**Instructions**

* Complete this form to seek approval from the State Archivist to dispose of damaged records
* Records in this application must no longer be useable and are unsalvageable.
* This form must be signed by the Chief Executive Officer or the authorised delegate of your agency.
* All fields are mandatory unless otherwise specified.
* Return completed form/s in PDF format, along with supporting documentation, to QSA Government Records Innovation, [rkqueries@archives.qld.gov.au](mailto:rkqueries@archives.qld.gov.au).

QSA may seek additional information or clarification from your agency when assessing this application.

Find out more about the [application process](https://www.forgov.qld.gov.au/lost-and-damaged-records), [damaged records](https://www.forgov.qld.gov.au/lost-and-damaged-records), and [salvaging records](https://www.forgov.qld.gov.au/recover-and-salvage-your-records-after-disaster).

# Agency details

### Agency name:

Click here to enter agency name.

# Incident details

### Details about the incident that led to the records being damaged (e.g. flood, fire, pest infestation, etc.).

Click here to enter text.

### Where did the incident occur and when did it happen?

Click here to enter text.

### Where are damaged records currently located?

Click here to enter text.

### Please select why these records are not salvageable (tick all that apply).

Excessive damage

Prohibitive salvage/restoration costs

Hazard/health risk

Limited evidentiary/research value

Approved retention period close to expiry

Other (please describe)

Click here to enter text.

### What, if any, remedial action was taken or considered?

Click here to enter text.

### Can the records be recreated from other sources?

Yes  No

1. What is the impact of loss of the damaged records on the business of the agency?   
   For example, these records are required for current or pending legal action or an RTI application.

Click here to enter text.

### What is the impact of the loss of the damaged records on the community?

Click here to enter text.

# Evidence

Please attach any supporting evidence such as an assessor’s report or photographs of the damage.

Please list any documentation attached in support of this application in the table below.

|  |  |
| --- | --- |
| **Attachment No.** | **Document title** |
| Attachment | Click here to enter document title. |

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

# Listing of damaged records

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Record description** | **Date range** | **Quantity**  (e.g. 6 boxes, 2 registers, 20 metres) | **Format** | **Disposal authorisation**  (e.g. 1121 or QDAN474v.5 12.1.4). | **Retention period** | **Can the record be recreated? Y/N** |
| Click here to enter record description. | Click here to enter date range. | Click here to enter quantity. | Click here to enter format. | Click here to enter disposal authorisation details. | Click here to enter retention period. | Choose an item. |

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

# Approval

## Details about the person completing the request

**Name**:

Click here to enter name.

**Title**:

Click here to enter position title.

**Email**: **Phone**:

Click here to enter email address. Click here to enter phone number.

## CEO/Authorised delegate approval

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

**Name**:

Click here to enter name.

**Title**:

Click here to enter position title.

**Signed Date**

Click here 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.