

South Carolina Department of Archives and History  
 Division of Archives and Records Management

Action Required  
 Establish Schedule  
 Revise Schedule  
*Schedule Number*

**RECORD SERIES INVENTORY FORM**

TYPE OR PRINT CLEARLY. COMPLETE ONE FORM FOR EACH RECORD SERIES. RECORD GROUP NUMBER:

**Section A. Identification of Program Unit and Contact Person**

1. State or Local Agency

2. Division or Office

3. Subdivision

4. Program Unit

5. Person Completing Form: (Name)  
 (Date)

(Title)

(Telephone)

**Section B. Description of Records**

6. Record Series

7. Dates of Records

(a) Title:  
 (b) Variant Title:

(a) Beginning to Ending  
 (b) Missing Dates:

8. Are records still created?  yes  no

9. Are records indexed?  yes  no  
 If yes, title and location:

10. Arrangement of Record Series

Alphabetically by  
 Numerically by  
 Alphanumeric by

Chronologically by  
 Unarranged  
 Other

11. Description of Records

(a) Who creates and/or uses the records and for what purpose?

(b) Informational Content

(c) Value of Records (check all that apply)

Administrative  Legal  Fiscal  Historical  Other

(d) Are these records vital?  yes  no

(e) Reference Frequency times  daily  weekly  monthly  yearly  
 for \_\_\_ months \_\_\_ years. Never after

## SECTION B. DESCRIPTION OF RECORD SERIES (CONT.)

12(a) Characteristics (check the medium to left of record format):

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Paper                 | <input type="checkbox"/> Audio Visual   | <input type="checkbox"/> Microfilm      | <input type="checkbox"/> Computer Machine Readable |
| <input type="checkbox"/> Legal Size            | <input type="checkbox"/> Audiotape      | <input type="checkbox"/> Roll Film      | <input type="checkbox"/> Tape                      |
| <input type="checkbox"/> Letter Size           | <input type="checkbox"/> Motion Picture | <input type="checkbox"/> Aperture Cards | <input type="checkbox"/> Disk                      |
| <input type="checkbox"/> Bound Volume          | <input type="checkbox"/> Video Tape     | <input type="checkbox"/> Microfiche     | <input type="checkbox"/> Diskett (Floppy)          |
| <input type="checkbox"/> Computer Printouts    | <input type="checkbox"/> Photo Print    | <input type="checkbox"/> Jackets        | <input type="checkbox"/> Punch Cards               |
| <input type="checkbox"/> Maps, Plans, Drawings | <input type="checkbox"/> Photo Glass    |   |  |
| <input type="checkbox"/> Publications          |   |   |  |
| <input type="checkbox"/> Other                 |   |   |  |

12(b) Total Volume and Location of Records (by cu. ft.) 12(c) Total volume generated per year  
 Office (Most recent year)  
 State Records Center  
 Other Storage Specify:

13. Condition of Records:  Good  Fair  Poor  
 Molded  Dirty  Torn  Other

14. Confidential?  yes  no. If yes, cite authority.

15. Record is  
 original - Location of duplicate:  
 duplicate - Location of original:

16. Summarized:  yes  no  
 Title and Location of Summary Record

## SECTION C. PROPOSED RETENTION PERIOD AND DISPOSITION

17. Subject to:  Audit  Sunset Review  Other (specify):

18. Legal retention requirement?  yes  no. If yes, cite authority

19. The proposed retention period for this record series should be implemented as follows (check all that apply)

Retain in program office space for  years  months  
 Transfer to state/local facility for  years  months  
 Transfer to State Records Center for  years  months

Other (Specify) \_\_\_\_\_

Final Disposition (following completion of retention period)

Destroy  Transfer to State Archives  Transfer to Approved Repository

20. Additional Comments



South Carolina Department of Archives and History  
Division of Archives and Records Management  
**APPROVAL OF RECORDS RETENTION SCHEDULE**

In accordance with provisions of Title 30, *Code of Laws of South Carolina, 1976*, Sections 30-1-10 through 30-1-140, as amended, the attached Records Retention Schedule is submitted for approval. This schedule supersedes any previously approved schedule for these same records series.

**PART I**  
**Agency**

I certify that I am authorized to act for this agency in the disposition of its public records and hereby approve the attached Records Retention Schedule. The schedule meets all legal and audit requirements and the records have no further administrative, fiscal, or legal value to this agency after the expiration of the prescribed retention periods. Records series included in this approval are numbered:

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Agency Representative

\_\_\_\_\_

Title

**PART II**  
**Department of Archives and History**

The records listed in the attached Records Retention Schedule have been evaluated by this department for their management, research, and permanent value and are approved for retention or disposal as described in this schedule.

\_\_\_\_\_

Date

\_\_\_\_\_

Director, Department of Archives and History

**PART III**  
**State Budget and Control Board**

The attached Records Retention Schedule is approved.

\_\_\_\_\_

Date

\_\_\_\_\_

State Budget and Control Board

\_\_\_\_\_

Title



# S. C. DEPARTMENT OF ARCHIVES AND HISTORY

## AUTHORIZATION TO DESTROY RECORDS UNDER GENERAL SCHEDULE

1. DATE PREPARED:	PART I.	RECORD GROUP NUMBER:
2. FROM:	TO: RECORDS SERVICES BRANCH T-38 1919 BLANDING STREET COLUMBIA, SC 29201	

**PART II. REQUEST FOR RECORDS DESTRUCTION**  
I certify that I am authorized to act for this government body in the destruction of its public records and hereby request authorization for destruction of the following records in accordance with general retention schedules listed in Chapter 12, CODE OF LAWS OF SOUTH CAROLINA, 1976, as amended. The records listed below meet all audit, litigation, and legal retention requirements and have no further administrative, fiscal, or reference value.

3. APPROVED BY (Signature):	4. TITLE:	5. TELEPHONE:	
6. REGULATION SECTION NUMBER:	7. SERIES TITLE:	8. INCLUSIVE DATES: FROM TO	9. VOLUME: (Cu Ft)

**PART III. DESTRUCTION AUTHORIZATION**  
10. Destruction of the above listed records is authorized.

**PART IV. DESTRUCTION VERIFICATION**  
11. The above listed records have been destroyed.

\_\_\_\_\_  
Director, Department of  
Archives and History      Date

\_\_\_\_\_  
Verifying  
Signature      Date

**REPORT OF DISPOSITION OF RECORDS**

**DATE:**

**TO :**

**FROM:** Carolyn A. Bartley/Records Analyst

This is to notify you that the following records will be destroyed in The Citadel's Records Management Center on

Should further retention be required of any records listed, please indicate below the approximate date each record may be destroyed.

**RECORD TITLE**      **INCLUSIVE DATES**      **RETENTION SCH. NO.**      **VOLUME**

**BRIEF DESCRIPTION OF RECORDS**

**RETAIN/DATE**                      **DESTROY**                      \_\_\_\_\_  
**ACKNOWLEDGEMENT**

Date: \_\_\_\_\_

Receipt is hereby acknowledged of the above notification of records to be destroyed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

**RECORDS CENTER USE**

**METHOD OF DISPOSITION**

Shred \_\_\_\_\_

Recycled \_\_\_\_\_

Title/Date

\_\_\_\_\_  
Signature

\_\_\_\_\_

**HR/RM**

SC Department of Archives and History  
MICROFILM QUALITY CERTIFICATION FOR RECORDS DISPOSITION

Return to:  <b>SC DEPARTMENT OF ARCHIVES AND HISTORY</b> <b>8301 Parklane Road</b> <b>Columbia, SC 29223</b>  FAX: 803-896-6138 (Questions: 803-896-6123)	<b>INSTRUCTIONS</b>
	1. Record Group:  1. Send one form for Each Record Series 2. Send original and attach a copy of the series record schedule 3. Please complete Parts I, II, and III. Part IV will be completed by Archives Staff. 4. Do NOT destroy the microfilmed record series until this form is returned to you. Part IV must be signed and approved by the Archives before the indicated paper records may be legally destroyed.

**PART I IDENTIFICATION OF MICROFILMED RECORD SERIES**

2. Name of State Agency or Political Subdivision:	3. Name of the Division, Section, or Office:	
4. Record Series Title:	5. Schedule or Series Number:	6. Cubic Feet to be Destroyed: (Estimate):
7. Is a microfilm security copy required by the approved Record Series Retention/Disposition schedule or its approved Equivalent?  YES <input type="checkbox"/> NO <input type="checkbox"/>	8. If required (Box 7 was yes) where is the security copy?  <input type="checkbox"/> At the Archives <input type="checkbox"/> Other (List):	

**PART II CERTIFICATION OF STANDARDS**

I certify that a: Resolution Pattern Test, Density Test and Residual Thiosulfate Test have been performed on selected rolls of the microfilm identified in boxes 12 and 13 below and that the microfilmed copies of the records series identified above meet the "Quality Standards and practices for the Microfilming of Public Records" (Regulations 12-200 through 12-203 of the CODE OF LAWS OF SOUTH CAROLINA 1976, Section 30-1-90 and Section 30-1-130, as amended.

9. These tests were done by (check one): <input type="checkbox"/> your agency or political subdivision <input type="checkbox"/> the Archives Microfilm Service Branch  <input type="checkbox"/> a Commercial Microfilm Service bureau	
10. Date:	11. Signature and Title of State Agency or Political Subdivision Representative:

**PART III LIST OF MICROFILM ROLLS OR FICHE**

12. Microfilm Identification Number (s):	13. Inclusive Dates or Case Number(s):

**PART IV ARCHIVES APPROVAL**

14. Destruction of the original (paper) records listed in Part I: Is Approved <input type="checkbox"/> Is NOT approved <input type="checkbox"/>	
15. Destruction is not approved because:	
16. Date:	17. Signature of Branch Representative:

<b>SC DEPARTMENT OF ARCHIVES &amp; HISTORY</b> <b>AUTHORIZATION FOR DISPOSAL OF ORIGINAL PAPER RECORDS STORED AS DIGITAL IMAGES</b>	<b>1. RECORD GROUP NUMBER:</b>  <b>INSTRUCTIONS</b> 1. Complete one form for each record series. 2. Complete all of Part I. 3. Under Part II, check box A or box B, as appropriate, and sign. 4. Send the form to the address at left. 5. Do not destroy the paper records until we return the form to you with Part III completed. 6. Upon receipt of the form, destroy the records, complete Part IV, and retain the form permanently to document the disposal.
<b>RETURN TO:</b> SC Department of Archives & History Records Services Branch 8301 Parklane Road Columbia, SC 29223-4905 Telephone: 803-896-6123 FAX: 803-896-6138	

**PART I - IDENTIFICATION OF RECORD**

2. Name of State Agency or Local Government	3. Name of the Division, Section, or Office
4. Record Series Title	5. Schedule Number
6. Inclusive dates of paper records to be destroyed	7. Cubic feet of records to be destroyed (estimate)
8. Retention period (If less than 10 years, check box A under Part II below. If 10 years or more, check box B.)	9. Is this a vital record? (Essential to the continuity of services during a disaster or to the restoration of daily business when it has been interrupted)  <input type="checkbox"/> YES <input type="checkbox"/> NO
10. Are security copies of the digital records and indexes being placed in off-site storage?  <input type="checkbox"/> YES <input type="checkbox"/> NO	11. If yes, where are the security copies being stored?
12. Name of Person Completing Part I	13 Telephone number

**PART II - CERTIFICATION**

<b>RECORDS WITH A RETENTION PERIOD OF LESS THAN 10 YEARS</b>		
A. <input type="checkbox"/> I certify that I am authorized to act for my government body in the retention and disposition of records identified in Part I of this form and that the digital image records have been visually inspected and are legible and correct.		
<b>RECORDS WITH A RETENTION PERIOD OF 10 YEARS OR MORE</b>		
B. <input type="checkbox"/> I certify that I am authorized to act for my government body in the retention and disposition of records identified in Part I of this form and that my Agency or local government will comply with items 1-7 on page 2 of Public records information leaflet no. 13, <i>Public records stored as digital images: policy statement</i> (revised 24 June 2005).		
14. Name/title of authorized state agency or local government representative:	15. Signature:	16 Date

**PART III - STATE ARCHIVES APPROVAL**

17. Disposal of the original (paper) records identified in Part I is  <input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED	18. Reason for non-approval
19. Signature of State Archives representative	20. Date

**PART IV - DISPOSAL VERIFICATION**

<i>I have properly disposed of the paper records identified in Part I</i>	
21. Signature of person disposing of records	22. Disposal date.



**SC Department of Archives and History  
DIVISION OF ARCHIVES & RECORDS MANAGEMENT  
REPORT ON RECORDS DESTROYED**

**1. STATE OR LOCAL AGENCY:**

**2. RECORD GROUP NUMBER:**

**3. DIVISION OR OFFICE:**

**4. DATE (M/D/Y):**

5. The records listed below have been disposed of in accordance with provisions of the PUBLIC RECORDS ACT, CODE OF LAWS OF SOUTH CAROLINA, 1976, Sections 30-1-10 through 30-1-140, as amended, and approved Records Retention Schedules.  
**SIGNATURE OF RECORD OFFICER'S OR REPRESENTATIVE:**

<b>6. RECORD SERIES TITLES</b>	<b>7. RECORD SERIES NUMBER</b>	<b>8. INCLUSIVE DATES</b>	<b>9. VOLUME (Cu-ft)</b>	<b>10. DATE OF DESTRUCTION (M/D/YYYY)</b>
<b>Total Cubic Feet</b>			0.00	

ORIGINAL: TO RECORDS CENTER  
 DUPLICATE: FOR DEPARTMENT

RECORDS TRANSFER AND STORAGE CONTROL

TO RECORDS CENTER: LOCATION	DATE OF TRANSFER	DEPT. SCHED. NO.	PAGE OF		
FROM: DEPT./SUB.DEPT./SECTION AND/OR UNIT		REQUESTED BY		RESTRICTIONS	
RECORDS TITLE OR DESCRIPTION		RECORDS DATES		DATES TO DESTROY	RECORDS CENTER USE
		FROM	TO (INCL.)		

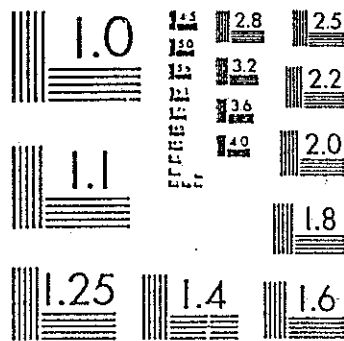
FOR RECORDS CENTER USE

RECEIVED NAME	VOLUME	BOX NUMBER
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### SIGN OUT SHEET FOR THE RECORDS CENTER

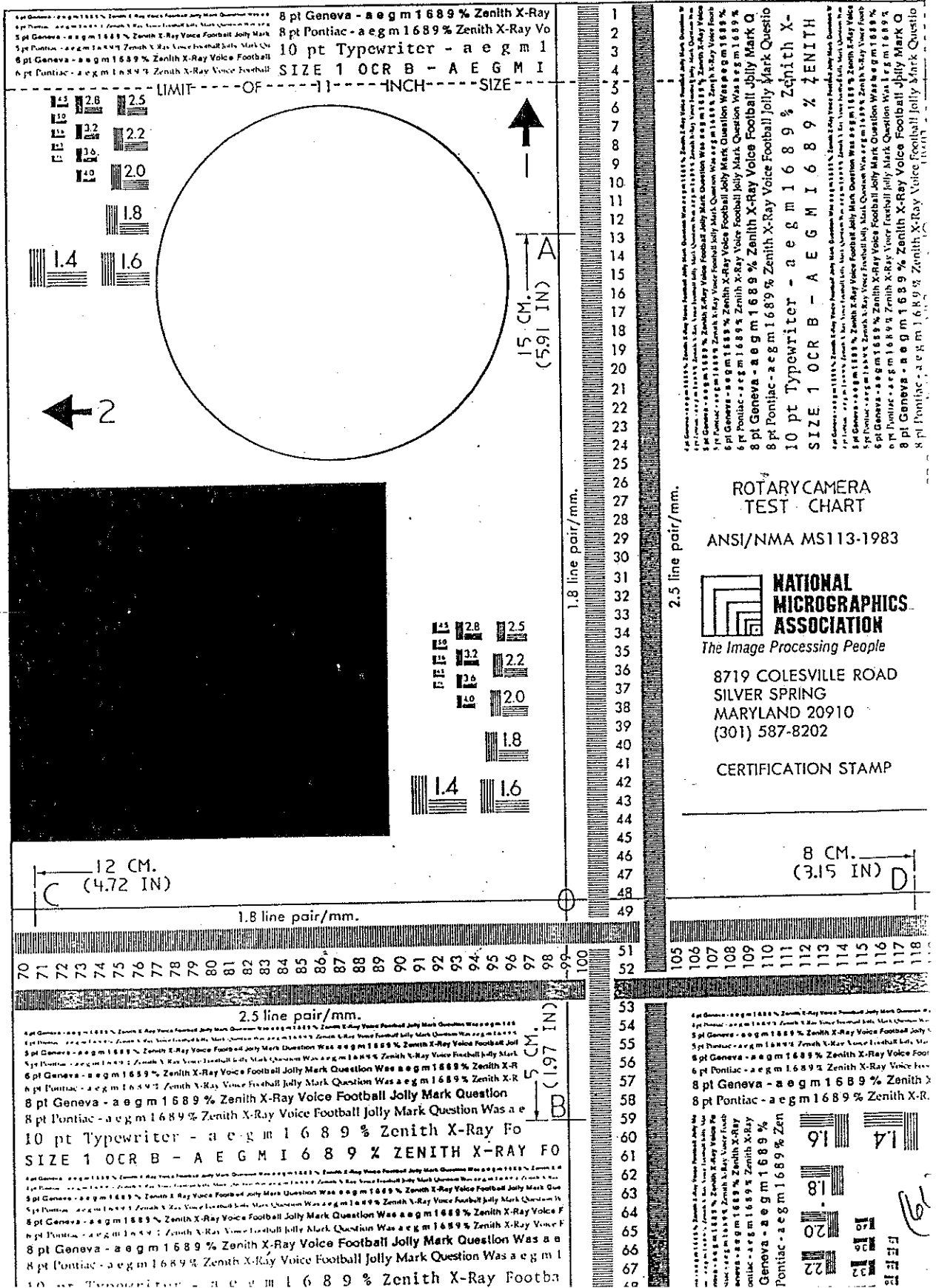
DEPARTMENT \_\_\_\_\_

	OUT		IN	
DATE	DOCUMENT NAME	SIGNATURE	DATE	SIGNATURE

MICROCOPY RESOLUTION TEST CHART  
NATIONAL BUREAU OF STANDARDS-1963-A

(65)



ROTARY CAMERA  
TEST CHART

ANSI/NMA MS113-1983



The Image Processing People

8719 COLESVILLE ROAD  
SILVER SPRING  
MARYLAND 20910  
(301) 587-8202

CERTIFICATION STAMP

8 CM.  
(3.15 IN.)

12 CM.  
(4.72 IN.)

1.8 line pair/mm.

2.5 line pair/mm.

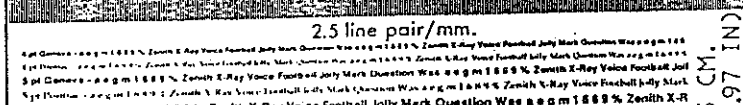
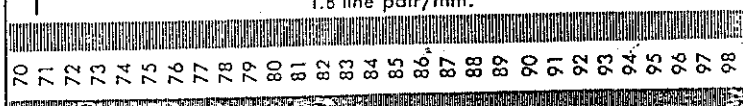
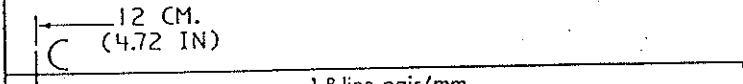
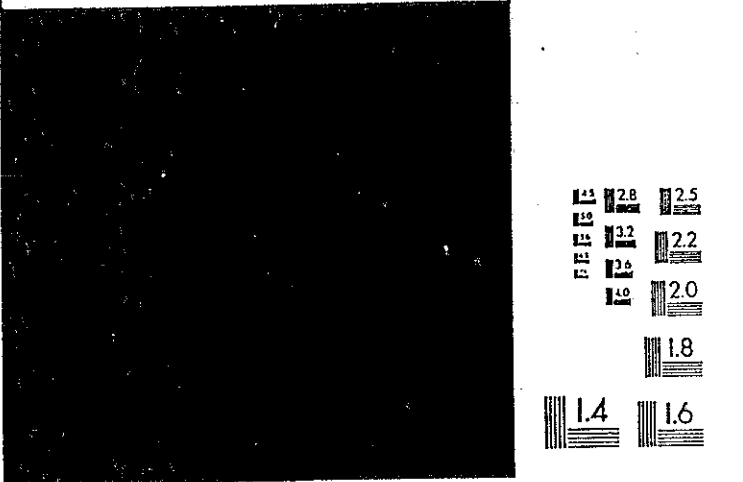
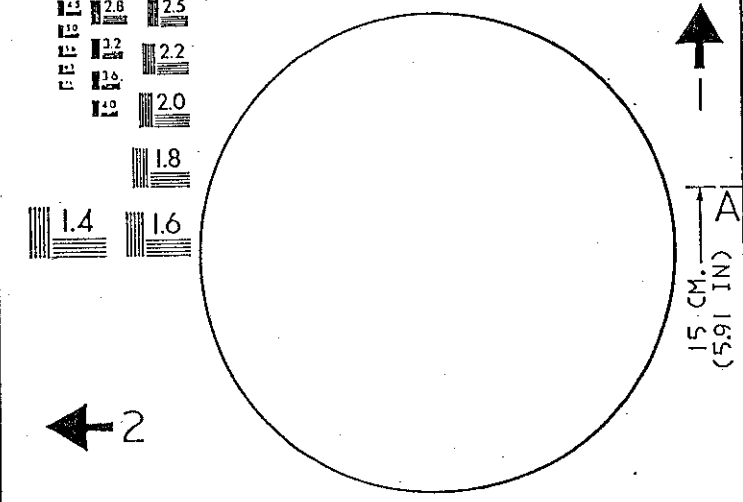
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(1.97 IN.)

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8 pt Pontiac - a e g m 1 6 8 9 % Zenith X-Ray Vo  
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SIZE 1 OCR B - A E G M I

LIMIT OF 1 INCH SIZE



10 pt Typewriter - a e g m 1 6 8 9 % Zenith X-Ray Fo  
SIZE 1 OCR B - A E G M I 6 8 9 % ZENITH X-RAY FO

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8 pt Geneva - a e g m 1 6 8 9 % Zenith X-Ray  
8 pt Pontiac - a e g m 1 6 8 9 % Zenith X-Ray Vo  
10 pt Typewriter - a e g m 1  
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8 pt Pontiac - a e g m 1 6 8 9 % Zenith X-Ray Vo  
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THE CITADEL  
THE MILITARY COLLEGE OF SOUTH CAROLINA  
CHARLESTON, S.C. 29409

DECLARATION OF INTENT AND PURPOSE

I, \_\_\_\_\_, the records officer or  
(NAME)

authorized representative of \_\_\_\_\_  
(Agency or political subdivision and Office)

do hereby declare that the record series \_\_\_\_\_

\_\_\_\_\_ microfilmed herein, are actual records of the \_\_\_\_\_

created during its normal course of business. The destruction or other disposition of these microphotographed records is only to be accomplished in accordance with the Code of Laws of South Carolina, 1976, Title 30, Chapter 1, sections 30-1-10 through 30-1-40 (Public Records) and Code of Laws of South Carolina, 1976; 1981 Cumulative Supplement, Article 9, section 19-5-510 (Uniform Business Records as Evidence Act) and Article 11, section 19-5-610 (Uniform Photographic Copies of Business and Public Records as Evidence Act) and approved Records Series Retention/Disposition Schedule or the approved equivalent and after inspection of the microfilm to assure completeness of coverage, legibility of content and adherence to technical quality requirements.

Date \_\_\_\_\_

Signature \_\_\_\_\_

Place \_\_\_\_\_  
City State

Title \_\_\_\_\_