**Pre-Implementation Checklist for Agencies**

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| **Category** | **Task** | **Comments** | **For DORIS use only**  |
| **Retention** | **Please check ONE:**[ ] The records to be converted are currently on the agency retention schedule.[ ] The records to be converted will be added to the agency retention schedule. |  | **Retention confirmed:**[ ] YES[ ] NO |
| **Indexing** | [ ] The agency has created a list of required metadata for each category of records.(Please provide list of metadata indices) |  | **Indexing received /reviewed:**[ ] YES[ ] NO |
| **Imaging** | **Please check ONE:**The conversion will be done by: [ ] Internal: Centralized Scanning[ ] Internal: Decentralized Scanning[ ] Third Party Vendor | **If applicable - include name of vendor:**Click here to enter text. |  |
| **Conversion Format** | The records will be converted to the one or more of the formats:(Please check all that apply) | [ ] PDF [ ] PDF/A [ ] TIFF[ ] JPEG [ ] DNG [ ] PNG[ ] GIF [ ] (OTHER) Click here to enter text. |  |
| **Records Information** | The agency provided DORIS with the following at least 30 days before commencement of project:[ ] A list of records to be converted;[ ] The format(s) being used;[ ] Documentation of the reliability and capability of the process to produce trustworthy records as evidenced by the completion of a successful POC or other process. |  | **Received by DORIS:**[ ] YES[ ] NO**Expected Implementation Date:**Click here to enter text. |
| **Quality Assurance** | [ ] The agency has identified a quality control process for image accuracy and Optical Character Recognition (OCR) quality. |  | **Quality Assurance Process reviewed / approved?**[ ] YES[ ] NO |
| **Suitability** | [ ]  General Counsel has evaluated the suitability of converting the specified records series to an electronic format. | Click here to enter text.(Please attach any supporting documentation.) |  |
| **Disaster Recovery**  | [ ] The agency will create duplicate copies and store them in another geographical location. | Location of duplicate copies:Click here to enter text. |  |
| **Storage Information** | [ ] The agency has confirmed storage requirements with MIS / DOITT |  |  |
| **Agency-level Policies & Procedures** | [ ] The agency has developed agency- level digitization policies and procedures. | Click here to enter text.(Please attach any supporting documentation.) | **Policies & procedures received /reviewed:**[ ] YES[ ] NO |

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| --- | --- |
| **Agency/Department Name** | **Click here to enter text.** |
| **Senior Level Executive (SLE) Name:**  | **Click here to enter text.** |
| **Senior Level Executive (SLE) Title:** | **Click here to enter text.** |
| **Date of Submission:** | **Click here to enter text.** |

##  Submitted by:

## Certification (to be completed by DORIS)

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| **This pre-implementation checklist has been received and reviewed by the Department of Records and Information Services.**[ ] The agency **may proceed** with implementing the conversion process.[ ] The agency **may not proceed** with the conversion process and must schedule a meeting with DORIS to discuss remediating the checklist. | **Reviewed by:****Name: Click here to enter text.****Title: Click here to enter text.****Date: Click here to enter text.** |
| **Municipal Archives:**The records to be digitized have been reviewed and the following have been determined to have archival value and must be transferred once the agency retention requirements have expired:Click here to enter text. | **Reviewed by:****Name: Click here to enter text.****Title: Click here to enter text.****Date: Click here to enter text.** |