



Louisiana State Archives – Records Management
Louisiana Secretary of State
P.O. Box 94125
Baton Rouge, LA 70804-9125
recmgt@sos.la.gov

SSARC-960 (09/2020)

RECORDS MANAGEMENT INVENTORY FORM

Office or Department Contact Information	
1. Office or Department:	
2. Location / Building:	
3. Date:	
4. Physical Address:	
5. Name of Contact Person:	
6. Phone:	7. Email:

Record Information
8. Title of Record:
9. What Department Calls Record:
10. Description of Record:
11. Purpose of Record:
12. Is Record Still Created? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
13. Type of Record and Location <input type="checkbox"/> Original. Location: <input type="checkbox"/> Duplicate. Location:
14. Is Record Imaged? <input type="checkbox"/> Yes <input type="checkbox"/> No
15. Format of Record:
16. Filing Method: <input type="checkbox"/> Alphanumeric <input type="checkbox"/> Chronologic <input type="checkbox"/> Geographical <input type="checkbox"/> Numeric <input type="checkbox"/> Subject <input type="checkbox"/> Academic Year <input type="checkbox"/> Calendar Year <input type="checkbox"/> Fiscal Year <input type="checkbox"/> Other
17. Record Characteristics: <input type="checkbox"/> Vital <input type="checkbox"/> Confidential <input type="checkbox"/> Restricted <input type="checkbox"/> Important <input type="checkbox"/> Useful
18. Type of Equipment:
19. Range of Records (e.g. 01/01/2010-12/31/2019, Li-Ru, 200-550):
20. Does Record Have Historical / Archival Value? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
21. Volume of Records: _____ Filing Inches _____ Cubic Feet



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Record Information Continued

22. Growth Per Year: _____ Filing Inches _____ Cubic Feet

23. Reference Rate:
Accessed _____ times per Day Week Month Year Other

24. Federal Funds? Yes No

25. External Audit Required? Yes No

26. File Break / Cutoff: Month Academic Year Calendar Year Fiscal Year Other

Additional Explanation(s) for Item Numbers

Department or Office Recommendations

- Destroy immediately after cutoff
- Destroy _____ month(s) or _____ year(s) after cutoff.
- Hold in active file area _____ month(s) or _____ year(s).
- Transfer to: _____ Department after _____ month(s) or _____ year(s).
- Transfer to Records Center after _____ year(s).
- Transfer to State Archives for Permanent retention after _____ year(s).
- Microfilm for Permanent retention after _____ year(s).

Justification for Department or Office Recommendations