Disaster Recovery Checklist

(Information to have ready when you call Records Management Services)

Agency Name/Offices Involved:

________________________________________________________________________

Address:

________________________________________________________________________

Phone:

________________________________________________________________________

Email:

________________________________________________________________________

Contact Person:

________________________________________________________________________

Date the disaster occurred:  ______________________________

Do you have access to the damaged area?   _____ Yes   _____  No

Do you have an inventory of records in damaged area?   _____ Yes   _____  No

If so, please list the record series/years that were affected. You can use the Damaged Records Inventory sheet or attach your own list.

What is the approximate volume of damaged records?  ________________________

What media types (paper, audio video, electronic media, etc) are involved?

________________________________________________________________________
Have you contacted your insurance company?  _____ Yes  _____ No

Have you contacted a salvage company?  _____ Yes  _____ No

Do you have access to refrigeration or freezing units?  _____ Yes  _____ No

Additional Comments/Questions: ____________________________________________