

Texas A&M University - Records Management
RECORDS INVENTORY WORKSHEET

1. AGENCY NAME AND DIVISION		
2. DEPARTMENT / SECTION / UNIT	3. LOCATION OF RECORDS AND/OR FILE CODE.	
4. NAME AND TELEPHONE NUMBER OF PERSON TAKING INVENTORY	5. TELEPHONE	6. DATE:

RECORDS SERIES IDENTIFICATION

7. WORKING RECORDS SERIES TITLE

8. DESCRIPTION (Summary of contents; function of records; form numbers, if any. Continue description on reverse side if needed)

<p>9. STATUS</p> <p><input type="checkbox"/> RECORD COPY LOCATION OF OFFICIAL RECORD ? _____</p> <p><input type="checkbox"/> CONVENIENCE COPY</p>	<p>10. RECORD MEDIUM</p> <p><input type="checkbox"/> PAPER (SPECIFY SIZE) _____</p> <p><input type="checkbox"/> MICROFILM - SPECIFY _____</p> <p><input type="checkbox"/> ELECTRONIC - SPECIFY _____</p> <p><input type="checkbox"/> MAPS, DRAWINGS _____</p> <p><input type="checkbox"/> _____</p>	<p>11. ARRANGEMENT</p> <p><input type="checkbox"/> ALPHABETICAL <input type="checkbox"/> SUBJECT</p> <p><input type="checkbox"/> NUMERIC <input type="checkbox"/> GEOGRAPHICAL</p> <p><input type="checkbox"/> ALPHA-NUMERIC <input type="checkbox"/> CHRONOLOGICAL</p> <p><input type="checkbox"/> OTHER - SPECIFY</p>
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<p>12. LINEAR FEET</p> <p>CURRENT TOTAL _____</p> <p>ANNUAL ACCUMULATION RATE _____</p>	<p>13. STORAGE</p> <p><input type="checkbox"/> FILING CABINET <input type="checkbox"/> BOXED</p> <p><input type="checkbox"/> ROLLED <input type="checkbox"/> SHELVING</p> <p><input type="checkbox"/> FLAT <input type="checkbox"/> OTHER-SPECIFY</p>	<p>14. INCLUSIVE DATES</p> <p>FROM: _____</p> <p>TO: _____</p>
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FOR USE BY RECORDS MANAGEMENT