

Records Inventory and Analysis Form
University of Tennessee Records Management Department
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REFER TO INSTRUCTION SHEET BEFORE COMPLETING.

DEPARTMENT	1. Department: _____ 2. Address: _____ 3. Account Number: _____ 4. Phone: _____ 5. Name and Title of Records Contact: _____
CLASSIFICATION	6. Records Series Title: _____ 7. Purpose of Records: _____ _____ 8. Description of Records Type: (Summary of contents, include form numbers and titles if any, attach sample and additional sheets if needed) _____ _____ _____ _____
CURRENT SITUATION	9. File Arrangement: <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Other: _____ 10. Current Volume in cubic feet: Active: _____ Inactive: _____ 11. Date Range from _____ to _____ 12. Annual Accumulative Rate (cu. ft.): _____ 13. Current Format: <input type="checkbox"/> Paper <input type="checkbox"/> Magnetic <input type="checkbox"/> Microfilm <input type="checkbox"/> Other: _____

VALUE	<p>14. Are the records: <input type="checkbox"/> Vital <input type="checkbox"/> Confidential</p> <p>15. Are the records: <input type="checkbox"/> Original <input type="checkbox"/> Duplicate (Originals maintained where?): _____</p> <p>16. Records Value (check all that apply: <input type="checkbox"/> Administrative <input type="checkbox"/> Historical (Archival) <input type="checkbox"/> Legal (If legal, cite statute or regulation below)</p> <p>_____</p> <p>17. Are records subject to fiscal audit? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, check which box applies: <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Both</p>
DISPOSITION	<p>18. Media Recommendations: Maintain records in: <input type="checkbox"/> Current Format <input type="checkbox"/> Microfilm</p> <p>19. Recommended Disposition: The files are to be cut off at the end of each: <input type="checkbox"/> Calendar Year <input type="checkbox"/> Fiscal Year</p> <p><input type="checkbox"/> Maintain in office _____ year(s); then</p> <p><input type="checkbox"/> Transfer to Records Center; hold _____ year(s); then</p> <p><input type="checkbox"/> Destroy</p> <p><input type="checkbox"/> Transfer to University Archives</p>
APPROVAL	<p>20. _____ Name of Person Taking Inventory Date</p> <p>21. _____ Department Head Date</p>
CRC USE ONLY	<p>22. Records Code: _____</p> <p>23. Records Series Title: _____</p> <p>24. Retention Period: Department: _____ Storage: _____ mos/yr mos/yr</p> <p>Other (Explain): _____ mos/yr Total yrs</p> <p>25. Disposition: _____</p> <p>26. _____ Manager, Records Management Department Date</p>