OSD RECORDS INVENTORY FORM

1. INVENTORIED BY	2. DIRECTORATE/DIVISION/OFFICE SYMBOL	3. DATE OF INVENTORY *(YYYYMMDD)*

4. POINT OF CONTACT

a. NAME *(Last, First, Middle Initial)*	b. TELEPHONE NO.	c. E-MAIL ADDRESS

5. LOCATION OF DIVISION/OFFICE

6. RECORDS DESCRIPTION

a. SERIES NUMBER	b. SERIES TITLE/SUBJECT	c. RETENTION	d. LOCATION	e. VITAL *(Y/N)*	f. RESTRICTIONS *(PII, Classification, SBU, FOUO, etc.)*	g. VOLUME