

U.S. DEPARTMENT OF ENERGY
Electronic Recordkeeping System Questionnaire

INSTRUCTIONS: System owners should work in consultation with their organization's records contacts to ensure the accurate completion of a separate questionnaire for each electronic recordkeeping system. Federal regulations require proper address of recordkeeping requirements and disposition before approving new electronic information systems (EIS) or enhancements to existing EISes. OMB Circular A-130 requires incorporating of records management and archival functions into the design, development, and implementation of information systems. Organizational records contacts will review completed questionnaires for accuracy and completeness prior to submission to DOERM@hq.doe.gov for consideration. Additional information and details for select information noted in the questionnaire may be included on separate pages. When used, note the use of attachments in the corresponding sections of the questionnaire and marked the attachments to clearly correspond to the questionnaire sections using the parts and numbers.

SECTION I. System Description

1. Provide the full name and acronym of the system. <i>(if applicable)</i> .	Full Name: <input type="checkbox"/> N/A or Spelled Out as: Acronym: <input type="checkbox"/> N/A or Acronym as:
2. Provide the full name and acronym of any sub-systems the Section A1 system contains. <i>(list all, attach additional pages as needed)</i>	Full Name(s): <input type="checkbox"/> N/A or Acronym(s): <input type="checkbox"/> N/A or <input type="checkbox"/> Additional pages are attached
3. Title of records in the system noted in Section I1 and description of the <u>content</u> , function and purpose. Select Master File if one category of records exists in the system. <i>(list all, attach additional pages as needed)</i> .	Select one: <input type="checkbox"/> Master File <input type="checkbox"/> Records Series/Master Files Description: <input type="checkbox"/> Additional pages are attached
4. Fully cite the statute, regulation and/or policy that supports the data production and retention associated with the system/application. Also describe the business processes used to create/collect the system data.	Statute: <input type="checkbox"/> N/A or Citation Details: Regulation: <input type="checkbox"/> N/A or Citation Details: Policy: <input type="checkbox"/> N/A or Citation Details:
5. List the documentation available that describes the content, purpose and function of the records in this system.	
6. <i>Permanent records only</i> —Provide the date span of the permanent electronic records contained within the system/application	<input type="checkbox"/> N/A or Indicate records range From _____ and To _____
7. <i>Permanent records only</i> —Provide the estimated volume of the current electronic records within the system.	<input type="checkbox"/> N/A or Select one: <input type="checkbox"/> KB <input type="checkbox"/> MB <input type="checkbox"/> GB <input type="checkbox"/> TB <input type="checkbox"/> Other:
8. <i>Permanent records only</i> —Provide an estimate of the projected annual accumulation of the electronic records.	<input type="checkbox"/> N/A or Select one: <input type="checkbox"/> KB <input type="checkbox"/> MB <input type="checkbox"/> GB <input type="checkbox"/> TB <input type="checkbox"/> Other:

SECTION II. System Context

1. Identify the DOE functional area(s) the electronic records support (e.g., acquisition, human resources, science programs, nuclear security).	
2. Electronic records are duplicated in part or whole another electronic systems, identify the systems and provide their records disposition authority.	<input type="checkbox"/> No or <input type="checkbox"/> Yes <i>(explain)</i> Explanation:

Part A. System Inputs

i. Identify system input sources (e.g., uploads, migrations, scanned attachments)	
ii. Provide the NARA-approved records disposition authority.	<input type="checkbox"/> Scheduled/NARA Authority or

	<input type="checkbox"/> <i>Unscheduled (complete below)</i> a. Item Name: b. Description: c. Disposition: <input type="checkbox"/> Additional pages are attached
iii. Input source contains information that is or cannot be captured in the system.	<input type="checkbox"/> No or <input type="checkbox"/> Yes (<i>explain</i>) Explanation:
iv. Provide proposed disposition instructions for retention of Inputs if not scheduled. Justification required for unscheduled disposition proposals.	<input type="checkbox"/> Scheduled/NARA Authority or <input type="checkbox"/> <i>Unscheduled (complete below)</i> a. Item Name: b. Description: c. Disposition: d. Disposition Justification: <input type="checkbox"/> Additional pages are attached
v. Explain scope of automation if system is replacing hardcopy records with electronic records.	<input type="checkbox"/> No or <input type="checkbox"/> Yes (<i>explain</i>) Explanation:
Part B. System Outputs	
i. Identify system Outputs that are more than ad hoc printouts or downloads/transfers, including description of the information, the purpose and the frequency.	<input type="checkbox"/> No or <input type="checkbox"/> Yes (<i>describe</i>) Description:
ii. Identify non-ad hoc printouts or downloads/transfers that are scheduled.	<input type="checkbox"/> N/A or <input type="checkbox"/> Scheduled/NARA Authority
iii. Provide proposed disposition instructions for retention of Outputs if not scheduled. Justification required for unscheduled disposition proposals.	<input type="checkbox"/> Scheduled/NARA Authority or <input type="checkbox"/> <i>Unscheduled (complete below)</i> a. Item Name: b. Description: c. Disposition: d. Disposition Justification: <input type="checkbox"/> Additional pages are attached
SECTION III. Master File	
1. Master File records should be disposed of in the same way.	<i>Select one:</i> <input type="checkbox"/> Yes or <input type="checkbox"/> No (<i>explain</i>) Explanation: <input type="checkbox"/> Additional pages are attached
2. Identify recommended Master File value(s) and justification.	<input type="checkbox"/> Temporary or <input type="checkbox"/> Permanent (<i>justify</i>) Justification:
3. Provide cutoff instruction that identifies disposition triggers, such as cut off when approved, after signed, when case closed, at end of calendar year, at end of fiscal year, or other.	
4. Temporary—Retention period before destruction of these records	

5. If Temporary records, and the proposed retention period is different from a related previously approved disposition authority, provide the justification for the newly-proposed retention period.	<input type="checkbox"/> N/A or Justify:
6. Identify legal rationale for retention period of Temporary records. Cite applicable law, regulation, or guidance and explain how it impacts the proposed retention period.	<input type="checkbox"/> N/A (proposed as Permanent only) or <input type="checkbox"/> Temporary (<i>explain</i>) Explanation: Applicable Citations:
7. Enter proposed disposition for accession of Permanent records to the National Archives. Identify any special considerations with accession, such as data sensitivity or security classification review requirements.	<input type="checkbox"/> Not Permanent or <input type="checkbox"/> Permanent (<i>complete below</i>) Proposed Disposition: Special Considerations:
8. Provide the projected year of the first transfer and/or transfer intervals to the National Archives for Permanent records (e.g., annually, every 3 years)	<input type="checkbox"/> N/A (proposed as Temporary only) or <input type="checkbox"/> Permanent (<i>explain</i>) Explanation: Estimated Year of Transfer and/or Intervals:
9. Identify NARA-approved Master File schedule if previously scheduled.	<input type="checkbox"/> Unscheduled or <input type="checkbox"/> Previously Scheduled (<i>identify</i>) Identification:
10. System records are revamped/slightly different version of scheduled records in another system. Identify NARA-approved schedule of the similar system or legacy system.	<input type="checkbox"/> No or <input type="checkbox"/> Yes (<i>explain</i>) Explanation: a. Item Name: b. Description: c. Disposition:
SECTION IV. System Contact Information	
1. System Owner; i.e., person technically responsible for the system/application.	Name: Title: Phone: E-mail:
2. Content owners/managers (<i>list all, attach additional pages as needed</i>)	Name: Title: Phone: E-mail: <input type="checkbox"/> Additional pages are attached
SECTION V. Records Preservation (<i>complete only if system contains <u>Permanent</u> records</i>)	
1. Specify system contents. NOTE: NARA has additional technical questions for permanent records in these formats.	<i>Select all that apply:</i> <input type="checkbox"/> E-mail <input type="checkbox"/> Digital Photos <input type="checkbox"/> Digital Geospatial Data <input type="checkbox"/> PDF <input type="checkbox"/> Scans <input type="checkbox"/> Web Content <input type="checkbox"/> Other
2. If this system is a database, can the records within it be transferred to NARA in a way that is hardware and software independent? If no, please explain.	<i>Select one:</i> <input type="checkbox"/> N/A – Not a Database <input type="checkbox"/> Yes <input type="checkbox"/> No (<i>explain</i>) Explanation: