

KATE BROWN
SECRETARY OF STATE

BARRY PACK
DEPUTY SECRETARY OF STATE



ARCHIVES DIVISION
MARY BETH HERKERT
DIRECTOR
800 Summer Street NE
Salem, Oregon 97310
(503) 373-0701
Facsimile (503) 378-4118

Request to Transfer Microfilm to Security Copy Depository

1. The State Archives must receive requests for microfilm to be transferred to the Security Copy Depository in writing.
2. Requests received by fax, e-mail, or regular mail are acceptable. Archives staff will assign an accession number and issue a transmittal letter to be signed by the agency & returned with the film to the Archives. Do not send film prior to receiving a transmittal letter.

Requests must include the following information:

Agency name

Name of agency records officer or authorized person requesting transmittal

Series title

Reel numbers (if applicable)

Format of film (i.e. 16mm, 35mm, 105-mm fiche)

Retention schedule number

Document numbers or information (if applicable)

Number of units (reels)

Retention period

Destruction date

Inclusive dates

Page numbers (if applicable)

3. The requesting agency is responsible for transporting the film to the State Archives. The Archives recommends using traceable shipping service (i.e. UPS, U.S.P.S. registered mail).
4. Deposit of film with the Archives Division indicates the agency's agreement to comply with regulations and procedures of the Archives Division Security Copy Depository.
5. Film with a retention of 100 years or greater must be polysulfide treated. Treatment can be coordinated pre-transfer by the agency or post-transfer through the Archives. If coordinated by the Archives, the agency will be billed for treatment costs.

Packaging and Labeling

Packaging

Film should be enclosed in containers that are free from chemicals which may damage it. Plastic containers are preferred to paper or metal containers. Plastic containers are required for film being deposited into the Security Copy Depository. Plastic containers must be peroxide free. Paper or cardboard enclosures must be acid and lignin free. Metal containers must be non-corrosive, preferably made of anodized aluminum. Rubber bands must not be used to restrain film on the cores. The only acceptable restraint is a paper band. If used, paper bands must meet the requirements of *ANSI IT9.2-1991: For Imaging Media - Photographic Processed Films, Plates, and Papers - Filing Enclosures and Storage Containers* and be made of acid-free, lignin-free paper. In most cases, no restraint is necessary.

Over-winding the film can cause scratches or breaks in the emulsion. Winding the film too loosely can warp the film inside its enclosure.

Reels used should conform to *ANSI/AIIM MS 34-1990: Dimensions for Reels Used for 16 mm and 35 mm Microfilm* and constructed of inert plastic or non-corrosive metal. Only these reels are suitable for storage of security film. Cassettes, cartridges, or other types of proprietary user format are not recommended for security film. Roll film is the only acceptable format for film being deposited in the long-term or permanent vaults of the Security Copy Depository.

Labeling the Container

Each roll of film should be placed in an enclosure that is labeled with the following information:

- Name of agency or political subdivision.
- Record series title.
- Roll number or other identifier.
- Identification of roll contents and/or dates of records.
- Date of processing.

Items 1 - 3 should appear on a label on the top of the container as well as on the face of the container. (See figure 15).

This labeling format is required for film being deposited in the Security Copy Depository.

Labels shall be self-adhesive and pressure sensitive. All labeling information must be typed or printed on the labels. Labeling information should not be handwritten directly on the microfilm container.

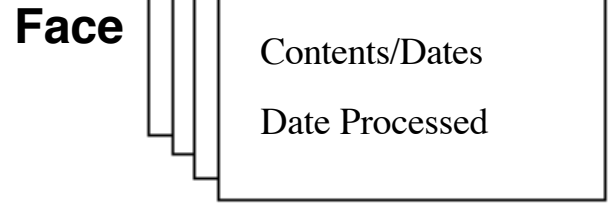
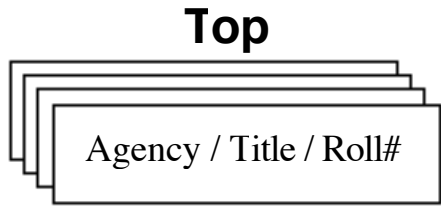


Figure 15 – Correct Container Labeling

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Security Depository
Transmittal Request Form

Please send, FAX or EMAIL completed form to:

Loren Wuest – loren.d.wuest@state.or.us
Oregon State Archives
800 Summer St. NE
Salem, OR 97310
FAX #: 503-378-4118

Agency Name: _____

Series Title: _____

Inclusive Dates: _____

Reel Numbers: _____

Document Numbers (if applicable): _____

Page Numbers (if applicable): _____

Number of reels: _____ **Format (circle applicable format):** 16mm 35mm fiche

Retention Schedule/Series # (or OAR #): _____

Retention Period as stated on schedule: _____

Person Requesting: _____

Phone Number: _____