Amarillo College Inventory Form

(Use back for additional space if necessary)

1.) **Date**	2.) **Name**
3.) **Phone**	4.) **E-Mail Address**
5.) **Campus, Building, Room**	6.) **Division**
7.) **Department**	8.) **Liaison**
9.) **Original Record** ☐ Yes ☐ No ☐ Unsure	10.) **Location of Records** for each level of activity Active = Semi-Active = Inactive =
11.) **Current Retention**	12.) **Currently Scheduled?** ☐ Yes ☐ No
13.) **Record Name**	14.) **Record ID#**
15.) **Explain the purpose of this record** (Legal requirement or reason it was created)	
16.) **Describe record contents** (if electronic record, please describe hardware & software environment)	

17.) **Format** ☐ paper ☐ micrographic ☐ electronic ☐ audiovisual	18.) **Arrangement** ☐ alphabetical ☐ numerical ☐ chronological ☐ alphanumeric ☐ case number ☐ other (specify) _____	19.) **Annual Accumulation in Cubic Feet** example: letter size file drawer = 1.5 cubic feet letter size 36" shelf = 2.4 cubic feet
20.) **Inclusive Dates:**		21.) **Vital:** ☐ Yes ☐ No ☐ Unsure
22.) **Confidential** ☐ Yes ☐ No ☐ Not sure		23.) **Confidential Requirements:**

Inventory Form Explanation

1.) **Date** – Date of form completion

2.) **Name**, 3.) **Phone**, 4.) **E-mail Address** and 5.) **Campus, Building & Room** – These identify the person responsible for the creation of the records. Usually this is the name of the person completing the form.

6.) **Division** and 7.) **Department** – These identify the institutional owner of the records are being inventoried

8.) **Record Liaison** – Name of person appointed by department head to work with the Record Management Team

9.) **Original Record** – Is this the Original Record Copy? (See page 9 for definition of Record Copy). It is possible for more than one Original Record Copy to exist (if the documents have completely different uses).

10.) **Location(s) of Records** for each level of activity – These identify where records are located for each level of the following activity. How often are the records viewed? Active = more than once a month, Semi-Active = less than once a month / more than once a year, Inactive = not used for current operations. If a record is a fragment of another record or series please note this.

11.) What is the **Current Retention**? – How long are these retained in the office? How long before they are disposed of?

12.) Are these records **Currently Scheduled** – Is this record included in the AC Record Retention Schedule? Is this a new record?

13.) **Record Name or Series** – Use the formal name if known, use the common or colloquial name. Examples : Budget Preparation Files, Shipping Receipts, Clinical Evaluations

14.) **Record ID#** – This is the number assigned by the State of Texas and may not be known by the department. It's listed in the AC Retention Schedule, unless this is a "new" unscheduled record.

15.) **Explain the purpose of this record** – Why it was originally created, what does it do, what is it used for. If there was a legal or other reporting requirement, please, state that in this section, include details if possible. Do these records concern a specific program's activities?

16.) **Describe Record Contents** – Complete, concise description of the information included in the form. If the record is electronic, please describe the hardware and software environment the form is contained on.

17.) **Format** – Media type.

18.) **Filing Arrangement** – How are the records grouped or stored?

19.) **Annual Accumulation** – Volume created yearly – estimate.

20.) **Inclusive Dates** – First and last date of record being held.

21.) **Vital** – Is this record recognized in the disaster management plan as necessary for the continuity of College business?

22.) **Confidential** – Yes, No, Unsure

23.) **Confidential Requirement** – Please note restrictions on access. Restrictions may include executive orders, directives, and statutes.