

## U.S. DEPARTMENT OF ENERGY RECORDS SCHEDULE WORKSHEET

Instructions: This Form Must Accompany Proposed SF-115

1. Point of Contact (Name and Title):	3. Telephone No.:	
	4. E-Mail Address:	
2. DOE Site and Organization Title:	5. Date Submitted:	
6. Schedule: (Series will apply to more than one site) Generic <input type="checkbox"/> Site Specific <input type="checkbox"/>	7. Identify Related Schedules(s):	
8. Series Title and Description: (Indicate function/purpose of information. For electronic records include: System description, input and output source, and metadata.)		
<input type="checkbox"/> See Continuation Page (Attach Blank Sheet)		
9. Related Records (Explain reason for any duplication of recordkeeping, relationship of related records to record series, and disposition periods, if different from Item 13).		
10. Record Medium: <input type="checkbox"/> Paper <input type="checkbox"/> Audiovisual <input type="checkbox"/> Microfilm <input type="checkbox"/> Electronic: Hardware/ Software Environment:  <input type="checkbox"/> Other, Specify _____	11. Categories: <input type="checkbox"/> Epidemiology <input type="checkbox"/> Privacy Act <input type="checkbox"/> Quality Assurance <input type="checkbox"/> Other, Specify _____ <input type="checkbox"/> Vital Records _____ <input type="checkbox"/> Emergency Operating <input type="checkbox"/> Rights & Interests	
12. Reference Activity: <input type="checkbox"/> Active (At least once a month per file unit) <input type="checkbox"/> Semi-Active <input type="checkbox"/> Inactive (Less than once a month per file unit) (Not used for current agency/business)		
13. Recommended Disposition Period:	14. Justification (Includes regulatory drivers):	
15. File Cutoff Instructions: <input type="checkbox"/> 1 Month <input type="checkbox"/> 6 months <input type="checkbox"/> 1 Year <input type="checkbox"/> Other, Specify: _____	16. Condition of Records:	
17. Files Arranged by: (Check appropriate boxes): <input type="checkbox"/> Subject <input type="checkbox"/> Numerically <input type="checkbox"/> Alphabetically <input type="checkbox"/> Case <input type="checkbox"/> Chronologically <input type="checkbox"/> Other, Specify: _____		
18. Inclusive Dates: (Leave blank if specific dates unknown)  _____(From)  _____(To)	19. Total Volume  _____ (Cubic Feet)	20. Annual Accumulation  _____ (Cubic Feet)
21. Restrictions on Access: <input type="checkbox"/> Unclassified <input type="checkbox"/> Restrictions, Specify: _____	22. Location of Records (Bldg/Room No.):	
23. Concurrence for Program, Legal, Other: (Name, Organization and Date):		
a. _____		
b. _____		
c. _____		

**DOE F 243.1 Records Schedule Worksheet  
Continuation Page**

**Item No. 8:**