

**U.S. DEPARTMENT OF ENERGY  
FORMS CHECKLIST / APPROVAL**

Instructions: Forward completed checklist/approval form(s) to your organizational Forms Manager for review and coordination of approval. Forms are approved by IM-23.

**I. ANALYSIS**

1. ACTION REQUIRED <input type="checkbox"/> New <input type="checkbox"/> Revision <input type="checkbox"/> Cancellation		2. TITLE		3. FREQUENCY OF USE <input type="checkbox"/> Single <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Semi-Annually	
4. DATA COLLECTION <input type="checkbox"/> Yes <input type="checkbox"/> No		5. Current Form No.:	6. Prescribing Directive:		

**Y N**

7.  Purpose and content of form / report have been reviewed, and are reasonable and in keeping with the function of the originating organization.

8.  All data needs have been considered. Form will be used by:     DOE-wide     One element     Contractors  
 HQ only     Field only     Financial Assistance Recipients  
 Other, Specify: \_\_\_\_\_

9.  Is form fillable format.

10.  Multi-part copies are justified, and distribution is indicated on the form.

11.  Verifying and approving official's signatures are included only where necessary.

12.  Due date, if applicable, is specially stated and coincides with requirements and workloads.

13.  Authority that prescribes the form / report:    Specify:     Manual  
(\_\_\_\_\_) (Check all that apply)     Directive  
 CFR  
 Public Law  
 Congressional Request  
 Federal or State Agency  
 Other, Specify: \_\_\_\_\_

14.  Privacy Act Notice is required. Is their som, system records for the form and if a PIA Privacy Information Assesstion is required.

15.  Other forms are superceded. Specify: \_\_\_\_\_

16. Purpose of new form or reason for change: *(Give brief statement)*

\_\_\_\_\_

17. If form is being cancelled, indicate reason:	18. Subject Classification Number:  <i>Sequence Numbers for Departmental and HQ forms will be assigned by IM-23</i>
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19. OMB Approval Number: *(If applicable)* If yes, who's solicited Federal or Contractor or Both.

20a. DOE Forms Official	20b. Date
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21a. Program Forms Manager: <i>(Signature)</i>	21b. Date
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22a. Forms Originator : <i>(Name and Routing Symbol)</i>	22b. Date
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**II. DESIGN, PRINTING AND STORAGE**

1. Size: <input type="checkbox"/> 8 x 10½ <input type="checkbox"/> Other:		6. Quantity Printed: <input type="checkbox"/> 3-month supply <input type="checkbox"/> 6-month supply <input type="checkbox"/> 9-month supply <input type="checkbox"/> 1-year supply			
2. <input type="checkbox"/> Single Sheet <input type="checkbox"/> PADS <input type="checkbox"/> Carbonless Paper <input type="checkbox"/> One Side Only <input type="checkbox"/> Snap Set <input type="checkbox"/> Carbon Set		7. Unit of Wrap: <input type="checkbox"/> 100 <input type="checkbox"/> 250 <input type="checkbox"/> 500 <input type="checkbox"/> Other:			
3. <input type="checkbox"/> Head to Head <input type="checkbox"/> Head to Foot <input type="checkbox"/> Left of Back <input type="checkbox"/> Right of Back		8. Controlled Forms: <input type="checkbox"/> Accountable <input type="checkbox"/> Safeguard <input type="checkbox"/> Other (attach instructions)			
4. Sheets per Set    Sheets per Pad    Sets per Pad		9. Existing Stock: <input type="checkbox"/> Previous editions may be used <input type="checkbox"/> Use until receipt of new edition only <input type="checkbox"/> Destroy immediately <input type="checkbox"/> Other: <i>(Attach instructions)</i>			
5. Stocked by: <input type="checkbox"/> Originator <input type="checkbox"/> HR-212 <input type="checkbox"/> Other:		10a. Minimum Stock Level:		10b. Lead time required for reprint:	