

# SC Records Management Program

## VITAL RECORDS JUSTIFICATION FORM

Title of Record \_\_\_\_\_ Date \_\_\_\_\_

Originator \_\_\_\_\_ Organizational function \_\_\_\_\_  
(e.g., Human Resources, Medical)

Records series or systems title \_\_\_\_\_

Hardware and software necessary for viewing and maintaining electronic records: \_\_\_\_\_

Media Protection \_\_\_\_\_

Support services required \_\_\_\_\_

Storage location \_\_\_\_\_ Frequency of updating \_\_\_\_\_

Name of record contact(s) \_\_\_\_\_ Ph \_\_\_\_\_

DOE-RL\* Category \_\_\_\_\_ Replacement Frequency \_\_\_\_\_ Organization Accountable for Project \_\_\_\_\_

Media  Paper  Electronic  Diskette  Other  
 Microfilm  Aperture Card  Magnetic Tape

Description of Record

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Record to be included in Vital Records Inventory

Record to be deleted from Vital Records Inventory

Justification

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Submitted By:

Office/Division/Dept./Contractor \_\_\_\_\_

Submitter's Name \_\_\_\_\_  
(Typed or Printed) (Signature)

Manager's Name \_\_\_\_\_  
(Typed or Printed) (Signature)

