

# BIS' Electronic Document Self-Assessment Inventory Form

**Please print and complete to the best of your ability prior to BIS's arrival.**

**\*\*All documents, data and information managed by BIS on behalf of its customers remain the property of the customer and strict confidentiality is a contractual and fiduciary responsibility.**

Business, Office or Department Name	Contact Person	Date
Street Address City _____ State _____ Country _____ Zip/Postal Code _____	Telephone No. ( ) _____	E-mail Address

Electronic documents are stored in or on: (check all that apply):

Hard drives  
  Email Folders  
  Flash Drives  
  External Hard Drives  
  Clouds (type: private, public, community)

SharePoint  
  Personal Shared Drive  
  Shared Drives Indicate Drive Letters (e.g. P-drive, N-drive) \_\_\_\_\_

Mobile Devices  
  Other \_\_\_\_\_

Is there standard folder structure in which files are placed?  Yes  No  Unknown

If so, are these used throughout the organization?  Yes  No  Unknown

Are electronic documents also printed and held in physical form?  Yes  No

Are you able to search any or all of the storage locations with key words to find documents?  Yes  No

Are properties or individual file attributes applied to individual files?  Yes  No  Unknown

Are files named using any type of standard naming scheme?  Yes  No  Unknown

Are there imaged or scanned files?  Yes  No  Unknown Where are the images stored? \_\_\_\_\_

Are electronic files ever destroyed or deleted?  Yes  No  Unknown

Do you use applications which store data from which reports are generated?  Yes  No  Unknown

Most electronic documents are (check all that apply)

Originals  
  Duplicates  
  Working papers  
  Drafts

If duplicates, where do original documents reside? \_\_\_\_\_

Do you consider your records as: (check all that apply)

Vital to operating your business  
  Confidential  
  Containing Personal Identifiable Information

How often do you refer to these records? (check all that apply)

Daily  
 Weekly  
 Monthly  
 Yearly  
 Rarely  
 Occasionally  
 Never  
 Do you plan to ever request these records  Yes  No

Would you like to establish a regular business process for any of the following? (Check all that apply)

Perform periodic electronic STRIKEs to clean up electronic volume.

Have BIS evaluate, develop and apply federal regulatory retention periods to electronic documents

<p><b>(BIS ONLY)</b></p> <p>Is a Records Retention Schedule Needed or Desired? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Volume of Records          _____ # of files per shared drive/folders/hard drives          _____ # of GB/TB</p>	<p><b>(BIS ONLY)</b> Estimated Accumulation Per Yr/Mo/Wk.          _____ # files          _____ # GB/TB</p> <p>Are records organized or indexed? (check all that apply)</p> <p> <input type="checkbox"/> Alphabetic   <input type="checkbox"/> Numeric   <input type="checkbox"/> Chronologic   <input type="checkbox"/> Subject   <input type="checkbox"/> Alphanumeric   <input type="checkbox"/> Client/Patient Name         </p> <p> <input type="checkbox"/> Geographic   <input type="checkbox"/> Calendar Year   <input type="checkbox"/> Fiscal Year   <input type="checkbox"/> Account #   <input type="checkbox"/> Well Name   <input type="checkbox"/> Other         </p>
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