

RECORDS ANALYSIS WORKSHEET

(Attach additional sheets if necessary)

Agency Series No.

ADMINISTRATIVE Is this record series referenced after 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	
LEGAL Has legal counsel been sought concerning any statutory or regulatory requirements affecting the retention of this record series? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Revised Code Section No. _____ Retain _____ Years <input type="checkbox"/> Administrative Code Section No. _____ Retain _____ Years <input type="checkbox"/> Other _____ Retain _____ Years	
FISCAL Is this record series audited? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> State Audit Years ____ <input type="checkbox"/> Federal Audit Years ____	
HISTORICAL Does this record series have historical value? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	
CONFIDENTIAL Does this record series contain confidential information as defined by ORC 149.43? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	
VITAL Does this record series contain vital information? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	
MICROFILM Is this record series microfilmed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If not, could microfilm be used? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	
Recommended Retention Period	Retention Justification
In office area In Records Center <input type="checkbox"/> Agency Records Center <input type="checkbox"/> Off-site Records Storage Facility	No record series should be scheduled for destruction for more than 5 years after its creation, or 5 years after the close of a transaction or case file, or 5 years after an event without justification.
Completed By _____	Date _____
Authorized Agency Official _____	Date _____