

Imaging Registration Annual Review/Amendment Form

Mailing: PO Box 661, Trenton, NJ 08625-0661
Location: 33 W. State St. 5th Floor Trenton, NJ 08625
609-292-8711

ANNUAL REVIEW AMENDMENT ANNUAL REVIEW AND AMENDMENT

AGENCY NAME :
CERTIFICATE #:

Primary Contact Name:

Address:

Phone/fax/email:

Custodian of Records Name:

Address:

Phone/fax/email:

Preferred Annual Review Date (choose 1):

January 1 April 1 July 1 October 1

Do you want to make this the annual review date for all certified systems in your agency?

Yes No

If yes, please list other certified systems:

1. Has your agency added additional records series or inclusive years to your imaging system?

Yes No

All Agencies must submit the Imaged Records Series List for each retention schedule/office whose records are scanned into this system

Imaged Records Series List(s) attached

2. Has your agency added to or upgraded the hardware and/or software for your image processing system?

Yes No (If yes, attach appropriate documentation.)

3. Has your agency updated your Disaster Prevention/Recovery Plan?

Yes No (If yes, attach appropriate documentation.)

4. Microfilm Inspection Microfilm Inspection Report attached

- a. Our agency has not produced any microfilm since our last annual review
- b. Our agency has its microfilm produced or processed by DORES
- c. Our agency produces its own microfilm or has its microfilm produced by a vendor.

If you checked c. you must submit a reel of microfilm for each size produced for inspection BEFORE submitting an Annual Review/ Amendment. This reel should be an original silver halide production copy, NOT a sample. Microfilm must be accompanied by a completed Microfilm Submission Form. Microfilm will be returned to the agency. A passing Microfilm inspection must accompany this Annual Review/ Amendment Form.

5. Has your agency changed vendors? This includes vendors for: imaging services, micrographics, hardware or software, maintenance.

Yes No (If yes, attach appropriate documentation, including the names of the old and new vendors and contact information)

6. Does your agency want to implement a migration path for long term records if you have not already?

Yes No (If yes, attach appropriate documentation.)

AGENCY VERIFICATION :

I hereby certify that the documentation listed on and/or attached to this **Image Processing System Annual Review/Amendment Form** is a true and an accurate reflection of the agency's image processing system upon this date and is submitted in compliance with N.J.A.C.15:3-5.6.

Legal Custodian: Print Name

Signature:

Date

For questions or further assistance, contact your agency Records Analyst.

Submit by Email

Attach Documentation