Frederick National Laboratory
for Cancer Research

Records Management Program – Storage Inventory Record

Please type or print information clearly

Person Requesting Storage

1. First Name	2. Last Name	3. Telephone
4. Title		5. E-mail Address
6. Project Number to be Charged		

Records Identification

7. Number of Boxes for Storage	8. Location of Boxes (Building/Room Number)
9. Description: Summary of Contents, Contract Year, Fiscal Year, etc. (Attach a second sheet if needed.)	
10. Retention Period, Cite Policy, FAR Clause, etc.	11. Destruction Date

******Actions to be Completed Prior to Sending Records for Offsite Storage******

12. A brief description of the contents needs to be written on each box to identify its contents as well as the box number. Descriptions should not match another box in this request, and cannot be longer than 60 characters. If you are unsure of the first box number for this request please call the Records Administrator. Completed ☐ Yes ☐ No	
13. A full detailed list of the contents of the box needs to be taped to the inside of the box lid. You should keep a copy of that list to share with your group. The list will be useful if a box is requested to be returned. Completed ☐ Yes ☐ No	
14. Do any boxes going to offsite storage contain Federal Records ☐ Yes ☐ No	15. Total number of boxes in this request that contain Federal Records: _____

Contact Person

16. First Name	17. Last Name	18. Telephone
		19. E-mail Address
20. Remarks		

Note: Send completed form to fnldocs@mail.nih.gov or mail completed form to Records Administrator, ATRF-MSD

For Use by Records Administrator Only

21. Records Item Number	22. Records Title
23. New Location of Records	24. Account Number, Division, and Department
25. Records Retention Period: 26. Destruction Date:	27. Basis for Retention Period ☐ RRS - Item Number: _____ ☐ Statute - Number: _____ ☐ Policy - Number: _____ ☐ Other (specify): _____

Clear Form | Print Form Only | Print Form and Instructions

Records Management Program – Storage Inventory Record – Instructions

1. First name of person requesting offsite storage.
2. Last name of person requesting offsite storage.
3. Phone number of person requesting offsite storage.
4. Job title of person requesting offsite storage.
5. Email address of person requesting offsite storage.
6. Project number to be used for costs associated with the storage of these records i.e.: pick up, delivery, storage, etc. The person requesting storage must have authority to charge against this project number.
7. Number of banker boxes to be removed for offsite storage.
8. The building and room number where the banker boxes are currently located.
9. A brief description of the boxes i.e.: Lab notebooks 2011-2014.
10. Length of time records are to be retained, and source used to determine their retention period.
11. The date we can permanently destroy these records. Destruction date is entered as a two digit month and day, and a four digit year.

*****Actions to be Completed Prior to Sending Records for Offsite Storage*****

12. A brief description of the contents needs to be written on each box to identify its contents as well as the box number. Descriptions should not match another box in this request, and cannot be longer than 60 characters. If you are unsure of the first box number for this request please call the Records Administrator.
13. A full detailed list of the contents needs to be taped to the inside of the box lid. You should keep a copy of that list to share with your group in case a box is requested to be returned.
14. Does any of the information in this request contain Federal Records?
15. How many of these boxes contain Federal Records?
16. First name of an alternate person who is aware of this request in case the original requester is unavailable.
17. Last name of an alternate person who is aware of this request in case the original requester is unavailable.
18. Phone number of an alternate person who is aware of this request in case the original requester is unavailable.
19. E-mail address of an alternate person who is aware of this request in case the original requester is unavailable.
20. Any information not previously provided that you feel is vital.

Note: Send completed form to fnldocs@mail.nih.gov or mail completed form to Records Administrator, ATRF-MSD

For Use by Records Administrator Only

21. Records Administrator use – records item number.
22. Records Administrator use – records title.
23. Records Administrator use – new location of records.
24. Records Administrator use – account number, division, and department.
25. Records Administrator use – records retention period.
26. Records Administrator use – destruction date.
27. Records Administrator use – check box and enter information for basis for retention period (RRS - Item number, Statute number, Policy number, Other – specify).