FLORIDA ATLANTIC UNIVERSITY
INVENTORY WORKSHEET

1) ***a*** **Dept. Name:** _____ ***b*** **Division:** _____

c **Index #:** ____ ____ ____ ____ ____ ____ ***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) Filling 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:** _____

Reset Form