



## Request for Records Form Procedures

### 1.0 Purpose

The purpose of this procedure is to describe the steps required to fill out the Request for Records form, also known as the retrieval slip, when departments are requesting physical files and/or boxes from a GNWT records centre.

***NOTE:** Requests for physical files and boxes should be done through DIIMS (Refer to the DIIMS Records Classifier Guide) as DIIMS provides reporting means for tracking requests. The use of this form by departments or agencies that do not have access to DIIMS or enter their physical files as volumes in DIIMS may still be required. This form should not be used to request entire boxes.*

### 2.0 Overview of the Form

The Request for Records form is used to request the retrieval of a physical file or box stored in semi-active storage in a GNWT Records Centre.

A completed Request for Records form authorizes the records centre personnel to retrieve files or boxes when the form is received from a Records Coordinator or their designate assigned the responsibility by the department/agency.

A completed Request for Records form must be used to retrieve physical files not entered into DIIMS as a volume. It may also be used by agencies without access to DIIMS to retrieve boxes.

### 3.0 Completing the Form

#### 3.1 Getting Started

- a. [Download](#) the form from the Department of Infrastructure Website and open in Adobe Acrobat or Adobe Acrobat Reader.
- b. *Save As* a new file with a new file name.
- c. Enter the information as outlined in the procedures below.

#### 3.2 Information Required to Complete the Form

In order to complete the form, you will need the **Box Inventory Form** and the **Box Location/Status Listing** or **access to DIIMS** to look up the transfer and box location information. Records coordinators can print Box Location/Status Listing as a report from DIIMS.



### 3.3 Contents of the Form

The records centre requires two copies of the form in order to process your request. Fill out the form in the top half of the page. The information that you enter in the top half of the page will be repeated in the bottom half of the page. When the records centre receives your request, they will print the form, split it in half, and attach one copy to the retrieved record. The second copy will be placed inside the box to mark where the record was located.

**Fill out one form per volume of a physical file.** If you are requesting all three volumes of a three volume file, fill out three separate request forms. Otherwise, you will only receive the first volume.

1. **Prefix:** A division prefix is a code that identifies each division in a department. A list of prefixes is available from your department's records coordinator. Enter the prefix that has been assigned to the records that you are requesting. This information is also found on the Box Location/Status Listing.
2. **Department:** Fill in the name of the department making the request.
3. **Division/Section:** Enter the name of the division that is making the request.
4. **Requested By (Name):** Enter the name of the person who is making the request. The records centre staff will contact this person when the record is ready to be picked up or if there are any problems with the request.
5. **Building/Phone #:** Enter the location and phone number of the person making the request.
6. **Requested for (Name):** Enter the name of the person who is going to receive the record after it has been retrieved. This is for your department's tracking purposes.
7. **Building/Phone #:** Enter the location and phone number of the person who is going to receive the record after it has been retrieved. This is for your department's tracking purposes.
8. **File Name:** Enter the name or title of the file being retrieved as it is listed on the Box Inventory Form. Provide as much information as you can so that the records centre staff can identify the correct file.
9. **File and Volume Number:** Enter the file number and volume number as they are listed on the Box Inventory Form.
10. **Temporary Box Number:** Enter this number as found on the Box Inventory Form.



11. **Transfer Date:** Enter the date that the box was received in the records centre, if known. This information is on the Box Location/Status Listing.
12. **Return By:** Indicate how long you expect to keep the record.
  - a. If you expect to return it within a few days or weeks (**temporary retrieval** kept up to 90 days), click on the check box next to the *Date* option. Type in the date that you expect to return the record.
  - b. If the record is being **reactivated or permanently returned** to the department, click on the check box next to the *Permanent Return/Reactivation* option.
13. **Box Locator:** Each box is assigned to a location in the records centre, marked by Aisle, Bay, and Shelf. Enter this information here. This is found on the Box Location/Status Listing or by looking up the box properties in DIIMS.
14. **DIIMS Transfer ID:** Enter the Transfer ID associated with the box that contains the records. Each group of boxes transferred to the records centre is assigned a transfer ID. The old format was a four digit number that looked like this: 4556. The format as of 2012 is the prefix followed by a date: PWS09\_2014-09-17. This is found on the Box Inventory Form and the Box Location/Status Listing or by looking up the box properties in DIIMS.
15. **DIIMS Box ID:** Enter the DIIMS box ID number. This is a unique identification number that DIIMS assigns to each box. It is found on the Box Location/Status listing or by looking up the box properties in DIIMS.
16. **Name of Records Coordinator:** Enter the name of the records coordinator for the department/agency.
17. **Comments:** Enter any additional information or instructions here.



#### 4.0 Sample Form - Below is an example of a completed form.

Fill out the top half of the page

**REQUEST FOR RECORDS** SHADED AREA IS FOR RECORDS MANAGEMENT USE ONLY  
\* Indicates mandatory fields

Prefix *	Department *	Division/Section *	
INF30	Infrastructure	Corporate Information Management	
Requested by (Name) *	Building/ Phone #	Requested for (Name)	Building/ Phone #
Gabby North	NGB-2 / 123-4567 ext. 88888	Shay Wolf	NGB-2 / 123-4567 ext. 99999
File Name *	File and Volume Number		
Records Management Committee 2016-17	1145-30-01 vol 3		
Temporary Box Number *	Transfer Date	Return By	
1	May 2, 2018	<input checked="" type="checkbox"/> Date: 8/3/18	
Box Locator *	DIIMS Transfer ID*	<input type="checkbox"/> Permanent Return / Reactivation	
A01-02-01	INF30_2018-04-30		
DIIMS Box ID*	Name of Records Coordinator		
2018123456	Ashley Woods		
Comments			

Incomplete requests will not be filed 2018

The bottom half of the page will fill out automatically

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