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Name:	
Tel:	
Company name:	
E-mail:	

Client Questionnaire

#	Question	Yes	No
1	I know where all of my documents (files and boxes) are stored.		
2	All of my documents (files and boxes) have a complete description of the contents on the box.		
3	We have an accurate records retention schedule.		
4	We destroy boxes when they reach the end of their retention period.		
5	We only keep records that we are required by law or sound business practice to keep.		
6	We have a manual or a computer database reference for the contents of each box in storage.		
7	We have an index of all files stored in boxes.		
8	We never lose files.		
9	We can access any file within an hour of any request.		
10	Ownership of all boxes is assigned to a specific departmental manager.		
11	We have developed standard filing methods that all employees know and understand.		
12	We understand which boxes or files contain vital records.		
13	We have individuals assigned in each work group that are responsible for filing records.		
14	We have assigned responsibility to a specific employee as the records manager.		
15	We know what our record keeping costs are.		



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The Box (Records Storage Container)

- What type of boxes/files do you use for records storage?

Suspension files	
Lever Arch Files	
Cardboard box files	
Storage boxes	
Other	

The Document (Indexing of Files and Boxes)

- Who is responsible for indexing (labeling) your documents (files and boxes)?

Dedicated Personnel	
Individually	

- What is the company's required method for indexing documents (files and boxes)?

Number/Identifier	
Owner	
Department (i.e. Human Resources, Accounts Payable)	
Department Number/Identifier	
Description	
Start Date	
End Date	
Type (i.e. Payroll, Invoice)	
Disposal Date	
Entry Date	
Access Level (Control)	
Other – Please List:	

- At what point in the work process is a box/file indexed?

At creation	
At closing	

- Do you use bar codes?

Yes		No	
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- If yes, are you absolutely sure that there is not a duplicated barcode created elsewhere?

Yes		No	
-----	--	----	--



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Records Management Issues

- Are missing or lost files a recurring problem in your department or organization?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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- Is there any control over access of your information?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

- Have you ever not been able to locate a box or file?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

- What is the longest time or greatest effort you have expended trying to find a missing file?

<input type="text"/>

- Do you incorporate benchmarks or **standards** in your records management program?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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- What is the actual Rands cost of your records management program? (i.e. rent of storage room, shelving costs, labour costs, time spent searching for files or lost files)

<input type="text"/>

- If you don't know, would you like to be able to measure your cost and therefore effectively budget and manage the cost in the future?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Storage Location

- Do you use an off site commercial records storage vendor?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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- If so, who is the vendor?

<input type="text"/>



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- If you had three wishes to change or improve their service, what would they be?

- Do you self-manage your business records storage facility?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

- If yes, what is the location(s) of the storage?

Onsite (Office)	<input type="checkbox"/>
Offsite (Document storage business)	<input type="checkbox"/>
Self storage facility	<input type="checkbox"/>
Not Sure	<input type="checkbox"/>

- If yes, may we visit each storage location?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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- Are the hardcopy records secure and managed in a confidential environment?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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- Does the storage area provide clean and safe working conditions?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

- What is the cost of the individual storage spaces and or locations? (i.e. rent of storage room, shelving costs, labour costs, time spent searching for lost files)

- Do you have the ability to identify active and inactive file and boxes?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------



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Retrieval and Re-file to and from Storage

- Who are the individuals who retrieve boxes, files and items from storage?

Dedicated person	
Individuals	
Other Please specify: _____	

- Do you retrieve documents, files or boxes only?

Documents	
Files	
Boxes	
Both	

- Do you have any management/control over documents, files or boxes removed from the storage location?

Yes		No	
-----	--	----	--

- Who is responsible for insuring that documents, files or boxes are returned to the storage location?

Dedicated person	
Individuals	
Other Please specify: _____	

- How often are files retrieved from storage?

Per day	
Per week	
Per month	
Per year	

- How often are files and boxes returned to storage?

Per day	
Per week	
Per month	
Per year	



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- Is there a method to identify and measure your retrieval and re-file costs?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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- If no, would you like to manage that cost?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

- How much does retrieval cost per retrieval event? (consider employee time – salary, benefits, overhead, transportation costs, insurance, liability)

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- How much does re-file cost per return event? (consider employee time – salary, benefits, overhead, transportation costs, insurance, liability)

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Records Retention Policy

- Do you have a records retention strategy and policy?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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- May we have a copy to review?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

- Do you have a records retention schedule?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

- If yes, may we have a copy to review?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

- Who is responsible for retention policy?

Dedicated person	<input type="checkbox"/>
Directors/Management	<input type="checkbox"/>
Other Please specify: _____	<input type="checkbox"/>



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- Who approves and maintains the accuracy of your retention policy and schedule?

Dedicated person	
Directors/Management	
Other Please specify: _____	

Records Destruction

- Is there a records destruction policy?

Yes		No	
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- Who is responsible for initiating the destruction or migration (transfer to digital form) policy?

Dedicated person	
Directors/Management	
Other Please specify: _____	

- Who approves the removal and destruction of hardcopy records from storage?

Dedicated person	
Directors/Management	
Other Please specify: _____	

- What methods are approved and used for destruction?

Professional Destruction Service	
Shredding	
Waste Paper Removal	
Trash bin	
Other	

- Is documents removed by municipal waste services?

Yes		No	
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- Do you create a destruction certificate for each record series that is destroyed?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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- If yes, who in your organization is responsible for maintaining destruction certificates?

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Transfer to Storage

- Who are the persons responsible for the transfer of boxes to storage?

Dedicated person	<input type="checkbox"/>
Individuals	<input type="checkbox"/>
Other Please specify: _____	<input type="checkbox"/>

- What event triggers file purge from filing units to box storage?

End of Financial Year	<input type="checkbox"/>
End of Month	<input type="checkbox"/>
Out of Space	<input type="checkbox"/>
Other	<input type="checkbox"/>

- How many boxes of records are generated in a transfer to box storage?

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- How often are boxes of hardcopy records transferred to storage?

End of Financial Year	<input type="checkbox"/>
End of Month	<input type="checkbox"/>
Out of Space	<input type="checkbox"/>
Other	<input type="checkbox"/>

- Is someone responsible for maintaining control of transferred boxes?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

- How are boxes/files transferred to storage?

Third party	<input type="checkbox"/>
Internal employee	<input type="checkbox"/>



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- Are files identified, listed or inventoried to the box?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

- If so, how is this process performed?

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- Is a database of the box contents created?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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- If so, what form is the database in?

Access	<input type="checkbox"/>
Word	<input type="checkbox"/>
Excel	<input type="checkbox"/>
Other	<input type="checkbox"/>

Electronic Document Management

- Have you ever considered imaging your documents?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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- Would you prefer to have retrieved documents sent electronically?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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- Do you have control over the origin and use of electronic/digital information within your business?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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