to capture documents onto official file in local procedures as appropriate (this may detail what documents are required to be created and captured). Ensure official files are created in a timely manner (see section 2).
5.2	Not all official records are hard-copy/paper documents. Some are "born digital" such as emails, Word and Excel documents etc. **Email folders, hard drives, and shared network drives are NOT recordkeeping systems.** Any emails and other electronic documents relating to activities and explain what happened, or provide evidence of decisions, advice etc., must be printed and filed into an official file folder.	**Are all relevant official electronic documents, including email, printed for filing into official file folders?**	☐ Yes ☐ No	Ensure staff are aware of their responsibilities for printing and filing relevant electronic documents and email in official file folders. Establish protocols for the use and management of local hard drives and network drives to better management locally stored information and recordkeeping requirements.
5.3	Program areas should maintain full and accurate records of their business activities. Sometimes this necessitates the creation of records to document verbal advice and decision making processes. Verbal decisions may be documented through minutes and file notes (hand-written or typed), or via email confirmations (which are printed for file as per section 4.2).	**Does your program area capture all relevant decisions and advice provided or received verbally for filing into an official file folder?**	☐ Yes ☐ No	Ensure staff are aware of their responsibilities for documenting verbal decision-making activities for official file. Include the requirements for capture of verbal decisions relating to specific business activities and processes in local procedures as appropriate (this may detail what decisions need to be documented). Provide staff with file not templates to encourage

No.	Requirement	Question	Response	Possible Remedial Actions
				capture of verbal decisions.
6. MANAGING PHYSICAL FILES				
6.1	It is important that program areas know where their official records are located to ensure: ➢ Files can be accessed quickly. ➢ Files are accessed by the appropriate person. ➢ Files are not lost. **Recommended:** File folders be monitored through use of a charge out card system.	**Are the locations of your files recorded appropriately when they move between staff or storage areas?**	☐ Yes ☐ No	➢ Put in place a local procedure for tracking file locations.
6.2	Where file folders are tracked, care needs to be taken to ensure files are not lost in process of use and be returned to the appropriate recordkeeping system when no longer required.	**Are records regularly being lost or misplaced when borrowed by staff?**	☐ Yes ☐ No	➢ See remedial actions section under 5.1. ➢ Follow up with staff that have borrowed files and not returned them within an agreed timeframe. ➢ Check on the location of files on a yearly basis to ensure locations are up-to-date. ➢ Ensure staff returns file folders when departing the IHS.
6.3	Other staff members can locate files in absence of file custodian.	**If a file custodian is absent, are other staff members knowledgeable about what they create and is able to locate the information?**	☐ Yes ☐ No (action required)	➢

No.	Requirement	Question	Response	Possible Remedial Actions
6. MANAGING PHYSICAL FILES				
6.4	Your records should be considered in relation to any relocation plans. This includes: ➢ File storage in your new location. ➢ Preliminary retirement of records to a Federal Records Center or accessioning of records to the National Archives. ➢ Managing the transfer during the move.	**Is your program or parts of the program moving before your next scheduled self-assessment?**	☐ Yes ☐ No	➢ Plan the management of your records during the move. ➢ Ensure official records are not thrown out as part of the pre-move cleanup without the appropriate records destruction authorization. ➢ Keep a record of which boxes contain official files and check immediately upon relocation that boxes have not been lost. ➢ Update file location via a file plan after a move.

No.	Requirement	Question	Response	Possible Remedial Actions
7. RECORDS STORAGE				
7.1	Records are stored in a cost-effective and efficient way.	**Are rarely consulted records stored in office space?**	☐ Yes (action required) ☐ No	➢ Retire or transfer records to a Federal Records Center.
7.2	It is important that locations used for records storage are appropriate for that purpose.	**Are office or program area records stored in locations other than office space (e.g., garages, warehouses, portable buildings, etc.)?**	☐ Yes (action required) ☐ No	

No	Requirement	Question	Response	Possible Remedial Actions
7.3	Offices or program areas use only NARA-approved centers to store record.	**Are Federal Records Centers used to store records?**	☐ Yes ☐ No (action required)	➢ Remove all records from unapproved storage sites. ➢ Contact Records Management Program to begin process to transfer closed/inactive records to a Federal Records Center.
7.4	Records stored in locations other than a NARA-approved storage center must meet NARA standards for records storage.	**Do facilities that store records meet NARA standards?**	☐ Yes ☐ No (action required)	➢ Remove all records from unapproved storage sites. ➢ Inventory, identify, and classify records.
7.5	Offices or program areas using commercial storage facilities must be NARA-approved.	**Does your office or program area lease space from a commercial vendor to store records?**	☐ Yes (action required) ☐ No	➢ Contact the Records Management Program to discuss.
7.6	Paper or electronic files are organized, clearly labeled, and classified.	**Are individual file stations or office files, electronic records (i.e., compact discs, e-mail, SharePoint sites, etc.) appropriately labeled so that it is easy to understand what they contain?**	☐ Yes ☐ No	
7.7	IHS records are not stored in personal accounts.	**Are IHS records stored in personal drives or in personal e-mail accounts?**	☐ Yes ☐ No	
No	**Requirement**	**Question**	**Response**	**Possible Remedial Actions**
7. RECORDS STORAGE				
7.8	Records created by telecommuters are stored.	**Are records created by those who work from home captured in a recordkeeping system?**	☐ Yes (action required) ☐ No	
7.9	Programs are required to identify the storage areas	**If yes to Question 7.2, complete Attachment Three.**		

	used to store their records.			

No.	Requirement	Question	Response	Possible Remedial Actions
8. SECURITY – ACCESS AND CONFIDENTIALITY				
8.1	Records held by your program area must be secure from unauthorized access. This applies to official and unofficial records.	**Are all physical / hard-copy records secure from unauthorized access?** Note: this applies to official and unofficial records, including copies.	☐ Yes ☐ No (action required)	➤ If your program area is open to the public, ensure adequate measures are in place to protect files from unauthorized access or theft. This may be through limiting public access to your office areas or securing files within the areas.
8.2	Confidential files have a higher level of security than standard files and should be stored in locked cabinets when not in use. Confidential records include, but are not limited to records containing personal information.	**Are all physical / hard-copy stored in a locked drawer/room when not in use?**	☐ Yes ☐ No	➤ Keep confidential files in locked and secure areas. Ensure they can be accessed by authorized staff.
8.3	To comply with privacy and confidentiality requirements, confidential documents, including any document containing personal information, must be disposed of securely. Locked security bins or shredders must be used, not garbage bins or recycling bins.	**Are all confidential records, whether official or unofficial, physical / hard-copy or digital, disposed of in a confidential manner?**	☐ Yes ☐ No (action required)	➤ **Please note: the RMO is responsible for authorizing the destruction of records. Contact the RMO for more information.** ➤ Ensure staff are aware of their obligations relating to destruction of confidential documents, such as use of shredders or locked security bins. ➤ If your program area does not have access to a secure method of destruction, contact RMO for details of service

No.	Requirement	Question	Response	Possible Remedial Actions
				providers.
				➢ Ensure any electronic media, such as computers, USB, or other digital devices are adequately wiped.
				➢ Consult with the Records Management Program regarding the confidential destruction of any other media, such as CDs, video tapes etc.

No.	Requirement	Question	Response	Possible Remedial Actions
8. SECURITY – ACCESS AND CONFIDENTIALITY				
8.4	Some IHS staff have access to personal information relating to patients and / or other individuals. Staff must be aware of their obligations in relation to privacy and general confidentiality to ensure they manage these records appropriately. Many program areas will hold some personal information, even if they are not involved in the management of patients, such as human resources or personnel security files.	**Are staff within your program area aware of their obligations in relation to privacy and confidentiality of information?**	☐ Yes ☐ No (action required)	➢ Include privacy and confidentiality responsibilities in local procedures. ➢ Encourage new staff to attend educational sessions on privacy. ➢ Encourage existing staff to attend privacy training sessions as a refresher course where required. ➢ Ensure staff are reminded regularly of their obligations (essential for program areas holding or accessing lots of personal information. Tailored Privacy Training Sessions may also be discussed with a Privacy Officer).

No.	Requirement	Question	Response	Possible Remedial Actions
9. RECORDS DESTRUCTION				
9.1	It is important that program areas have control of all their records, whether official or unofficial, or whether created by them or inherited from predecessor program areas or staff. It is crucial that offices know what records they hold and those records need to be appropriately managed and not dumped in unapproved storage areas.	**Does your office or program area have any records where:** **1) The type of records and their contents are a mystery as they were inherited; AND/OR** **2) No-one is responsible for maintaining them, retiring temporary records to a Federal Records Center, transferring permanent records to the National Archives, destruction, etc.**	☐ Yes (action required) ☐ No	➤ A project will need to be established by your program area to resource the cleanup work. This will involve identifying the records, and identifying whether they are still required and organizing their appropriate management, or identifying whether they can be destroyed and organizing the appropriate approvals and destruction. The Records Management Program can provide advice on each particular case.
9.2	When destroying official records, there are certain retention requirements that need to be satisfied. As such, destruction of ALL official records, whether hard-copy or digital, MUST be authorized through the completion of a	**Has your program area destroyed official records in the past?**	☐ Yes ☐ No (action required)	➤ Newly established program areas may not be ready to destroy records. However, if records are being stored indefinitely, this is an unacceptable practice. Action may be required to assess how long the records should be retained and then disposed of in accordance with a NARA-

	Certificate of Records Destruction form.			approved records schedule.
9.3	Destruction of official records should be an ongoing process. However it must be appropriately authorized to ensure retention requirements and IHS' administrative, historical, legal and financial needs are met.	**Does your program area appropriately authorize the destruction of all official records by completing a Certificate of Records Destruction form?**	☐ Yes ☐ No (action required)	➢ Make sure staff is aware of their responsibilities in relation to the appropriate destruction of records. ➢ Ensure staff is aware of the Certificate of Records Destruction form during records management training.

No.	Requirement	Question	Response	Possible Remedial Actions
10. PERMANENT RECORDS				
Permanent records have historical or other value that warrants preservation beyond their original purpose.				
10.1	There is a basic understanding of permanent records.	**Do employees understand the definition of permanent records and how to identify them?**	☐ Yes ☐ No (action required)	
10.2	Permanent records are created and warrant preservation.	**Are records created so important that they must be kept forever?**	☐ Yes ☐ No	
10.3	Permanent records are routinely transferred to the National Archives.	**Does the program area keep all permanent records in the office or are they sent to the National Archives?**	☐ Yes ☐ No (action required) If yes, indicate date of last transfer. _____	➢
10.4	Electronic permanent records are transferred to the National Archives.	**Are permanent records in an electronic format transferred to the National Archives?**	☐ Yes ☐ No (action required) If yes, indicate date of last transfer. _____	➢
10.5	Procedures are in place to transfer permanent records.	**Are record liaisons familiar with the procedures for**	☐ Yes ☐ No (action required)	➢

No.	Requirement	Question	Response	Possible Remedial Actions
		transferring permanent records?		
10.6	Permanent records are eligible for transfer to NARA.	**Are permanent records 20 years or older maintained on site?**	☐ Yes (action required) ☐ No	➢

No.	Requirement	Question	Response	Possible Remedial Actions
11. RECORDS SCHEDULING AND IMPLEMENTATION *This section is to be filled out by the records management program only.*				
11.1	A NARA appraiser assists the Records Management Program with the development of schedules.	**Is a NARA appraiser assigned to IHS?**	☐ Yes ☐ No (action required)	➢
11.2	Records are scheduled regularly and for all formats or mediums?	**Are records scheduled for paper, electronic, microform, or other media?**	☐ Yes (action required) ☐ No	➢
11.3	Record schedules describe the types of records created or received by an office or program area.	**Are schedules descriptive enough to describe the types of records created by the agency?**	☐ Yes ☐ No (action required)	➢
11.4	Guidance for the development of record schedules exist.	**Is an internal process established for developing and submitting schedules for approval?**	☐ Yes ☐ No (action required)	➢
11.5	Proposed schedules are reviewed.	**Does OGC review schedules for legal rights implications?**		➢
11.6	Employees receive training on record schedules.	**Does the agency records officer oversee implementation of the records schedule?**	☐ Yes ☐ No (action required)	➢

No.	Requirement	Question	Response	Possible Remedial Actions
11.7	New record schedules are announced.	**Is there a method used to alert employees when there is a new schedule?**	☐ Yes ☐ No (action required)	➢
11.8	Record schedules are available to all employees.	**Are employees able to access record schedules?**	☐ Yes ☐ No (action required)	➢
No.	**Requirement**	**Question**	**Response**	**Possible Remedial Actions**
12. ELECTRONIC RECORDS / ELECTRONIC E-MAIL *A goal of the IHS electronic records management program is to develop effective guidance for the creation, capture, protection, preservation, use and disposition of all electronic records.*				
12.1	Electronic records are created by employees.	**Are electronic records part of the overall records management program?**	☐ Yes ☐ No	➢
12.2	Any database or electronic information system (EIS) that creates and/or stores official records must be identified.	**Does your program area capture records using an electronic information system?**	☐ Yes ☐ No	➢
12.3	Any database or electronic information system (EIS) must be assessed to ascertain whether they hold official records. These recordkeeping systems should have certain requirements for data, security, and longevity of the information.	**Is your program responsible for managing the system (i.e., the owner of the system)?**	☐ Yes ☐ No	➢
12.4	Employees know how to handle electronic records.	**Have employees been made aware of the regulations**	☐ Yes	➢

No.	Requirement	Question	Response	Possible Remedial Actions
		governing electronic records?	☐ No (action required)	
12.5	Guidance on electronic records and electronic email is available.	**Is published guidance available on the management of electronic and e-mail records?**	☐ Yes ☐ No (action required)	➢
12.6	Software is used to manage electronic records (e.g., Outlook, SharePoint)	**Has IHS implemented software to manage electronic documents?**	☐ Yes ☐ No	➢
No.	**Requirement**	**Question**	**Response**	**Possible Remedial Actions**
12. ELECTRONIC RECORDS / ELECTRONIC E-MAIL *A goal of the IHS electronic records management program is to develop effective guidance for the creation, capture, protection, preservation, use and disposition of all electronic records.*				
12.7	Records management reviews IT initiatives to ensure recordkeeping functionality is included.	**During the Capital Planning and Investment Control (CPIC) process, does IT ensure that records management provisions are addressed?**	☐ Yes ☐ No (action required)	➢
12.8	Metadata is captured.	**Is sufficient metadata captured for electronic records to ensure that the record remains retrievable, interpretable, authentic, over time?**	☐ Yes ☐ No (action required)	➢

	Requirement	Question	Response	Possible Remedial Actions
12.9	Electronic information is archived and copied.	**Are regular backups of electronic information conducted?**	☐ Yes ☐ No (action required)	➢
12.10	Electronic records migrate to new platforms.	**Are electronic records upgraded as software/hardware changes?**	☐ Yes ☐ No (action required)	➢
12.11	Legacy records are accessible.	**If electronic legacy records are not updated, are older versions of software/hardware maintained so records can be accessed?**	☐ Yes ☐ No (action required)	➢
	Requirement	**Question**	**Response**	**Possible Remedial Actions**
12. ELECTRONIC RECORDS / ELECTRONIC E-MAIL *A goal of the IHS electronic records management program is to develop effective guidance for the creation, capture, protection, preservation, use and disposition of all electronic records.*				
12.12	Records management reviews IT initiatives to ensure recordkeeping functionality is included.	**Is records management involved in the Capital Planning and Investment Control process?**	☐ Yes ☐ No (action required)	➢
12.13	Business units are required to identify electronic information systems where they are responsible for the content.	**If yes to Question 12.2, complete Attachment Four.**		

No.	Requirement	Question	Response	Possible Remedial Actions
13. VITAL RECORDS				
Vital records contain information required by an agency to function or to reestablish operations immediately in the event of a disaster. If records are vital, they may have special storage or reformatting considerations. Examples of vital records are ongoing contracts, payrolls, and patient files.				
13.1	Staff has identified vital records.	**Does the staff have an inventory of vital records?**	☐ Yes ☐ No (action required)	➢
13.2	Guidance is available to help identify vital records.	**Are local procedures in place to help employees identify vital records?**	☐ Yes ☐ No (action required)	➢
13.3	Record liaisons are familiar with the location of vital records.	**Are vital records stored properly and duplicates updated routinely?**	☐ Yes ☐ No (action required)	➢
13.4	Employees determine how records will be stored.	**Was a risk analysis performed to determine the**	☐ Yes ☐ No (action required)	➢

No.	Requirement	Question	Response	Possible Remedial Actions
		best storage method?		
13.5	Damaged records can be restored.	**Have local resources been identified that can restore or reconstruct records?**	☐ Yes ☐ No (action required)	➢
13.6	Vital records are reviewed periodically?	**Does the program periodically review its vital records plan and update it as necessary?**	☐ Yes ☐ No (action required)	➢

No.	Requirement	Question	Response	Possible Remedial Actions
14. CONTRACTOR RECORDS				
14.1	Contracts spell out the types of records created for the Federal government.	**Do contracts identify which contractor-created records are Federal records?**	☐ Yes ☐ No (action required)	➢
14.2	Contractors who handle records comply with Federal laws and regulations.	Are records created, received, or maintained for the government by contractors managed in accordance with Federal laws and regulations?	☐ Yes ☐ No (action required)	➢
14.3	Guidance on the creation of Federal records is provided to contractors.	**Do programs provide contractors with regulations/ procedures for governing Federal records?**	☐ Yes ☐ No (action required)	➢
14.4	Contracts will deliver system documentation when creating electronic systems.	**Do contracts involving development of electronic systems specify the delivery of systems documentation to the agency with the final product?**	☐ Yes ☐ No (action required)	➢

| 14.5 | If electronic records, contracts will deliver final products and documentation in formats used by IHS. | **Do contracts specify the delivery of final products and background data in formats compatible with program records maintenance and retention guidelines?** | ☐ Yes

☐ No (action required) | |
| | | | | |

Attachment One