

**FLORIDA ATLANTIC UNIVERSITY  
INVENTORY WORKSHEET**

1) *a* Dept. Name: \_\_\_\_\_ *b* Division: \_\_\_\_\_  
*c* Dept. #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ *d* Location: \_\_\_\_\_  
*e* Dept. Manager: \_\_\_\_\_ *f* Extension #: \_\_\_\_\_  
*g* Contact (Name & Extension): \_\_\_\_\_  
*h* Person Completing this Form (Name & Ext.): \_\_\_\_\_ *i* Date: \_\_\_\_\_

2) Records Series Title: \_\_\_\_\_

*(PLEASE SEE ATTACHED GENERAL RECORDS SCHEDULE LIST)*

3) Description of Content: \_\_\_\_\_

4) Number of Boxes: \_\_\_\_\_ 5) Inclusive Date (From - To): \_\_\_\_\_

6) Arrangement:  Alphabetical  Numerical  Alphanumeric  Chronological  Subject

7) Filing Sequence (From - To): *Please attach a complete, descriptive list of the content of each box* \_\_\_\_\_

8) Master Records for Dept.?      University?      9 Duplicate Copy      10 Confidential or Restricted  
 YES  NO       YES  NO       YES  NO       YES  NO

11) If no, give the location of Master records for the Dept.: \_\_\_\_\_

and location of Master Records for the University: \_\_\_\_\_

12) Reference Frequency:  Daily  Weekly  Monthly  Seldom  Never

13) Characteristics (Check all that apply):

*a* Paper:  Letter size  Legal size  Ledger  Card File  Computer Printout  Maps, Drawings, Plans  
Other (Specify): \_\_\_\_\_

*b* Audio-Visual:  Audio Tape  Video Tape  Motion Picture  Photo Prints  Film Negative  
 Photo-color Slides    Others (Specify): \_\_\_\_\_

*c* Microfilm:  16 mm Roll Film  35 mm Roll Film  Microfiche  Aperture Cards  
Others (Specify): \_\_\_\_\_

14) Microfilmed?  YES  NO

15) If YES, Date Microfilmed: \_\_\_\_\_

16) Primary Purpose of Records (Check One):  Administrative  Legal  Fiscal  Research  
Others (Specify): \_\_\_\_\_

17) Are these Archival Records (the records series has long-term historical, legal, fiscal, or administrative value)?  
 YES  NO

18) Have all applicable audits been released, pertaining to these records:  YES  NO

**TO BE COMPLETED BY THE RECORDS MANAGEMENT SECTION**

Item #: \_\_\_\_\_ Schedule: \_\_\_\_\_ Destruction Date: \_\_\_\_\_ Permanent Retention?    Y    N

Is State Approval needed for destruction?      Y    N      Req. #: \_\_\_\_\_      Recycle    Shred    Trash

Are these records being held for audit release?    Y    N      For the State retention period?    Y    N

Box #: \_\_\_\_\_ Room: \_\_\_\_\_ Row: \_\_\_\_\_ Shelf: \_\_\_\_\_ Pallet: \_\_\_\_\_