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| **1. Administration/College** | **2. Department/Office/Program** |
| **3. Location of damaged records:** | **4. Contact (Name & Telephone or Email)** |
| **5. Date the damage occurred:** | **6. Date the damage was discovered:** |

1. How did the damage occur and how were the damaged records being stored?
2. Were any of the unrecoverable records original copies that were either permanent or that had not yet met retention per the University of Florida’s General Records Schedule? Please be specific.
3. Why were the records identified on the attached Records Disposition Request deemed unrecoverable? Who determined that the records could not be recovered?
4. Are there other copies of the unrecoverable records in another location or available electronically? Please be specific.
5. What measures are being taken to prevent further damage to records at this location? (i.e. moving boxes onto shelves, moving records to a higher floor in the building, etc.)