

BIS' Physical Document Self-Assessment Inventory Form

Please print and complete to the best of your ability and return prior to BIS' 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

Are records inventoried Yes No
 Is there a listing of the inventory? Yes No Physical Electronic Both
 Are record grouped by like subjects or years? Yes No
 Do your Records have historical value? Yes No Unknown

Are records in standard size record storage boxes: If yes, how many each

Letter/Legal 12" x 15" x 10" (1.2 cu. Ft) pop-up style boxes with lids Yes No _____

Letter Size 10"H x 12" W x 24"D (3.0 cu. Ft) pop-up style boxes with lids Yes No _____

Legal Size 10"H x 15" W x 24"D (3.75 cu. Ft) pop-up style boxes with lids Yes No _____

Are records stored in any of these locations (check all that apply) : File Cabinet Map Rack Fixed shelves
 Book Shelves Desk Mobile Shelving Binder Crates Basement Garage Closet
 Self-storage Storage Bldg Other(specify) _____

Most records and documents in boxes are (check all that apply)
 Originals Duplicates Working papers Drafts
 If duplicates, were do original documents reside? _____

Record and Document Format (check all that apply)
 Paper Plans/Drawings Tapes (indicate type) _____ Maps Microfilm Books Binders
 CDs/DVDs External Storage Devices (e.g. flash drives, hard drives)
 Other _____

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)

Transfer to BIS after _____ months/year(s) held in my office.
 Have BIS pick up boxes/files every week/month/when I call.
 Destroy _____ month(s) or _____ year(s) from date placed in storage. Destroy at my direction.
 Have BIS evaluate my records, develop and apply federal regulatory retention periods
 Assist in periodic STRIKEs (Sort, Toss, Recycle, Inventory, Keep Event) to clean-up physical documents

<p>(BIS ONLY) Is a Records Retention Schedule Needed or Desired? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Volume of Records _____ # Inches or _____ # boxes</p>	<p>(BIS ONLY) Estimated Accumulation Per Yr/Mo/Wk. _____ # Inches or _____ # of boxes</p> <p>Are records organized or indexed? (check all that apply) <input type="checkbox"/> Alphabetic <input type="checkbox"/> Numeric <input type="checkbox"/> Chronologic <input type="checkbox"/> Subject <input type="checkbox"/> <input type="checkbox"/> Alphanumeric <input type="checkbox"/> Client/Patient Name <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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