

U.S. DEPARTMENT OF ENERGY
FORMS CHECKLIST / APPROVAL

Instructions: Forward completed checklist/approval form(s) to your organizational Forms Manager for review and coordination of approval. Forms are approved by HR-41.

I. ANALYSIS

1. TYPE OF FORM / REPORT <input type="checkbox"/> New <input type="checkbox"/> Revision <input type="checkbox"/> Cancellation	2. TITLE	3. FREQUENCY OF USE <input type="checkbox"/> Single <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Semi-Annually
4. DATA COLLECTION <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Current Form No.:	6. Prescribing Directive:

Y N

7. Purpose and content of form / report have been reviewed, and are reasonable and in keeping with the function of the originating organization.

8. All data needs have been considered. Form will be used by: DOE-wide One element Contractors
 HQ only Field only Financial Assistance Recipients
 Other, Specify: _____

9. Format is arranged in effective manner with data elements in logical sequence according to workflow or types of source documents.

10. Multi-part copies are justified, and distribution is indicated on the form.

11. Verifying and approving official's signatures are included only where necessary.

12. Due date, if applicable, is specially stated and coincides with requirements and workloads.

13. Authority that prescribes the form / report: Specify: Manual
(Check all that apply) Directive
 CFR
 Public Law
 Congressional Request
 Federal or State Agency
 Other, Specify: _____

14. Privacy Act Notice is required and has been approved by HR-73.

15. Other forms are superceded. Specify: _____

16. Purpose of new form or reason for change: *(Give brief statement)*

17. If form is being cancelled, indicate reason:	18. Subject Classification Number: <i>Sequence Numbers for Departmental and HQ forms will be assigned by HR-41</i>
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19. OMB Approval Number: *(If applicable)*

20a. Form Originator: <i>(Name and Routing Symbol)</i>	20b. Date
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21a. Forms Manager: <i>(Signature)</i>	21b. Date
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22a. Forms Official: <i>(Signature)</i>	22b. Date
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II. DESIGN, PRINTING AND STORAGE

1. Size: <input type="checkbox"/> 8 x 10½ <input type="checkbox"/> Other:	6. Quantity Printed: <input type="checkbox"/> 3-month supply <input type="checkbox"/> 6-month supply <input type="checkbox"/> 9-month supply <input type="checkbox"/> 1-year supply
2. <input type="checkbox"/> Single Sheet <input type="checkbox"/> PADS <input type="checkbox"/> Carbonless Paper <input type="checkbox"/> One Side Only <input type="checkbox"/> Snap Set <input type="checkbox"/> Carbon Set	7. Unit of Wrap: <input type="checkbox"/> 100 <input type="checkbox"/> 250 <input type="checkbox"/> 500 <input type="checkbox"/> Other:
3. <input type="checkbox"/> Head to Head <input type="checkbox"/> Head to Foot <input type="checkbox"/> Left of Back <input type="checkbox"/> Right of Back	8. Controlled Forms: <input type="checkbox"/> Accountable <input type="checkbox"/> Safeguard <input type="checkbox"/> Other (attach instructions)
4. Sheets per Set Sheets per Pad Sets per Pad	9. Existing Stock: <input type="checkbox"/> Previous editions may be used <input type="checkbox"/> Use until receipt of new edition only <input type="checkbox"/> Destroy immediately <input type="checkbox"/> Other: <i>(Attach instructions)</i>
5. Stocked by: <input type="checkbox"/> Originator <input type="checkbox"/> HR-212 <input type="checkbox"/> Other:	10a. Minimum Stock Level: 10b. Lead time required for reprint: