



DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
RECORDS MANAGEMENT SERVICES
Mailing: PO Box 661, Trenton, NJ 08625
Location: 33 West State Street 5th Floor, Trenton, NJ 08618

Damaged Records Event Guidelines, Questionnaire, Report and Attestation

In accordance with PL 1953, c. 410/NJSA 47, a public agency seeking approval to destroy public records (regardless of their medium) that have been damaged due to a disaster must submit a Damaged Records Report and supporting attestation forms to Records Management Services (RMS) for presentation to the State Records Committee (SRC) for disposal authorization.

In the aftermath of the disaster, and the facility has been declared safe to enter, it is imperative that an assessment be conducted to ascertain the status of the public records maintained by the agency - hardcopy, electronic, digital and micro imaged to determine what may be salvaged and what must be disposed.

The following measures are to be implemented to begin to assess the records on hand:

- 1) Implement the Disaster Prevention & Recovery, Business Continuity of Operations (COOP) Plan.
- 2) Assemble the Disaster Recovery Team – Management, Records Management, IT, Custodian of Public Record and Local Law Enforcement.
- 3) Contact Federal & State Disaster Recovery and Cyber Security Agencies accordingly.
- 4) Review Agency Insurance Policy for coverage options.
- 5) Review Disaster Recovery Vendor Lists - Disaster Recovery Services and Supplies, System Hardware and Software and Electronic Records Disaster Recovery Services.
- 6) Contact a professional disaster salvage/remediation company.
- 7) Conducted the Damaged Records Event Response Questionnaire.
- 8) Create and submit Damaged Records Report and supporting attestation forms to Records Management Services (RMS).



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Damaged Records Event Response
Agency Questionnaire

Agency Information:

Agency Name/Offices Involved: _____
Address: _____
Phone: _____
Email: _____
Contact Person: _____

Date the disaster occurred: _____

Area declared accessible by the State of Local Fire Marshall: _____ Yes _____ No

Arson investigation currently being conducted: _____ Yes _____ No

Records involved/file list of records in damaged area _____ Yes _____ No

Narrative: Explain (in detail) what Happened (Use additional sheets if necessary):

Extent of damage to the records:

Fire Damage: _____ Slight _____ Severe

Water Damage: _____ Damp _____ Wet _____ Saturated

Person(s) who verified the amount of damage to the disaster site: _____

Who established the Disaster Recovery Team: _____

Disaster Recovery Team members:

Salvaging performed: _____ Onsite _____ Off site

Length of salvage operation: _____ Days _____ Weeks _____ Months

When were staff allowed back into the building: _____

When did the area become operational: _____

Electrical power affected: _____ Yes _____ No

Telecommunications affected: _____ Yes _____ No

Information processing operations affected: _____ Yes _____ No

Were outside salvage companies contacted: Structural _____ Yes _____ No

Mechanical _____ Yes _____ No

Environmental _____ Yes _____ No

Additional person(s) notified about the disaster: _____

Security measures implemented: _____

Legal or financial concerns as a result: Yes No

Will additional facilities, hardware, or supplies be needed: Yes No

Was a Disaster Prevention and Recovery/Business Continuity Plan in existence prior to the disaster:

Yes No

If not, is a Disaster Prevention and Recovery/Business Continuity Plan currently being developed:

Yes No

Do the staff have copies of the Records Retention Schedule(s) pertaining to the records affected by the disaster:

Yes No

Additional comments and information: _____

Salvage Operations: Hardcopy

Were salvage methods implemented within two (2) days to prevent mold and mildew:

Yes No

If not, when were the methods implemented:

What salvage methods were or are currently being implemented:

Refrigerate Immediately: Yes No

Re-boxing: Boxes Yes No

Crates Yes No

Other Yes No

Freeze Drying: Yes No

Vacuum Drying: Yes No

Mold & Mildew Chemical Treatment: Yes No

Fans: _____ Yes _____ No
Hand-held Dryers: _____ Yes _____ No
Window Ledge Drying: _____ Yes _____ No
Table Drying: _____ Yes _____ No
Paper Towel/Blotter Paper Drying: _____ Yes _____ No

Additional comments and information: _____

Salvage Operations: Information Systems

Telecommunications Hardware Salvaged: _____ Yes _____ No
Telecommunications Circuitry Salvaged: _____ Yes _____ No
IT Hardware Salvaged: _____ Yes _____ No
IT Software Salvaged: _____ Yes _____ No
Disks and/or Tapes Salvaged: _____ Yes _____ No
MicroImage Hardware Salvaged: _____ Yes _____ No
MicroImage Software Salvaged: _____ Yes _____ No
Were backup copies maintained: _____ Yes _____ No

_____ Hardcopy _____ Disk _____ Cloud Storage

Additional comments and information: _____

What preventative, ongoing measures were taken to ensure safety of any records not affected: _____



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Damaged Records Report

Agency Name: _____

Address: _____

Phone: _____

Email: _____

Contact Person: _____

Date the Damage Occurred: _____

Date the Damage was Discovered: _____

Complete the following.

1. Describe the circumstances in which the damage occurred.

2. How was the damage discovered?

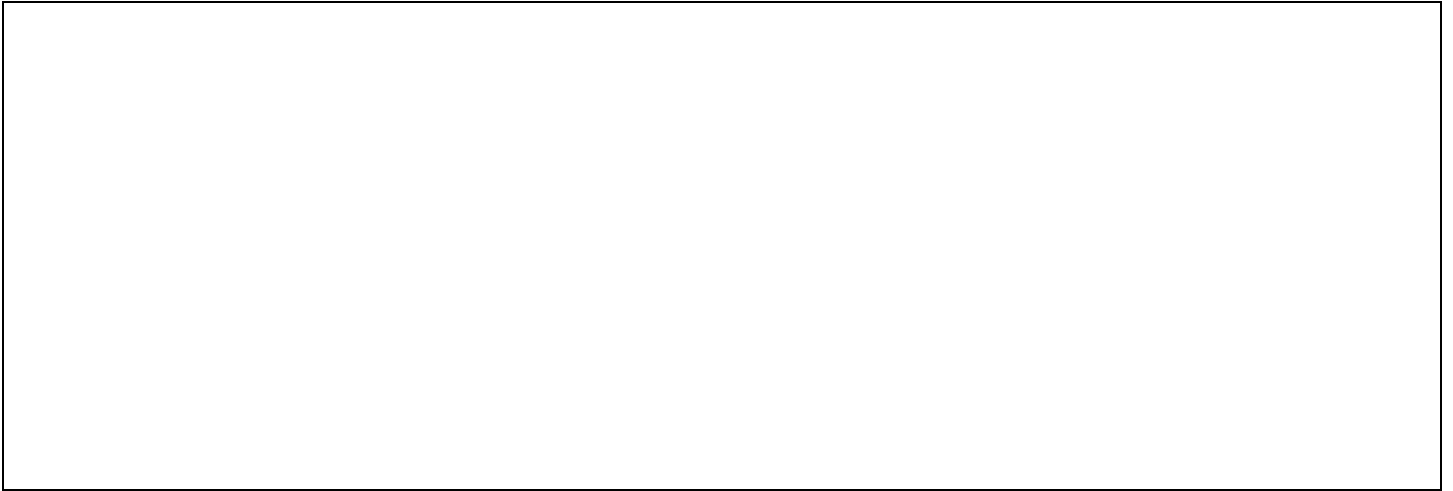
3. Were any records affected by this event salvageable? Detail salvage attempts made.

4. If records were not salvageable, who made the determination and why were they not salvageable?

5. Are there other copies of the damaged records or can they be reconstructed (e.g. payroll records may be recovered from a payroll service provider)?

6. Are records still kept where the incident occurred? If yes, how are these records now being protected?

7. What measures is your agency taking to prevent future damage to your agency's records?





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Damaged Records Inventory

Agency Name: _____

Agency Retention Schedule: _____

Retention Schedule Number: _____

Record Series Number: _____

Record Series Name: _____

Retention Time: _____

Inclusive Years: _____

Volume (Cubic Feet): _____

Damage Type: _____

Other copies available? _____



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Damaged Records
Disposal Certification

TO: State Records Committee

FROM: <Agency>

DATE: <Date>

SUBJECT: _____

I hereby certify that the records listed on the attached *Request and Authorization for Records Disposal* form(s) have sustained significant damage that warrants their disposal. All attempts to salvage said records have proven unsuccessful or not cost-effective. Subsequently, continued retention of said records has been deemed impractical.

Agency

Date



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New Jersey State Records Committee Acknowledgement
Damaged Records Disposal

TO: <Agency>

FROM: DIVISION OF REVENUE AND ENTERPRISE SERVICES (DORES),
RECORDS MANAGEMENT SERVICES (RMS)

DATE: <Date>

SUBJECT: New Jersey State Records Committee (SRC)-Acknowledged Request to Destroy
Damaged Records

The New Jersey State Records Committee has acknowledged the premature destruction of records from <Agency> as denoted in the attached Damaged Records Report, and recognizes the due diligence the Agency has shown in coming before the Committee. This Acknowledgement is therefore formally entered into the Minutes of the New Jersey State Records Committee. The Damaged Records Report was presented to the New Jersey State Records Committee by Representative(s) from <Agency> and Records Management Services Staff on <Date>.

Signature: _____

Date: _____

Secretary, State Records Committee



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New Jersey State Records Committee Authorization
Damaged Records Disposal

TO: <Agency>

FROM: DIVISION OF REVENUE AND ENTERPRISE SERVICES (DORES),
RECORDS MANAGEMENT SERVICES (RMS)

DATE: <Date>

SUBJECT: New Jersey State Records Committee (SRC)-Authorized Request to Destroy
Damaged Records

The New Jersey State Records Committee has authorized the premature destruction of records from <Agency> as denoted in the attached Damaged Records Report, and recognizes the due diligence the Agency has shown in coming before the Committee. This Authorization is therefore formally entered into the Minutes of the New Jersey State Records Committee. The records were presented by representatives from <Agency> and Records Management Services Staff to the Committee on <Date>.

Signature: _____ Date: _____

Secretary, State Records Committee