**Requirements**

* Complete all questions on this form to notify the State Archivist of missing public records or to request authorisation to dispose of unsalvageable damage to public records
* Guidance to each question is provided by clicking on the question’s answer field
* This form must be signed by your Chief Executive Officer or authorised delegate
* Return completed form in PDF format, with supporting evidence to QSA Government Records and Information, [rkqueries@archives.qld.gov.au](mailto:rkqueries@archives.qld.gov.au)
* QSA may seek additional information, clarification and/or action from your agency if necessary.

# Agency

Click here to enter agency name

# Application type

Damaged Missing

Both

# Incident

### Describe the incident/disaster that caused the damaged or missing records

Click to enter details of the incident/disaster

### For a damaged records application, select all the damage to your records and provide a detailed description

Water Contamination

Physical or structure failure Heat

Click to describe the damage in detail

### Date and time records were identified as damaged or missing

Click to enter a date Click to enter approximate time

### Location where damaged or missing records were at time of incident/disaster

Click to describe location of records at time of incident/disaster

### If the records moved during incident/disaster, describe the current location

Click to describe location if records have moved since the incident/disaster, otherwise N/a

# Evidence

Please attach any supporting evidence such as an assessor’s report, photographs of the unsalvageable damage, and/or statutory declaration regarding missing public records.

Itemise all your supporting evidence below.

|  |  |
| --- | --- |
| **Attachment No.** | **Document title** |
| Attachment | Click to enter document title and relevant description |

**To add more rows:** after entering text in relevant row, click the  (+) at the end of the row as required.

# Records

### Is your agency responsible for these records under the Public Records Act 2002?

### Select answer

### If no, which agency is responsible?

Click to enter responsible agency’s name

### Do the impacted records relate to [vulnerable persons](https://www.forgov.qld.gov.au/__data/assets/pdf_file/0023/245615/Approved-FINAL-Guideline-on-creating-and-keeping-records-for-the-proactive-protection-of-vulnerable-persons.PDF)?

Children Seniors Aboriginal and Torres Strait Islander peoples

People with a disability Culturally and linguistically diverse

No

# Impacted records

Add a new row for each different level and type of unsalvageable damage or records with different levels of significance and disposal authorisation.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Record description** | **Date range** | **Quantity**  (e.g. 6 boxes, 2 registers, 20 metres) | **Type of damage** | **Disposal authorisation**  (e.g. 1121 or QDAN474v.5 12.1.4). | **Can the information in the record be recreated?** | **Do these records contain any other information of significance?** |
| Click to enter record description | Click to enter date range | Click to enter quantity | Select answer | Click to enter disposal authorisation | Select answer | Click to enter details of significant information |

**To add more rows:** after entering text in relevant row, click the  (+) at the end of the row as required.

# Business continuity planning

### Is protecting records from incident/disaster detailed in your agency’s business continuity plan?

Select your answer

**If no, describe the measures you will take to protect records in your business continuity plan**

Click to enter details of the risk mitigating measures you will add to your BCP

# Approval

## Your details

**Name**

Click to enter your name

**Title**

Click to enter your position title

**Email** **Phone**

Click to enter your email Click to enter your phone number

## CEO/Authorised delegate

I confirm my public authority has supplied all relevant information relating to this disposal application

**Name**

Click to enter your name

**Title**

Click to enter your position title

**Signed Date**

Click to enter a date

**Note**: This form can be signed digitally if your agency has appropriate processes in place to ensure the signature’s authenticity. Digitally signed forms must be saved as PDF before submitting to QSA.