

South Carolina Department of Archives and History  
Division of Archives and Records Management

RECORD SERIES INVENTORY FORM

Action Required

Establish Schedule

Revise Schedule

*Schedule Number*

TYPE OR PRINT CLEARLY. COMPLETE ONE FORM FOR EACH RECORD SERIES. RECORD GROUP NUMBER:

Section A. Identification of Program Unit and Contact Person

1. State or Local Agency Spartanburg County

2. Division or Office Records Management/

3. Subdivision

4. Program Unit

5. Person Completing Form: (Name)  
(Date)

(Title)

(Telephone)

Section B. Description of Records

6. Record Series

(a) Title:

(b) Variant Title:

7. Dates of Records

(a) Beginning to Ending

(b) Missing Dates:

8. Are records still created? yes no

9. Are records indexed? yes no  
If yes, title and location:

10. Arrangement of Record Series

Alphabetically by

Numerically by

Alphanumeric by

Chronologically by

Unarranged

Other

11. Description of Records

(a) Who creates and/or uses the records and for what purpose?

(b) Informational Content

(c) Value of Records (check all that apply)

Administrative

Legal

Fiscal

Historical

Other

(d) Are these records vital?  yes  no

(e) Reference Frequency times  daily  weekly  monthly  yearly  
for \_\_\_months \_\_\_years. Never after

**SECTION B. DESCRIPTION OF RECORD SERIES (CON'T.)**

12(a) Characteristics (check the medium to left of record format):

- |                                                |                                              |                                           |                                                           |
|------------------------------------------------|----------------------------------------------|-------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> <b>Paper</b>          | <input type="checkbox"/> <b>Audio Visual</b> | <input type="checkbox"/> <b>Microfilm</b> | <input type="checkbox"/> <b>Computer Machine Readable</b> |
| <input type="checkbox"/> Legal Size            | <input type="checkbox"/> Audiotape           | <input type="checkbox"/> Roll Film        | <input type="checkbox"/> Tape                             |
| <input type="checkbox"/> Letter Size           | <input type="checkbox"/> Motion Picture      | <input type="checkbox"/> Aperture Cards   | <input type="checkbox"/> Disk                             |
| <input type="checkbox"/> Bound Volume          | <input type="checkbox"/> Video Tape          | <input type="checkbox"/> Microfiche       | <input type="checkbox"/> Diskett (Floppy)                 |
| <input type="checkbox"/> Computer Printouts    | <input type="checkbox"/> Photo Print         | <input type="checkbox"/> Jackets          | <input type="checkbox"/> Punch Cards                      |
| <input type="checkbox"/> Maps, Plans, Drawings | <input type="checkbox"/> Photo Glass         |                                           |                                                           |
| <input type="checkbox"/> Publications          |                                              |                                           |                                                           |
| <input type="checkbox"/> Other                 |                                              |                                           |                                                           |

12(b) Total Volume and Location of Records (by cu. ft.) 12(c) Total volume generated per year  
Office (Most recent year)  
State Records Center  
Other Storage Specify:

13. Condition of Records:  Good  Fair  Poor  
 Molded  Dirty  Torn  Other

14. Confidential?  yes  no. If yes, cite authority.

15. Record is <input type="checkbox"/> original - Location of duplicate:  <input type="checkbox"/> duplicate - Location of original:	16. Summarized: <input type="checkbox"/> yes <input type="checkbox"/> no Title and Location of Summary Record
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**SECTION C. PROPOSED RETENTION PERIOD AND DISPOSITION**

17. Subject to:  Audit  Sunset Review  Other (specify):

18. Legal retention requirement?  yes  no. If yes, cite authority

19. The proposed retention period for this record series should be implemented as follows (check all that apply)

<input type="checkbox"/> Retain in program office space for	<input type="checkbox"/>	years	months
Transfer to state/local facility for	<input type="checkbox"/>	years	months
Transfer to State Records Center for	<input type="checkbox"/>	years	months

Other (Specify)\_\_\_\_

Final Disposition (following completion of retention period)

Destroy  Transfer to State Archives  Transfer to Approved Repository

20. Additional Comments