**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.** |