**Essential Records Questionnaire**

Date:

Department/Office:

Department Contact:

1. Briefly explain the functionality of the department:

* 1. Are there any records in your office you would consider to be critical to the agency? In simpler terms, if the agency were to shut down due to an emergency, how would it affect the rest of the agency?

3. Briefly describe the type of records your department creates and/or manages.

4. Do you consider any of these records to be essential? Meaning, that if any of the records were lost due to an emergency or inaccessible during an emergency, would there be a dramatic effect on the rest of the agency’s operations? Other agencies? The public?

If any of the records are considered essential, provide the record series title and complete an Essential Records Profile for each essential record:

 1. Record series title:

 2. Record series title:

 3. Record series title:

 4. Record series title:

5. Record series title:

6. Record series title:

7. Record series title:

8. Record series title:

9. Record series title:

**Essential Records Profile**

For each essential record mentioned in the Essential Records Questionnaire, provide the following information:

**Record Series Title:**

**Record Schedule Number:**

**Medium:**

**How soon would you need access to the record after an emergency (hours, days, or weeks)?**

**Why is the record identified as essential (check all that apply)?**

☐ Necessary for emergency response. If so, how used?

☐ Necessary to resume or continue operations. If so, how used?

☐ Would require extensive resources to reconstruct. How so?

☐ Documents the historical value of the agency. How so?

**How are currently protecting this essential record?**