

TECHNICAL DESCRIPTION FOR TRANSFER OF ELECTRONIC RECORDS
TO THE NATIONAL ARCHIVES

FILE IDENTIFICATION

OFFICIAL FILE TITLE, COMMONLY USED IDENTIFIER, AND/OR DESCRIPTIVE TITLE:	02. ACRONYM ASSIGNED TO FILE:
RESTRICTIONS ON ACCESS:	
04. TITLE/DESCRIPTION OF DOCUMENTATION PROVIDED:	05. FORMAT OF DOCUMENTATION: <input type="checkbox"/> Paper <input type="checkbox"/> Electronic Format (<i>Specify</i>) <input type="checkbox"/> Other (<i>Specify</i>):
06. ELECTRONIC (Agency name and address):	07. IDENTIFY TECHNICAL CONTACT(S)

FILE CHARACTERISTICS

08. SHORT TITLE ON EXTERNAL LABEL	10. STORAGE MEDIA UNIT VOLUME SERIAL NUMBER:	12. DENSITY (CPI/BPI):
09. RETURN STORAGE MEDIA TO AGENCY AFTER ARCHIVAL PROCESSING: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Provide Address for Return (if different from item 06):	11. TYPE OF MEDIA PROVIDED: <input type="checkbox"/> Open-Reel Magnetic Tape <input type="checkbox"/> 3480-Class Tape Cartridge <input type="checkbox"/> Other (<i>Specify</i>):	13. NUMBER OF TRACKS: <input type="checkbox"/> 7 <input type="checkbox"/> 9 <input type="checkbox"/> 18 <input type="checkbox"/> Other (<i>Specify</i>):
14. FILE ORGANIZATION ON STORAGE MEDIA <input type="checkbox"/> One File on One Media Unit <input type="checkbox"/> One File on Multiple Media Units <input type="checkbox"/> Multiple Files on One Media Unit <input type="checkbox"/> Multiple Files/Multiple Media Units	15. RECORDED LABEL (Internal Label) <input type="checkbox"/> IBM OS <input type="checkbox"/> IBM DOS <input type="checkbox"/> ANSI X 3.27 Standard <input type="checkbox"/> No Internal Labels <input type="checkbox"/> Other (<i>Specify and Describe</i>)	16. CHARACTER SET <input type="checkbox"/> ASCII <input type="checkbox"/> EBCDIC <input type="checkbox"/> BCD (7 track only) <input type="checkbox"/> Binary <input type="checkbox"/> Packed Decimal <input type="checkbox"/> Other (<i>Specify</i>)
17. DATE FILE COPIED:		
18. INTERNAL FILE NAME/IDENTIFIER (aka Data Set Name):	19. SEQUENCE OF FILE ON STORAGE MEDIA UNIT: File of	20. NUMBER OF LOGICAL RECORDS (Blocking Factor):
21. RECORD TYPE <input type="checkbox"/> Fixed Length (F) <input type="checkbox"/> Fixed Length Blocked (FB) <input type="checkbox"/> Other Than Fixed Length (<i>Specify Format</i>)	22. LENGTH OF LOGICAL RECORDS IN CHARACTERS OR BYTES:	24. NUMBER OF LOGICAL RECORDS:
	23. LENGTH OF PHYSICAL RECORDS IN CHARACTERS OR BYTES:	25. NUMBER OF PHYSICAL RECORDS (Blocks):

26. AGENCY COMMENTS:

27. FORM PREPARED BY: Name:	Phone:	28. DATE FORM COMPLETED:
--------------------------------	--------	--------------------------

INSTRUCTIONS

GENERAL:

The purpose of this form is to facilitate the transfer of electronic records with continuing or enduring value to the National Archives. A packet containing additional information on the transfer of electronic records is available from the National Archives. This form is not intended to take the place of other required documentation. FIPS PUB 20 contains a discussion of file documentation. Technical information describing each file is required by 36 CFR, but NA Form 14097 is optional. If there is an alternative reporting format that provides all of this required information, substitute the report for NA Form 14097. Include the required information as an attachment to the SF 258. A separate form should be completed for each file. If multiple files have very similar technical specifications, one form with an attachment that specifically identifies all of the files covered by the form may be used.

IDENTIFICATION SECTIONS

01. **Official Title, Commonly Used Identifier, and/or Descriptive Title.** Enter the name by which the agency identifies the file. Consider how the title would appear in a bibliographic entry. If there is no official title, provide a descriptive title.
02. **Acronym Assigned to File.** Enter the commonly used abbreviation or acronym as assigned by the agency. Often, the acronym as assigned by the agency. Often, the acronym will be used on the external (gummed) label of the storage media unit.
03. **Restrictions on Access.** Specify any restrictions that apply to this file - cite FOIA exemption, and, if b (3), cite statute, indicate specific columns of types of records in the file that are affected; specify length of restriction on access and method of determining the date when restrictions end. If there are no applicable restrictions on access, please indicate.
04. **Title/Description of Documentation Provided.** Documentation is required for all transfers of electronic records to the National Archives. Enter the title or description of the documentation provided by the agency for the file. Guidelines are available on the source and content of documentation. If any documentation is available in electronic form, include it in the transfer.

05. **Format of Documentation Provide.** Mark all boxes that apply to the transfer with an "X." If "Electronic Format" is checked, include a technical description form for each documentation file in electronic format. If "Other" is checked, be as specific as possible in describing the documentation transferred.
06. **Electronic Records Submitted by.** Enter the name and address of the agency that is responsible for the transfer.
07. **Identify Technical Contact(s).** Identify the person who will respond to technical questions about the records if they arise during archival processing.

FILE CHARACTERISTICS

08. **Short Title on External Label of Storage Media Unit.** Enter the short title that appears on the external (gummed) label of the storage media unit(s).
09. **Return Storage Media to Agency After Archival Processing.** The National Archives returns the reels or cartridges included in the transfer to the agency when two preservation copies have been created. Check "No" to indicate that the storage media should not be returned or provide an address for return shipment. If yes, Provide Address for Return (if different from Item 06).
10. **Storage Media Unit Volume Serial Number.** Enter the volume serial number which uniquely identifies this tape/tape cartridge. If the file is recorded on multiple

volumes, enter the first volume serial number in this item and list others, in sequence, in item 26.

11. **Type of Media Provided.** To comply with the transfer standard identified in 36 CFR, a storage media unit should be an open-reel magnetic tape or 3480 tape cartridge. Enter an "X" in the appropriate box. If "Other" is checked, contact the National Archives prior to transfer and provide a specific identification of the storage media used for transfer.
12. **Density (CPI/BPI).** Enter an "X" in the appropriate box to indicate characters or bytes per inch.
13. **Number of Tracks.** Enter an "X" in the appropriate box. For 7 track tapes, indicate whether the parity is odd or even in Item 26.
14. **File Organization on Storage Media.** If a single file on a single storage media unit is described, check "One File on One Media Unit." If a multi-volume file is described, check "One File on Multiple Media Units." If more than one file is on the storage media unit, check "Multiple Files on One Media Unit." If the transfer includes multiple files on multiple files on One media units, check "Multiple Files on Multiple Media Units."
15. **Recorded Label (Internal Label).** Enter an "X" in the appropriate box. If "Other" is checked, provide a specific description of the internal labels in Item 26.
16. **Character Set.** Enter an "X" in the appropriate box. If "Binary" or "Packed Decimal" is checked, indicate the characters (bytes) that are stored in those formats in Item 26.
17. **Date File Copied.** Enter the date that appears on internal labels, if the files are labelled. This is the date the records were copied onto the storage media unit(s).
18. **Internal File Name/Identifier (aka Data Set Name).** If there is a recorded label, enter the file identification (e.g., Data Set Name) used in the label. File Names in IBM standard labels should follow IBM DSN naming conventions.
19. **Sequence of File on Storage Media Unit.** If this is the only file on the storage media unit, enter a "1." If the storage media unit contains multiple files, enter the file's position number on the storage media unit. See Item 14.
20. **Number of Logical Records per Block (Blocking Factor).** If "Fixed Length" is checked in Item 21, enter the blocking factor.
21. **Record Type.** Enter an "X" in the appropriate box. If "Other Than Fixed Length" is checked, a specific description of the format is very important, especially if the documentation provided does not contain a precise description. Use Item 26 to describe "Other" formats.
22. **Length of Logical Records in Characters or Bytes.** Enter the logical record length in bytes or characters. If the record is not fixed length, enter the maximum size record, and describe techniques used to control and indicate size in Item 26.
23. **Length of Physical Records in Characters or Bytes.** Enter the physical record length in bytes or characters. If the record is not fixed length, enter the maximum size record, and describe techniques used to control and indicate size in Item 26.
24. **Number of Logical Records.** Enter the number of logical records in the file. This number is usually supplied by the program which created the file. Labels are not included in this count. If the last block is padded with blank records to fill out the block, please provide a total record count and a count of records that contain information.
25. **Number of Physical Records (Blocks).** Enter the number of

physical records (blocks). Labels are not included in this count.

26. Comments. Provide additional information as necessary or desired. If the information pertains to another item on the form, identify the relevant item number. Files transferred to the National Archives should not be software-dependent in accordance with 36 CFR. If there are any exceptions to this, identify the release and/or level of any

software required to read the file. Provide attachments if the information required will not fit in Item 26.

27. Form Prepared By. Enter the name and phone number (including area code) of the individual who prepared this form.

28. Date Form Completed (YY/MM/DD). Enter date this form was prepared.