# Vital Records Checklist

Record Series Title: _____

Description of function: _____

_____

Location: _____

Retention Period: _____

Format: _____ Paper _____ Tape _____ CD _____ Photo _____ Microfilm/fiche

Answer the following questions for each record series you are evaluating:

- What would we be unable to do if these records were destroyed?

  _____

- Can the work be carried forward without the record?  LOW  1  2  3  4  5  HIGH
- How high would the consequences to the organization be?  1  2  3  4  5
- What impact would losing the records have on employees or citizens?  1  2  3  4  5
- How high would reconstruction costs be? (Both time and money)  1  2  3  4  5
- How quickly would the information need to be reproduced?  1  2  3  4  5
    - Why? _____
- Can the records be replaced  from another source?  YES  1  2  3  4  5  NO
    - Where? _____

Add all the circled numbers together for a **TOTAL:** _____

**1-9**: *non-essential*    **10-19**: *useful*    **20-29**: *important*   **30-35**: *vital*

**FOR VITAL RECORDS ONLY**

Protection method: _____

Location of other copies: _____

Completed by: _____

Date: _____