



ELECTRONIC RECORDS SYSTEM AUDIT FORM

1. NAME OF SYSTEM [Include any acronyms]:

2. AGENCY PROGRAM(S) SUPPORTED BY THE SYSTEM:

3. STATUTORY/REGULATORY PROGRAM AUTHORITY:

4. DESCRIBE THE PURPOSE OR FUNCTION OF THIS SYSTEM:

5. INFORMATION CONTENT [Describe principal information captured, who provides the information, inclusive dates, etc.):

6. WHAT ARE SOURCES OF INPUT FOR THIS SYSTEM? [List all form names, numbers, data entry sheets, notes, etc. used for data input]:

7. WHAT ARE THE OUTPUTS FOR THIS SYSTEM? [Printouts, publications, reports, etc.):

8. Are the records or data that constitute this system duplicated in electronic form elsewhere?

Yes No

If yes, please explain where.

9. Is data entered into this system referenced under an existing records series on your program records retention schedule?

Yes. Which records series?

No. List additional records series to be added to your program schedule.

10. **RETENTION:** How long must information in this system be accessible to meet current agency business needs?

Is information purged regularly and systematically from the system?

Cite any laws/regulations that authorize retention:

Is any data confidential, privileged, or proprietary?

11. What software application is used for this system?

12. Explain the backup process for this system. What storage media are used?

CONTACT NAME/TITLE:

DATE PREPARED:

Complete form & send to:

D. Dawson, CRM or Chris Hieb, Records Analyst
Records & Information Management Program
POB 110525
141 Willoughby
Juneau, AK 99811-0525

