

INSTRUCTIONS FOR PREPARING RECORDS TRANSMITTAL AND SHELF LIST, FORM ARM 5

State of Hawaii, Department of Accounting & General Services

Archives Division, Records Management Branch

Form ARM 5, "Records Transmittal and Shelf List," must be prepared for all records to be transferred to the State Records Center (located at 729-B Kakoi St.) for storage. Two (2) copies of this form must be sent to the Records Center ahead of the records shipment for approval and scheduling.

Blocks 4, 8, 16, 17 and 18 will be filled in by the Records Management Branch (RMB) staff after receipt at the Records Center and before returning a copy to both the agency records officer and the office transmitting the records.

The RMB staff assigns a Records Center Location to each stored agency box. Cite the "Records Center Location," block 8, when requesting the retrieval of stored records.

Blocks 1-3, 5-7 and 9-15 must be completed by the initiating agency. These blocks should be prepared as follows:

1. **From (Name of Dept):** Enter the name of the department (e.g., Dept. of Labor & Industrial Relations).
2. **Division and Branch:** Enter the name of the division and branch (e.g., Unemployment Insurance Div., Oahu Br.)
3. **Control Schedule No.:** Enter the General Records Schedule No.(e.g., GRS#1, 2002) or the Department Records Schedule, SA-1, with approval date (e.g., SA-1, dtd., 3/7/80).
5. **Restrictions on Use of Records:** Note any restrictions (e.g., To be used by the Unemployment Insurance staff only). Write NONE if unrestricted.
6. **Item No.:** Enter the item referred to in the GRS or SA-1 (e.g., GRS #1: 1.4 or SA-1: 5 & 2)
7. **Total No. of Containers:** Enter the total number of boxes listed on the Form ARM 5. If multiple sheets are used to list records with the same disposal date, on the first sheet enter the total number of boxes.
9. **Agency Box Numbers:** Enter the inclusive box numbers for each records series (e.g., #1-40; #41-85). Number each box consecutively.
10. **Description of Records:** Describe the records series as they appear in the General Records Schedule (GRS) or the SA-1 and include the "cut-off" date [e.g., Benefit Payment Ledgers – Calendar Year (CY) 1990].

NOTE: Do not list individual folders, files, or records stored in each box on the Form ARM 5. The initiating agency is responsible for maintaining a detailed index to each box's contents for its reference and retrieval purposes.

11. **Disposal Year:** Apply the retention and disposition requirements of the applicable Control Schedule (GRS or SA-1) to calculate the disposal date. **DO NOT COMBINE RECORDS WITH DIFFERENT DISPOSAL DATES ON THE SAME FORM ARM 5.**

NOTE: All records listed on the ARM 5 must have the same disposal date. Records series with different cut-off dates may be listed on the same Form ARM 5 provided the disposal date is the same.

12. **Records Certification:** Only insect-free records may be stored in the Records Center. Indicate whether the records passed a visual inspection and are insect-free or were fumigated.
13. **Records Officer:** Signature of the Departmental/Agency Records Officer, certifying the accuracy of the shipment/transfer of records.
14. **Records Custodian:** Signature of the person responsible for the records being shipped (e.g., Division Chief, Branch Chief, etc.).
15. **Date:** Enter the date of the records custodian's signature.