

RECORDS INVENTORY FORM
BROOKHAVEN NATIONAL LABORATORY
Upton, Long Island, New York 11973

PURPOSE: This form is to be used for BNL site records inventorying, and development of records series schedules. Use a separate form for each Series.

IS THIS A HUMAN EXPERIMENTATION RECORD (Y/N) ___ IF YES, COMPLETE BOTH SIDES.

<1> 2-LETTER MIS DEPT CODE: _____ <1A> PROGRAM AREA: _____

<2> RECORD OWNER (AS LISTED IN BNL DIRECTORY): _____ <2A> BLDG NO.: _____ <2B> TEL. NO. _____

<3> SERIES TITLE: _____

<4> STARTING YEAR (EX: 1990): _____ <4A> ENDING YEAR (EX: 1993 - LEAVE BLANK IF ONGOING): _____

<5> MEDIUM: check all that apply: <1> PAPER <2> MICROFORM <3> AUDIOVISUAL <4> PHOTOGRAPH <5> LAB SLIDES

<6> COMPUTER FILES - IF CHECKED, COMPLETE ELECTRONIC FORM

<6> IS THE SERIES: <1> ACTIVE <2> INACTIVE <3> BOTH

<7> ACTIVE SERIES LOCATIONS: check all that apply:

<1> OFFICE <7A> BLDG. NO. _____ <7B> OFFICE NO. _____ <7C> VOLUME KEPT IN OFFICE (CU.FT.): _____

<2> RHA <7D> VOLUME KEPT IN RHA (CU.FT.): _____

<3> FRC <7E> VOLUME KEPT IN FRC (CU.FT.): _____

<8> INACTIVE SERIES LOCATIONS: check all that apply:

<1> OFFICE <8A> BLDG. NO. _____ <8B> OFFICE NO. _____ <8C> VOLUME KEPT IN OFFICE (CU.FT.): _____

<2> RHA <8D> VOLUME KEPT IN OFFICE (CU.FT.): _____

<3> FRC <8E> VOLUME KEPT IN OFFICE (CU.FT.): _____

<9> WHAT IS THE PRIMARY ARRANGEMENT OF THESE RECORDS

<1> NUMERIC <2> ALPHABETICAL <3> CHRONOLOGICAL <4> GEOGRAPHICAL <5> SUBJECT

<10> IS THIS SERIES RECORD EPIDEMIOLOGIC YES NO <10A> VOLUME (CU.FT.): _____

<10B> TYPE OF EPIDEMIOLOGICAL RECORD:

<1> HEALTH RELATED <2> SAFETY & ENVIRONMENT <3> RIGHTS & INTERESTS <4> PERSONNEL <5> MEDICAL

<11> CUTOFF DATE: <F> FISCAL <C> CALENDAR

<12> WHAT TYPE OF SERIES IS BEING INVENTORIED TODAY (pick only one): <1> ADMINISTRATIVE <2> SCIENTIFIC/TECHNICAL

If the records are Administrative, this question should be answered.

<12A> LIST SCHEDULE & ITEM NO. USING 1324a OR GRS: _____

<12B> PLEASE LIST RETENTION PERIOD: _____

For both Administrative and Scientific/Technical records, these questions should be answered.

<12C> ARE THESE RECORDS HISTORICAL YES NO

<12D> HOW WOULD YOU RATE THEIR IMPORTANCE VERY SOMEWHAT NOT AT ALL

<12E> HOW LONG SHOULD THESE RECORDS BE KEPT _____

<13> SERIES DESCRIPTION:

<14> ACCESS RESTRICTIONS: check all that apply:

<1> PRIVACY ACT <2> COMPANY CONFIDENTIAL <3> PROPRIETARY <4> UNCLASSIFIED CONTROLLED NUCLEAR INFORMATION
<5> SECRET <6> CONFIDENTIAL <7> RESTRICTED DATA <8> NATIONAL SECURITY INFORMATION
<9> NONE

<15> PERCENT CLASSIFIED (0 = UNCLASSIFIED; 100 = CLASSIFIED): _____

<16> INFORMATION ANALYSIS:

<17> INFORMATIONAL RANKING: <1> CERTAINLY <2> PROBABLE <3> SLIGHT CHANCE

<18> HUMAN EXPERIMENTATION TYPE: check all that apply: <1> PROGRAM <2> PERSONNEL <3> MEDICAL

<19> CATEGORY: check all that apply:

<1> EXPERIMENT <2> RELEASE <3> RADIATION <4> TOXIC CHEMICAL <5> CONTROLLED SUBSTANCE

<20> IS EXPERIMENT/RELEASE DATA KNOWN OR EASY TO DETERMINE (Y/N): _____

<20A> EXPERIMENT/RELEASE TITLE: _____

<21> EXPERIMENT STARTING YEAR (EX: 1990): _____ <21A> ENDING YEAR (EX: 1993 - LEAVE BLANK IF ONGOING): _____

<22> PRINCIPAL INVESTIGATOR: _____

<23> PRINCIPAL INVESTIGATOR'S AFFILIATION: _____

<24> EXPERIMENT LOCATION(S): _____

<25> EXPERIMENT DESCRIPTION:

<26> CROSS REFERENCES (TO OTHER RECORDS; EXPERIMENTS) - TYPE NONE IF N/A

<27> WAS THIS RECORD DESTROYED YES NO IF YES, PLEASE EXPLAIN IN ADDITIONAL COMMENTS.

<28> ADDITIONAL COMMENTS (REQUIRED - IF DESTROYED) - TYPE NONE IF N/A

<29> NAME OF PERSON COMPLETING FORM: _____ <29A> TEL. NO. _____ <29B> DATE: _____