



RECORDS STORAGE QUESTIONNAIRE

SITE SURVEY <i>(circle all that apply)</i>							
Location:	Third-party	Office	Warehouse	Basement	Stairwell	Self-store	File Room
Storage:	Odd-size	File Cabinets	File Drawers	Open File	Shelves	Loose	Boxes
Format:	Paper	Maps	Drawings	Art	Microfilm	Microfiche	Seismic
	Core Samples	Tapes - Type/Size: _____					
Boxes or Reboxing:	Yes or No	BIS Pick Up:	Yes or No	Loading Dock:	Yes or No		
Area to Build Pallet:	Yes or No	Freight Elevator:	Yes or No	Customer Site Boxing:	Yes or No		
After Hrs Boxing/Purging:	Yes or No						
COUNT/MEASUREMENT/TYPE OF MEDIA							
Boxes:	1.2 _____	2.4 _____	3.0 _____	Other _____			
Drawings:	# Drawers _____	Inches Per Drawer _____	# of Drawings _____				
Microfiche:	# Trays _____	# Drawers _____	Inches _____				
Microfilm:	# Reels _____						
Mixed Media:	# Containers _____	Estimated Size _____					
Maps:	# Drawers _____	# Rolls _____					
Art Items:	# _____	Itemize Description _____					
Files:	# Of Shelves _____	Inches or Linear Feet Per Shelf _____					
Tapes:	Reels _____	3480 Cartridges _____	Optical Disks _____	VHS _____			
	4mm/8mm _____						
ACTIVITY							
Collection Status:	Active	Semi-Active	Archive	Retrievals:	Daily	Weekly	Rarely
Retrieval Type:	Physical Delivery	Scan on Demand	Cust. Pickup: Yes or No				
Tape Rotation:	Daily	Weekly	Monthly				
GROWTH ESTIMATE							
Adds per month/year:	_____						
STORAGE METHOD							
	Rack	Pallet	Drawer	Container	Open Shelf	Vault	
INDEXING REQUIREMENT							
	Box	Individual Item	File	Container			
PACKING/INVENTORY REQUIREMENT							
Unique boxes or containers:	Yes or No	Existing customer box/file or item numbering: Yes or No					
Packing material for art itmes:	Yes or No						
PICK-UP SCHEDULE							
	Weekly	Monthly	Semi-Annual	Annual			
DEPARTMENT REQUIREMENTS							
	Single or Multiple Departments: _____						
	Single Dept. Invoicing or Dept. Invoicing: _____						
	Single or Dept. Level Authorized Access to Records: _____						
ACCESSORIAL SERVICES REQUIRED							
Purging:	Yes or No			Destruction:	Yes or No		

Account Rep Name: _____

Initials: _____