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| --- | --- | --- | --- |
| **Project Title:** |  | | |
| **Sponsor:** |  | **CI or PI:** |  |
| **Date archived:** |  | **Date identified for review:** |  |

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| --- | --- | --- | --- | --- | --- |
| **ID No** | **Box Number** | **Location** | **Items reviewed** | **To be destroyed** | **To be retained** |
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**If items are to be retained in archive for longer than originally planned the CI/PI must complete the section below.**

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| --- | --- | --- | --- |
| **Project title:** |  | | |
| **Sponsor:** |  | | |
| **Archive cost to be paid by:** |  | | |
| **Project start date:** |  | **Project end date** |  |
| **Revised archive date:** |  |  | |
| **Justification for extending archive period:** |  | | |

**When no contact can be made with Sponsor or CI regarding destruction at the end of the allocated archive period, the Named Archivist and R&D Director shall review and authorise secure destruction if no valid reason can be identified for continued retention.**

|  |  |
| --- | --- |
| **Project title:** |  |
| **Sponsor:** |  |
| **Project start date:** |  |
| **Original archive end date:** |  |
| **Justification for secure destruction:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **SIGNED:** | | | |
| **Primary contact:** | ---------------------------------------------- | **Date:** | -------------------- |
| **HoD/Named Archivist:** | **-**--------------------------------------------- | **Date** | -------------------- **R&D Director:** --------------------------------- **Date:** ---------------- |