**Instructions**

* Complete this form to notify the State Archivist of lost public records.
* This form must be signed by the CEO or the authorised delegate of your agency.
* Only complete the sections **relevant** **to your lost records** and provide as much information as you can.
* All fields in relevant sections are mandatory unless otherwise specified.
* A separate form must be completed for each business system OR for each set of records that require notification to the State Archivist of lost public records.
* Please return completed form/s in PDF format, along with any supporting documentation, to QSA Government Records Innovation, 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), and [lost records](https://www.forgov.qld.gov.au/lost-and-damaged-records)

# Details

### Agency name:

Click here to enter agency name.

### Please provide details about the incident that led to the records being lost.

Click here to provide details.

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

[ ]  Yes [ ]  No

If **no**, which agency is responsible?

Click here to enter name of responsible agency.

## Business systems (for digital records):

Please provide details of the relevant business system (if applicable)

### System custodian:

Click here to enter agency name.

### Name of system:

Click here to enter name of system.

### Whole-of-government identifier:

Click or tap here to enter WOG identifier.

### Date system first deployed:

Click here to enter a date.

### Name of agency that commissioned or developed the system:

Click here to enter agency name.

## Physical records (e.g. paper)

### What was the records last known location?

Click here to enter details of last known location.

# Remedial action

### Can the records be recreated from existing records or other sources (e.g. hardcopy files, backup copies, recordkeeping system)?

[ ]  Yes [ ]  No

### What remedial action was taken or considered.

Click here to enter details of remedial action.

### What is the impact of the loss of the public 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 impact details.

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

Click here to enter impact details.

### What measures have the agency put in place to reduce the risk of further loss of public records in the future?

Click here to enter details.

# Evidence

Please attach any supporting evidence such as an assessor’s report, photographs of the incident leading to the loss of the public records, and/or statutory declaration regarding the loss of the public records.

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

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

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

# Listing of lost 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. | 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 notification

**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.