



The electronic filing system people *want* to use.

Company Name: _____

Date: _____

Storage		Quantity	Comments
Cabinets	2 drawer / 4 drawer		
Lateral Cabinets	# of drawers		
Boxes	Std / 2X size		On-site? Y / N
Open Shelves	# of feet		

1. Off-site costs (actual)

a. Storage fee _____ / monthly.

b. In and out costs _____ / monthly.

2. Amount of new files sent off-site monthly _____ boxes.

3. Retention guidelines _____

4. Problems or concerns related to storage: _____

5. Notes: _____

Staff

1. # of people filing: Full time _____ Part time _____

2. Is staffing adequate? Yes / No

3. # of people requiring access to files _____ .

4. Concerns: _____

Filing and Procedures

1. Type of files or documents:

- | | | |
|---|--|--|
| <input type="checkbox"/> A/P invoices | <input type="checkbox"/> HR documents | <input type="checkbox"/> Correspondence |
| <input type="checkbox"/> A/R invoices | <input type="checkbox"/> Resumes | <input type="checkbox"/> Memos / Bulletins |
| <input type="checkbox"/> Sales Orders | <input type="checkbox"/> Benefit changes | <input type="checkbox"/> SOP |
| <input type="checkbox"/> Mfg. Orders | <input type="checkbox"/> Timesheets | <input type="checkbox"/> Meeting minutes |
| <input type="checkbox"/> POD | <input type="checkbox"/> Payroll records | <input type="checkbox"/> Technical Manuals |
| <input type="checkbox"/> Loan documents | <input type="checkbox"/> Applications | <input type="checkbox"/> Claims |
| <input type="checkbox"/> Notices | <input type="checkbox"/> other: _____ | <input type="checkbox"/> other: _____ |

2. # of documents or pages added per week _____, month _____,

or annually _____ .

3. Is there a steady flow of incoming docs or are volumes cyclical? Steady / Cyclical

If cyclical, describe _____

4. Average size of filed document _____ .

5. If necessary, how are files now kept secure? _____

6. How are docs filed? Account / client / number / date / subject / name / class / _____

other: _____

7. How frequently is a file retrieved? _____

8. Number of people retrieving files? _____

9. Is there a need to retrieve or share files by more than one person at a time? Yes / No

10. Additional Comments: _____

Currently Have Any Form of Document Imaging: Y/N
Explain:

Total Number Employees:

Total Number of Employees in Records Management:

Records Management Contact:
Position:

Describe Paper in Company:

Estimate Daily Volume Created:

Estimate Annual Volume Created:

Volume of Faxing Outgoing:

Photocopy Machine Utilization:

Necessity for Storage:

Volume of Storage:
Ongoing:

Back Log:

Necessity for Retrieval:

Off Site Storage Expense?:

Describe Frustration with Paper Flow:

Lost Files?:

Necessity for Cost Reduction:

Customer Service Improvement:
Notes: