



Louisiana State Archives – Records Management  
Louisiana Secretary of State  
P.O. Box 94125  
Baton Rouge, LA 70804-9125  
[recmgt@sos.la.gov](mailto:recmgt@sos.la.gov)

SSARC-970 (09/2020)

## ELECTRONIC RECORDS SURVEY

### A. AGENCY PROFILE

1. Agency Name (include Agency / Division / Section):

2. Address:

3. Which department or section within your agency has the responsibility for the management of the content that is entered into the system?

4. Primary Contact within Department / Section

Name:

Title:

Phone:

Email:

5. Designated Records Officer of Agency

Name:

Title:

Phone:

Email:

6. Information Technology Director

Name:

Title:

Phone:

Email:



### B. RECORDS MANAGEMENT

1. Does your Agency have an approved Records Retention Schedule on file?  YES  NO

2. Which type of Electronic Records utilize the system? (Check all that apply.)

Born-digital  Imaged / Scanned / Electronically Digitized

3. How long does the Records Retention Schedule specify the electronic records that utilize the system are to be maintained? (Check all that apply.)

a. For ten years or less (short-term)?  YES  NO

b. For over ten years (long-term)?  YES  NO

c. For the life of your agency? (LOA)  YES  NO

d. For the life of the State of Louisiana?(PERM)  YES  NO

Does the System have the ability to delete electronic (digital records) when the records' retention requirements have been met?  YES  NO

If no, please explain:

4. Are you requesting expedited disposal of records? (If yes, please attach the Request for Expedited Authority to Dispose of Records SSARC 930e.)  YES  NO

5. Will electronic records from other agencies be maintained in the system being described? (If yes, please attach Agency List Worksheet Form SSARC-971).  YES  NO

6. Have you attached Electronic Records Series List SSARC-972 to your application?

YES  NO

### C. INDEXING / QUALITY CONTROL FOR SCANNED IMAGES (Skip to Section D if records are born-digital).

1. Has the minimum indexing of the original records management system been maintained?

YES  NO

2. What percentage of the images do you visually inspected?

3. When do you perform Quality Control? (check all that apply)

Scanning process  Conversion process  Indexing process

Other (please provide explanation):



4. Have you attached a narrative describing your agency's quality control procedures? (See RM-G-Quality Control for guidance).  YES  NO

#### D. SYSTEM CONFIGURATION & DOCUMENTATION

##### 1. Capture Software

Name and Version of Software Used:

Operating System (and version) Used:

Database(s) Type (db2, sql, MS Access):

##### 2. What is the File Format of the Electronic Records After Scanning / Conversion? (Check all that apply.)

Skip to question #4 if records are born-digital.)

Single-Page Tagged Image File Format (TIFF Class III or Class IV)

Multi-Page Tagged Image File Format (TIFF Class III or Class IV)

Portable Document Format (PDF) Version Used: \_\_\_\_\_

PNG

Other (Please specify):

##### 3. What are the Dots Per Inch (DPI) of the Scanned / Converted Images? (Skip to question #4 for born-digital records.)

200dpi black & white (minimum for small format documents)

300dpi black & white (minimum for large format documents)

Other (Please specify):

##### 4. What are the File Formats of the Born-Digital Records, if applicable?

##### 5. Retrieval Software

Name and Version of Software Used:

Operating System (and version) Used:

Database(s) Type (db2, sql, MS Access):



#### D. SYSTEM CONFIGURATION & DOCUMENTATION (continued)

##### 6. Storage Hardware

- a. Indicate the technology(s) used to store the electronic records (include manufacturer and model # currently being used) and Total Capacity used for each technology in Terabytes (TB).
  - Storage Area Network (SAN):
  - Network Attached Storage (NAS):
  - Local Server or Main Frame Storage:
  - Cloud:
  - Other (Please describe):
- b. List the RAID level used on the disks storing the electronic records (RAID5, RAID1, etc.):
- c. If RAID is not used please describe the technology used to safeguard the images in case of disk failure:

#### E. EMAIL MANAGEMENT

Email platform / application the agency uses:

#### F. DISASTER PREVENTION / RECOVERY

1. Do you have a Disaster Prevention / Recovery Plan for your electronic records? (If the storage system fails or there is a natural disaster, do you have a strategy to recover the records?)  
 YES    NO
2. How often do you test your Disaster Prevention / Recovery Plan?  
 Monthly    Annually    Other (Please specify)



**F. DISASTER PREVENTION / RECOVERY (continued)**

**3. Do you have a Disaster Recovery site? (A disaster recovery site is a place where your agency can temporarily relocate in the case of a disaster.) Please provide the address of the site.**

- Hot Site:
- Warm Site:
- Cold Site:
- Agency does not have a Disaster Recovery Site

**4. Where do you store your backup media?**

- Onsite location:
- Offsite location:

**5. How often do you backup your electronic records?**

- Daily
- Weekly
- Monthly
- Yearly
- Other (Please specify)

**6. Which backup media do you use? (Check all that apply.)**

- CD
- Cloud
- DVD
- M-Disc (WORM)
- Optical Disk (WORM)
- Tape
- Other (Please specify):

**7. How many backup copies do you keep?**

**8. What is your backup media refresh rate?**

- Annually
- Other (please provide brief explanation):

**9. If you store your records on the cloud, do you have an exit strategy should the vendor go out of business?**

- YES
- NO
- NOT APPLICABLE

**Describe:**

**11. Do you have security and auditing measures in place to prevent unauthorized access and / or modification of the electronic records?  YES  NO**

**Describe:**



**F. DISASTER PREVENTION / RECOVERY (continued)**

**12. Have you attached a data migration statement that describes how your agency plans to address technological obsolescence to ensure the records are accessible throughout their entire retention period? (See RM-G-DataMigration for guidance)  YES  NO**

**G. VENDOR INFORMATION**  
 (Attach additional sheets if necessary)

**1. Vendor Company Name:**

**Vendor Type:**  Equipment  Software  Installation  Imaging Services  
 Micrographics Services  Hosting

**Address:**

**Web Site:**

**Company Representative Name:**

**Title:**

**Phone:**

**E-mail:**

**2. Vendor Company Name:**

**Vendor Type:**  Equipment  Software  Installation  Imaging Services  
 Micrographics Services  Hosting

**Address:**

**Web Site:**

**Company Representative Name:**

**Title:**

**Phone:**

**E-mail:**



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**G. VENDOR INFORMATION (continued)**  
**(Attach additional sheets if necessary)**

**3. Vendor Company Name:**

Vendor Type:  Equipment     Software     Installation     Imaging Services  
 Micrographics Services     Hosting

Address:

Web Site:

Company Representative Name:

Title:

Phone:

E-mail:

**4. Vendor Company Name:**

Vendor Type:  Equipment     Software     Installation     Imaging Services  
 Micrographics Services     Hosting

Address:

Web Site:

Company Representative Name:

Title:

Phone:

E-mail:

**AGENCY VERIFICATION AND AGREEMENT**

I hereby certify that the documentation listed on this application is a true and accurate reflection of the imaging, computer and / or email system of the submitting agency upon this date. If any changes are made to the system described, we will notify the State Archives within 30 days.

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Signature of Agency Records Officer

Printed Name

Date

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Signature of Chief Executive / Head of Agency

Printed Name

Date



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<b>FOR LOUISIANA STATE ARCHIVES USE</b>	
<b>ELECTRONIC RECORDS SURVEY (NUMBER):</b>	
<b>EXPIRATION DATE:</b>	
<b>CHECKLIST FOR RECORDS ANALYSTS</b>	
<b>Current Records Officer Designation Form on File?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>Current Records Retention Schedule on File?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	
Form / Document Included with Application	When Needed
<b>Quality Control Procedures</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Imaged Records</b>
<b>Data Migration Statement</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Born-Digital and Imaged Records</b>
<b>Electronic Records Series List (SSARC-972)</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Born-Digital and Imaged Records</b>
<b>Expedited Disposal Request (SSARC-930e)</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Imaged Records (all); Born-Digital (optional for record series with short-term retention, ex. video surveillance)</b>
<b>Agency List Worksheet (SSARC-971)</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Request if electronic records from other agencies are stored within system.</b>
<b>APPLICATION REVIEWED</b>	
(Attach recommendations, if any)	
<b>Records Services Supervisor:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO    Initials:	
<b>Archives Manager or Archives Supervisor:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO    Initials:	
<b>Information Technology Department (if applicable):</b> <input type="checkbox"/> YES <input type="checkbox"/> NO    Initials:	

**Electronic Records Survey Approved by State Archivist:**     YES     NO

\_\_\_\_\_  
 Signature of State Archivist

\_\_\_\_\_  
 Date