Files Storage Record

| Format No. Rev. No. Rev. Date. | 5 | | | | |
|--------------------------------------|-----------------------|----------------------|------------|-----------------------|------------------------------|
| YearUnit | | Record Cabinets Sign | | | |
| Record Holder/ | | | | | _ |
| | | / | | | _ |
| File# | File Description | Responsible | Department | Originals / Master | Minimum Storage Period |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Frequency of | Document Verification | | | | |
| | for Verification | | Sign | | |
| Management | Representative Sign | Date | | | |