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State Records  
of South Australia



# Records Management Audit

## Guideline

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Version 1.2

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## Introduction

The Records Management Adequacy Audit is a management control designed to examine and evaluate the degree to which outcomes detailed in *Adequate Records Management: Meeting the Standard 2002* (Adequacy Standard) are being met across South Australian Government agencies and authorities.

Planning the audit work will help to ensure that appropriate attention is devoted to important areas of an agency/authority's business, and that potential problems are identified and the work is completed expeditiously. Planning also assists in assigning tasks to staff and in coordinating tasks with other project partners.

## Background

State Records of South Australia has been charged with the responsibility of achieving, amongst others, the objective of promoting best practice records management via the Adequate Records Management Framework (Adequacy Framework). The Adequacy Framework was promulgated by State Records in 2002 and provides a records management regime for state and local government agencies and authorities within South Australia. The framework's accompanying standard describes the Adequate Records Management Framework in detail. It includes the benchmarks that records management programs need to progressively achieve in order to be classified as 'adequate'.

The Adequacy Standard was developed to meet the broad goals of the *State Records Act (the Act) 1997* and the *Local Government Act 1999*. It also addresses the particular goal in section 16 of the Act that states: "If the Manager [Director of State Records] is of the opinion that the records management practices of an agency are inadequate, the Manager is required to report the matter to the Minister." This policy guideline has been developed to address sections 15 (1) and 15 (2) of the Act which states: "The Manager [Director of State Records] may conduct surveys of the official records and records management practices of agencies as reasonably required for the purposes of this Act" and "An agency must afford the Director of State Records reasonable cooperation and assistance in the conduct of such a survey".

The auditing program has been documented to provide a methodology for gathering evidence of compliance with the Adequacy Standard. Compliance will be monitored on a regular basis within agreed intervals of time. Monitoring will include:

- reviewing operations
- inspecting records of evidence
- recommending corrective action
- reporting on non-compliance.

## Purpose

The purpose of the auditing program is to establish records management audit standards in government in South Australia and to provide a guide for its conduct across agencies and authorities. Specifically, it will determine the degree to which agencies and authorities comply with the following ten outcomes comprising Adequate Records Management:

- official records are created in all appropriate circumstances
- official records are captured into corporate recordkeeping systems upon creation or receipt
- official records are disposed of in accordance with provisions of the State Records Act
- access to official records takes place in a managed manner using prescribed policies and procedures
- official records can be found upon demand
- agencies shall implement measures to ensure the reliability of their official records as evidence of their business
- records management shall be managed and planned in a strategic and corporate manner
- all staff within agencies shall received training on records management as outlined in the agency's records management training plan
- agencies shall implement reporting mechanisms and progress in order to keep senior management informed about records management
- all agencies shall develop and implement records management policies and practices.

The Audit Program is comprised of four parts:

- Audit Policy – which prescribes State Records requirements
- The Audit Plan - which describes the expected scope and conduct
- Work Instructions – which assist the conduct of processes involved in auditing.
- The Audit Report - which documents the results.

## Scope

The Records Management Adequacy Audit is directed towards the examination and evaluation of corporate recordkeeping systems, procedures and operations of the business of agencies within South Australia as defined in section 3 of the *State Records Act 1997* which includes state government agencies, local government authorities and universities. The specific responsibilities of the audit are:

- to review the recordkeeping systems and related controls
- to recommend improvements
- to assess compliance with the Adequacy Standard.

## Responsibilities

### Agency responsibilities

The establishment of adequate recordkeeping systems, which capture full and accurate records and the related internal controls, is the responsibility of management and demands proper attention on a continuing basis. Agencies should complete an independent self-assessment of their current recordkeeping systems, tools and practices through the application of the *Self-Assessment Matrix and Evidence Toolkit Guideline* contained in the *Adequate Records Management: Meeting the Standard 2002* prior to the commencement of an audit. Agencies are required to have available for the Auditor the following documentation:

- detail the approach taken and the qualifications of the author that prepared the agency's Self-Assessment Report
- a copy of the score awarded to each of the ten Outcomes in the Self-Assessment Matrix along with the relevant evidence to substantiate the score
- provide details of the tasks the agency plans to action for the following financial year to improve their recordkeeping systems, tools and practices.

### **Auditor responsibilities**

State Records staff will undertake audits within agencies/authorities. Audit work will be assigned to State Records personnel who have the degree of technical training required for the circumstances. There may also be circumstances whereby State Records appoints an independent auditor to work under State Records direction.

The auditor should have sufficient knowledge of recordkeeping operations to carry out the auditing tasks. The auditor should consider whether specialised skills for auditing in particular computing environments are needed. Auditing access to some data may require some knowledge of other information systems.

The auditor and the records manager from the agency/authority will meet before the audit is conducted, and again after each audit is completed. Follow-up visits to assist with corrective action are arranged by the auditor with the agency/authority.

### **State Records responsibilities**

If conducted independently, the auditing will be directed and reviewed by State Records to provide reasonable assurance that the work performed meets appropriate standards of quality. Direction of the auditing program will involve the following functions:

- monitor the progress of the audit to consider whether the auditor has the necessary skills and competence to carry out the assigned tasks
- ensure that the auditor understands the audit directions
- ensure that the work is being carried out in accordance with the audit plan
- resolve any differences of professional judgment between personnel
- adequately document the work performed and the results
- resolve all significant audit matters reflected in audit conclusions
- ensure the objectives of the audit have been achieved
- ensure the conclusions expressed are consistent with the results of the work performed and support the audit opinion.

## Definitions

### Audit evidence

The information accessed by the auditor in arriving at the conclusions on which the audit opinion is based. Audit evidence will comprise source documents and other records underlying the recordkeeping report and corroborating information from other sources.

### Audit plan

A description of the expected scope and conduct of the audit with sufficient detail to guide the development of the audit program; this includes a set of instructions and a means to control and record the proper execution of the work.

### Audit report

The audit report is issued by the auditor and expresses a high level of assurance that is capable of evaluation against the Adequacy Framework.

### Audit sampling

The application of audit procedures to less than 100% of the items within a population, to obtain audit evidence used to form a conclusion about a particular characteristic of one of the ten Adequacy outcomes.

### Auditor

The person with final responsibility for the audit service; the term “auditor” is used throughout the Australian Auditing Standards<sup>1</sup>. The term is used to indicate that the work is required to be performed by persons who have adequate training and competence in recordkeeping compliance auditing.

### Inspection

An audit evidence-gathering technique that consists of examining documents, records, or other evidence.

### Internal auditing

An appraisal activity established within agencies/authorities as a service to them. It is independent within the agency/authority and its functions include examining, evaluating and monitoring the adequacy and effectiveness of the internal control structure, and specifically for the purposes of this program, the Adequacy Standard controls.

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<sup>1</sup> Australian Institute of Chartered Accountants. Auditing 1996 Handbook.

## Observation

An audit evidence gathering technique that consists of looking at a process or procedure being performed by others; for example, the auditor may observe the system prohibiting access to unauthorised users, or the performance of control procedures that leave no audit trail.

## Opinion

An audit opinion is a positive written expression indicating the auditor's overall conclusion based upon audit evidence obtained that provides a high level of assurance:

- to enhance the credibility of an assertion about a matter being measured
- or
- about the subject matter for which the accountable party is responsible.

The audit will result in one of the following types of opinions being issued:

- unqualified opinion, which indicates the auditor is satisfied with all specified parts of the scope of the audit
- or
- qualified opinion, which indicates the auditor is not satisfied in all respects; the qualified opinion may be expressed as “except for” - specifying which parts of the audit are not satisfactory, or “inability to form an opinion” - where insufficient evidence can be obtained.

## Population

In relation to sampling, the entire set of data from which a sample is selected and about which the auditor wishes to draw conclusions.

## Scope of an audit

The audit procedures deemed necessary in the circumstances to achieve the objective of an audit.

## References

The audit program and reporting method are based upon best practice as benchmarked in the *Auditing 1996 Handbook* - (Volume 2 of the Accounting and Auditing Handbook 1996). This volume incorporates all the auditing standards as stated at 1 November, 1995. The Handbook is issued by the Australian Society of Certified Practising Accountants and the Institute of Chartered Accountants.

## Audit policy

The State Government's policy relating to auditing the adequacy of records management systems and practices is as follows:

“Records Management systems and practices should comply with the Adequate Records Management Framework, specifically the Adequate Records Management Standard, the Document and Records Management System Standard and the South Australian Recordkeeping Metadata Standard, and will be audited to identify evidence supporting this compliance.

Evidence of satisfaction consists of the following assertions:

- official records are created in all appropriate circumstances
- official records are captured into corporate recordkeeping systems upon creation or receipt
- official records are disposed of in accordance with provisions of the State Records Act
- access to official records takes place in a managed manner using prescribed policies and procedures
- official records can be found upon demand
- Agencies shall implement measures to ensure the reliability of their official records as evidence of their business
- records management shall be managed and planned in a strategic and corporate manner
- all staff within agencies shall receive training on records management as outlined in the agency's records management training plan
- agencies shall implement reporting mechanisms and progress in order to keep senior management informed about records management
- all agencies shall develop and implement records management policies and practices.

The Director State Records will ensure compliance audits take place on a regular basis within agreed intervals of time, and the results of the audits and reviews will be documented and forwarded to the Minister for Administrative Services for tabling in Parliament.<sup>2</sup> All agencies will afford the Records Management Auditor full cooperation throughout this process. Agencies are responsible for ensuring that sufficient evidence, as specified in the Self-Assessment Matrix toolkit, is immediately available for the auditor to complete the review. Failure to provide such evidence will require State Records to undertake the necessary analysis of the agency's recordkeeping systems and practices at the agency's cost.”

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<sup>2</sup> [to be adopted]

## The audit plan

### Audit objective

The audit objective is to obtain a report of factual findings concerning the adequacy of records management practices in the agency / authority. The auditor is to report appropriately to State Records non-compliance with controls or insufficient evidence of records for specific outcomes. A summary of all agency/authority reports prepared by the Auditor will be prepared by State Records for the Minister for Administrative Services to table in Parliament.

### Standards

The audit checklist will provide measures against which the records management operations will be tested. The audit checklist consists of the ten outcomes from the Adequacy Standard.

### Reporting

The consolidated audit report prepared by State Records for tabling in Parliament will include the following elements:

- agency/authority name
- chief executive responsible
- level of cooperation afforded
- quality of evidence provided
- agency / authority adequate records management results (10 outcome scores)
- auditor's validation of scores
- reasons for variance between scores
- project improvements for the next 12-month period
- comments from Director State Records.

### Evidence

Evidence will be provided in some cases by a sample test of data and in other cases by 100% testing. The *creation of official records*, for example, will generally be sample tested, to give sufficient indication to form an opinion that this requirement is generally satisfied. In another example, assessing whether *security measures are in place* will usually require complete testing. Business requirements will include some sample testing, and some complete testing. The checklist for each outcome is to be found in **Attachment 4**.

Examples of testing for audit for the ten outcomes of the Adequacy Standard are as follows:

- |  |        |
|--|--------|
| • Functions and activities are identified              | 100%   |
| • A register of corporate recordkeeping systems exists | 100%   |
| • Security classifications are assigned to all staff   | 100%   |
| • Auditing the capture of records                      | sample |

Some business activities are more important than others due to their political, economic or commercial value. These may always require full testing, where others, known for their reliability, can be less demanding.

A full description of the tests is outlined in the Work instructions for auditor - Attachment 1.

Inspection of evidence for the audit process will be from the head office of the agency. Reviewing evidence in regional offices of metropolitan based agencies will only be undertaken under extenuating circumstances.

## Access restrictions

Auditing will require the cooperation of the agencies/authorities across South Australian State and Local Government. The audit process could sometimes be interpreted as invasive, and so access agreements should be completed between State Records and each of the 13 Government Portfolios and the Local Government Association. These agreements will accept and give authorisation to the agency/authority records manager and to the auditor, to access offices, to interview staff and to view records which may have security restrictions.

A sample of an access agreement is attached in **3.3 Access Agreement – Attachment 3**.

## Documentation

Documentation resulting from each audit will include the following:

- signed agreements
- completed checklist
- audit report
- commentary.

Individual commentary will be made about each agency/authority audited and this will be attached to the audit report. This will highlight those areas where further guidance or authority is needed, or where non-compliance indicates risk to the agency / authority. The comments, checklist and report will be documented during the audit process and delivered to State Records on completion.

The Auditor's report is the final step in the audit process. Corrective action and non-compliance will be documented directly to the checklists and these instances considered in compiling the audit report. Proforma for the **Audit Report** can be found in **Attachment 3**.

## Follow up

If compliance is not evident during the audit process, corrective action is recommended by the auditor and a follow-up visit to ensure this has been undertaken will be arranged and scheduled by the auditor and agency/authority records manager.

Feedback to the non-complying agencies/authorities from State Records will be given as soon as practicable after the audit, to confirm the areas where non-compliance was found. The date for the follow-up visit will also be confirmed at that stage.

Fair and reasonable time will be allowed for agencies/authorities to take such corrective action. If it is carried out and compliance is evident on the follow-up visit, then the audit opinion should reflect that full compliance is evident, without comment that a follow-up was necessary to achieve that.

If follow-ups are repeatedly necessary, however this will be commented upon in the audit report.

## **Audit Sequence**

The auditor/s will focus on a particular region to minimise the time spent travelling between agencies. The regions have been segmented and will be audited according to the following sequence:

- South East region
- Northern Metropolitan\*
- Mid North region
- Central Business District East^
- Northern region
- Southern Metropolitan\*
- Eastern region
- Central Business District West^

\* The Northern and Southern Metropolitan regions are separated by the River Torrens.

^ The Western and Eastern CBD are separated by King William Street.

## **Operative date**

This statement is operative in relation to the first audit period commencing on or after 1 July, 2005.

## Attachment 1: Work instructions – auditor

- Work Instruction No 1: Completing the audit checklist<sup>3</sup>
- Work Instruction No 2: Preparing qualified and unqualified audit reports
- Work Instruction No 3: Negotiating access agreements
- Work Instruction No 4: Inspecting records of evidence

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<sup>3</sup> See **Attachment 4**

## **Work Instruction No 1: Completing the audit checklist**

### **Purpose:**

This work instruction assists the auditor to complete the checklist attached.

### **Scope:**

The audit checklist needs to be completed in its entirety.

### **Responsibility:**

Responsibility for the accuracy of the information documented in the checklist resides with the auditor.

### **Process:**

The audit checklist reflects the 10 outcomes of the Adequacy Standard. The auditor is required to assess the documented Levels 3 – 5 for each of the 10 outcomes, as listed in the checklist.

The checklist identifies which items require complete testing and which require sample testing. The auditor is required to summarise the sampling method utilised in reaching their decision.

Where a requirement is not yet satisfied, a follow up visit will be documented in the checklist. This will enable State Records to make arrangements to assist the agency with corrective action and for further assessment beyond that.

The agency will be informed that a further assessment of specific requirements is to occur.

Once completed, the checklist is to be provided only to the Director, State Records. It is State Records' responsibility to communicate with the agency.

The auditor will maintain accurate time and attendance records for the duration of the audit for submission to State Records.

## Work Instruction No 2: Preparing qualified and unqualified audit reports

### Purpose:

This work instruction assists the auditor to complete the audit report<sup>4</sup>.

### Scope:

The audit report is either (1) standard and unqualified or (2) qualified. One of these will be completed and returned to the Director, State Records.

### Responsibility:

Responsibility for the accuracy of the information documented in the audit report resides with the auditor.

### Process:

Templates for the audit report are provided to the auditor. These are to be completed and returned to State Records.

In the case of the Qualified Audit Report, accurate information needs to be recorded as to the unsatisfactory nature of the records management for that agency. The deficient areas will be reflected in the checklists.

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<sup>4</sup> Templates for the report are in **Attachment 3**

## **Work Instruction No 3: Negotiating access agreements**

### **Purpose:**

This work instruction assists the auditor to negotiate access to work areas and record stores in order to conduct an assessment.

### **Scope:**

Records need to be audited from every functional area of the agency.

### **Responsibility:**

Responsibility for negotiating access to records and stores will reside with the Director, State Records.

### **Process:**

Arrangements for the audit to be conducted will be completed by State Records. The auditor will be requested to conduct an audit once these arrangements are complete.

A template for an **Access Agreement** is in **Attachment 3.3**.

## Work Instruction No 4: Inspecting records of evidence

### Purpose:

This work instruction assists the auditor to inspect and assess records with due care and sensitivity.

### Scope:

Due care needs to be given to every record inspected and every physical area entered.

### Responsibility:

Responsibility for the care of the records inspected during the audit process resides with the auditor.

### Process:

To audit the records management operations, the auditor will require access to record stores, records and documentation and electronic directory structures. In short, the auditor will have a level of access usually restricted to the system administrator.

When perusing records and electronic folders, the auditor is privy to documents that are sensitive due to:

- commercial confidences
- government confidences
- privacy matters.

They may sometimes be privy to matters, which could affect state or national security.

The auditor will provide reasonable levels of assurance to the agency that no information in the documentation is to be:

- copied or removed from files or computers
- divulged to any person internally or externally.

Although access agreements have been negotiated prior to the audit process, the auditor is required to confirm access to records, stores, persons and offices as the audit proceeds.

## Attachment 2: Procedures - agencies

The following procedures will assist the agency prepare for the audit. It will also expedite the duration of the audit process.

- Procedure No 1: Locate and prepare documentation for the audit
- Procedure No 2: Communicate with agency staff
- Procedure No 3: Conduct an inventory of control records
- Procedure No 4: Identify and gather compliance and establishment legislation
- Procedure No 5: Collate organisational chart and sample job descriptions
- Procedure No 6: Identify existence & locations of policy and procedure documentation
- Procedure No 7: Identify locations of recordkeeping systems
- Procedure No 8: Identify existence and location of records management documentation;
- classification
  - security model
  - user permissions
  - disposal schedules
  - access determinations
  - FOI statements
  - Inventory of inactive records and stores
  - Records management plan
  - Risk management plan
  - Vital records inventory
  - Disaster recovery plan
  - Training plan
- Procedure No 9: Prepare desktop /laptop PC for electronic record management testing
- Procedure No 10: Complete the Access Agreement

## **Procedure No 1: Locate and prepare documentation for the audit**

### **Purpose:**

This procedure assists the agency to locate and prepare documentation required for an audit of records management practice. The audit process will be expedited if this procedure is utilised.

### **Scope:**

This procedure has relevance across all ten outcomes in the Adequacy Standard.

### **Responsibility:**

Responsibility for carrying out this procedure resides with the records manager.

### **Definitions:**

Nil

### **Process:**

The Auditor will ask to inspect specific documentation that has been identified by State Records as that which will satisfy the requirements expressed in the Adequacy Standard.

The records manager or appointed liaison officer should have the following sets of records – or their alternatives - ready for inspection:

<b>Tools</b>	<b>Located Y/N</b>
Access determinations (approved by State Records)	
Accreditation – FOI	
Business analysis	
Business plan	
Business process mapping and revisions	
Contingency plan	
Corrective action records	
Delegation manual	

<b>Tools</b>	<b>Located Y/N</b>
Functional classification scheme	
Functional specification	
Guidelines and instructions	
Identification of records required	
Information management plan	
Information management strategy	
Instruction – workgroup level	
Internal audit report	
Job & person specifications	
Key performance indicators	
Performance reviews and reports	
Planning documentation	
Policy and reviews	
Procedures documentation	
Process documentation	
Proforma templates	
Quality assurance procedures	
Record format strategy	
Recordkeeping system & creation controls – version control, corporate templates, documentation	
Records disposal schedule - State Records Council approved	
Records management plan	
Records management strategy	
Records not covered by RDS	
Register of agreements	

<b>Tools</b>	<b>Located Y/N</b>
Register of disposal schedules	
Register of recordkeeping systems	
Register of records	
Register of vital records	
Report templates	
Report – Approval to destroy	
Report – Audit	
Report – Disposal actions	
Report – Intention to destroy	
Report – Lists of record transfers	
Report – Missing records	
Report – Records destroyed	
Report – Security breaches	
Report – Sentencing	
Risk assessment / risk management plan	
Role and responsibility statements	
Security model	
Storage facilities – independent assessment	
Storage – alignment with standard	
Strategic plan	
Self-assessment	
Thesaurus	
Training – awareness	
Training delivery documentation	
Training documentation referencing standards	

<b>Tools</b>	<b>Located Y/N</b>
Training documentation – competency checklists	
Training – induction	
Training plan	
User permissions	
Workflow mapping	

Having any of these tools available will expedite the audit however, it is not expected that agencies will have all of these tools developed.

The auditor will not require removing or copying any information from these records. A sighting is all that is required.

## Procedure No 2: Communicate with agency staff

### Purpose:

This procedure provides a communication strategy to ensure that all staff are aware that a records management audit will be conducted potentially in all areas and stores.

### Scope:

This procedure applies to all staff in the agency that may come into contact with the auditor, or the records or record stores being inspected.

### Responsibility:

Responsibility for this procedure resides with the agency chief executive officer.

### Definitions:

Nil

### Process:

While all staff will need to be aware that an audit is taking place, some staff will be responsible for assisting the auditor to locate and inspect records and systems. Each agency will need to target its communication materials to suit the agency's culture. However, each agency should use the following guide in framing those materials.

**Who you need to tell** – ensure that all relevant staff members are informed. The communication/s will request staff members to provide their cooperation and to make records available to the auditor at the requested time.

**What you need to tell them** – the benefits likely to appeal:

- the audit will help achieve the records management aims of the agency
- the audit will reveal a complete view of the agency's essential documentation – whether it is in place or not
- the audit will assist in providing a platform for eventual enterprise-wide knowledge management
- the audit will assist in achieving compliance and business continuity, and in avoiding litigation and loss of reputation.

**What you need to tell them** – potential concerns:

- if the audit results demonstrate the agency fails to achieve “adequacy”, it could suffer a negative profile within the SA Government – this needs to be managed by creating an appropriate expectation. Realistically, most agencies will not achieve adequacy until 2010. The audit provides a baseline from which agencies can demonstrate improvement over time.

**Communication materials and channels** – communications to staff can be affected through the following, in most cases using a mix of materials and channels:

- project team meeting – useful if the agency has a records management project current
- telephone
- email
- intranet
- briefing from executive or department head
- Follow-up communication with staff after the audit is completed should:
- thank them for their participation
- provide them with results
- advise staff of next steps / follow up action.

## Procedure No 3: Conduct an inventory of control records

### Purpose:

This procedure provides a process for identifying, locating and documenting the existence of control records in preparation for an audit.

### Scope:

This procedure applies to control records throughout the organisation.

### Responsibility:

Responsibility for this procedure resides with the records manager.

### Definitions:

*Control record:* Tools that provide control over records and recordkeeping systems. Includes classification schemes, indexes, registers, giving details of control numbers, titles, record abstracts, date ranges, records transferred to archives, destruction lists, details of file and document registration and disposal of electronic documents.

### Process:

The records manager needs to compile a list of control records the agency is likely to have created. The list of tools at **Procedure 1** will assist this task.

Once the list is complete, the records manager is required to discover the existence and location of the tools throughout the agency. This may require communications with staff to clearly describe what is sought.

The tools do not need to be printed if electronic, nor physically gathered in one location for inspection. However, a location map for all tools will target the work of the auditor.

Documenting the tools and their locations will be of benefit to the records manager beyond the audit.

## **Procedure No 4: Identify and gather compliance and establishment legislation**

### **Purpose:**

This procedure provides a process for an agency delegate to identify and gather compliance and establishment legislation.

### **Scope:**

This procedure is pertinent to the regulatory environment for the whole agency.

### **Responsibility:**

Responsibility for this procedure resides with the corporate policy manager for execution with overall responsibility residing with the agency chief executive.

### **Definitions:**

Nil

### **Process:**

Whilst the auditor will not require access to the individual documents, they will need to satisfy themselves that the agency is aware of its legislative and regulatory umbrella.

If your agency is constituted under legislation, its functions and powers will be outlined in the current version of its Act. The interpretation section of the Act will define important terms. The Act's notes and tables of amendments should be examined to determine whether the organisation's identity or business activities have been affected by legislative changes. For example, changes may cause new functions to come within the agency's jurisdiction, transfer functions to another agency, or abolish functions.

If your agency was not established by legislation, you may need to look at a variety of other sources to obtain information about its origins. These include:

- Administrative Arrangements Orders
- Charters
- Media releases
- Ministerial statements.

If sources relevant to your agency's origins are not available internally, you may need to refer to parliamentary papers, if the documents were tabled in Parliament.

The corporate policy manager for the agency therefore needs to have information about the location of, and access to, sources such as:

- annual reports, corporate plans and business plans
- legislation, standards and codes of practice, ministerial statements and media releases regarding the establishment of your agency

- personnel with high-level knowledge of the organisation
- the boundaries of your agency
- the legal framework that impinges upon the operations of your agency
- the internal and external stakeholders whose interests your agency takes into account
- the business, social and ethical standards the community expects your agency to meet
- the type of work carried out by your agency
- your agency's corporate culture.

Documenting this research in a structured fashion will help provide a foundation for other records management activities, and serve as a reference document for future projects beyond records management.

During the information-gathering phase it is useful to compile:

- a register of all sources used, and
- a set of notes for each source for verification or updating purposes.

## **Procedure No 5: Collate organisational chart and sample job descriptions**

### **Purpose:**

This procedure provides a process for identifying, locating and collating the existence of an organisational chart and samples of job descriptions.

### **Scope:**

This procedure applies to all positions in the agency/authority.

### **Responsibility:**

Responsibility for this procedure resides with the records manager.

### **Definitions:**

Nil

### **Process:**

An agency's corporate culture or 'personality' is the set of values, attitudes and beliefs shared by its members. It emerges from long-established practices, procedures, structures and systems. The terms used to characterise the 'way we do things around here' are often indicative of an organisation's culture.

The auditor will need to learn about the character of your agency to some degree. Some of the documentary sources, such as vision, mission and value statements, together with organisational structures and performance appraisal mechanisms may also provide useful information for analysing the corporate culture.

The human resources section of your agency will be able to direct you to the existence and locations of job descriptions.

An index or listing of the comprehensive collection of job descriptions for all positions will be required to be sighted.

## **Procedure No 6: Identify existence & locations of policy and procedure documentation**

### **Purpose:**

This procedure provides a process for identifying and preparing a register of policy and procedure documentation.

### **Scope:**

This procedure applies to all policy and procedures in the Agency.

### **Responsibility:**

Responsibility for this procedure resides with the records manager.

### **Definitions:**

Nil

### **Process:**

An index or listing of the comprehensive collection of policies and procedures for all functions will be required to be sighted.

The corporate policy manager of your agency will be able to direct you to the existence and locations of policy and procedures generally. However, each function of the agency should have guiding principles documented in policy and procedure. The heads of departments will know of their existence.

## Procedure No 7: Identify locations of recordkeeping systems

### Purpose:

This procedure provides a process for identifying and documenting the existence and location of recordkeeping systems throughout the agency.

### Scope:

This procedure applies to all recordkeeping systems.

### Responsibility:

Responsibility for this procedure resides with the records manager.

### Definitions:

Nil

### Process:

Many business systems in your agency may currently keep information as records. These systems include your correspondence system, personnel system and financial management system. Other systems may contain evidence of business activities that are not being managed as records, such as workflow programs, database applications, shared drives and web applications.

The information technology manager of your agency will be able to direct you to the existence and locations of recordkeeping systems generally. However, each business unit of the agency will have databases and drives in which documents are kept. These may or may not be recordkeeping systems.

Any of these systems that are likely to “make” records or “keep” records should be documented or mapped for sighting during the audit. This register or map has value beyond the audit. It lays the foundation upon which the records manager and IT manager can impose records management requirements upon new business information systems as they are developed or acquired.

The decision about whether these systems are recordkeeping systems will be determined by their capability to keep records that:

- are authentic – records are protected against unauthorised addition, deletion, alteration, use or concealment and the creation, receipt, transmission of records needs to be controlled to ensure that records creators are authorised and identified
- are reliable – it is possible to trust the content of a record as an accurate representation of the transaction to which it attests
- are complete and unaltered – it is possible to protect a record against unauthorised alteration and to monitor and track any authorised annotation, addition or deletion

- are useable – it is possible to locate, retrieve, render and interpret a record and understand the sequence of activities in which it was created and used for as long as such evidence is required
- have integrity – it is possible to implement control measures, such as access monitoring, user verification, authorised destruction, security and disaster mitigation to prevent unauthorised access, destruction, alteration or removal of records and to protect them from accidental damage or loss.

## **Procedure No 8: Identify existence and location of records management documentation**

### **Purpose:**

This procedure provides the records manager with a list of records management resources and tools, which will be required during the records management audit.

### **Scope:**

This procedure relates to all official records, all recordkeeping systems and all record stores.

### **Responsibility:**

Responsibility for this procedure resides with the records manager.

### **Definitions:**

Nil

### **Process:**

Some recordkeeping documentation will need to be sighted in its entirety. The list compiled below will satisfy a considerable number of the requirements in the 10 outcomes of the Adequacy Standard. It is not sufficient to attest to the fact that these tools exist. The auditor will require sighting these:

- classification scheme
- security model
- user permissions
- disposal schedules
- access determinations
- FOI statements
- inventory of inactive records and stores
- records management plan
- risk management plan
- vital records inventory
- disaster recovery plan
- training plan.

## **Procedure No 9: Prepare desktop / laptop PC for electronic record management testing**

### **Purpose:**

This procedure provides a process for preparing desktop/ laptop PC for an audit.

### **Scope:**

This procedure applies to all staff with access to a desktop/laptop PC.

### **Responsibility:**

Responsibility for this procedure resides with the records manager.

### **Definitions:**

Nil

### **Process:**

The audit process will involve checking specific electronic recordkeeping routines. These will require access to the recordkeeping database, perhaps in test mode. The records manager should arrange for this to be prepared prior to the audit.

Specific requirements will include:

- the use of and existence of personal recordkeeping systems is prohibited for the capture of official records
- official records are assigned unique identifiers
- staff are informed and actively capture records relevant to their business activities and responsibilities within the agency into the appropriate recordkeeping systems
- non-official records are not captured into appropriate recordkeeping systems
- all records are covered by disposal schedules
- no illegal destruction occurs
- information privacy principles are adhered to for both paper based and electronic records
- appropriate security classifications (clearances) are assigned to all staff for accessing official records
- all official records have controls and locations and tools exist to manage them
- the agency is able to control the location of “foreign” records it receives
- the location has a unique identifier
- access to tools to search for record locations is assigned
- standard classification schemes for uniquely identifying records are established across the agency
- electronic records are captured and stored in such a way that users have read-only access

- storage media and related technologies and practices for maintaining electronic records are specified, designed, operated and maintained so that records cannot be altered without due permission
- recordkeeping systems and storage facilities are protected from unauthorised access, destruction or theft or from accidental damage by fire, flood or vermin
- audit trails for unauthorised access or alteration to records whether electronic or paper based are maintained and routinely checked
- RM functionality exists within new business systems.

## Procedure No 10: Complete the access agreement

### Purpose:

This procedure provides a process for authorising State Records to access official records, all recordkeeping systems, all record stores, all desktop/laptop PCs and all staff.

### Scope:

This procedure applies to all staff, record stores, records and recordkeeping systems in the agency.

### Responsibility:

Responsibility for this procedure resides with the agency/authority's chief executive officer.

### Definitions:

Nil

### Process:

**Attachment 3.3** refers to a standard form "**Access Agreement**" to be completed before the commencement of the audit. It is necessary to arrange access to records, recordkeeping systems, record stores and staff for both the records manager and the auditor.

Access will allow the auditor to gather sufficient information to form an opinion of the recordkeeping operations and their adequacy.

The records manager will ensure that all accesses are arranged two weeks prior to the audit. People and processes involved in the audit need to be reassured that their day-to-day work practices will not be unduly interfered with.

The records manager will maintain a list of permissions granting access, and provide copies of the list to the auditor and to State Records prior to the audit. Additional accesses required during the audit will be requested i.e., only those pre-arranged accesses can be granted.

## Attachment 3: FORMS

### Attached templates:

3.1 Audit report template - Standard unqualified audit report

3.2 Audit report template - Qualified audit report

3.3 Access agreement

### 3.1 Audit report template - Standard unqualified audit report

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TITLE: AUDITOR'S REPORT

ADDRESS: To the Director,  
State Records SA

SCOPE: I have audited the Records Management operations of [name of Agency] for the period ended [.....date.....]. The Adequate Records Management Policy of State Records requires that all agencies / authorities be responsible for Adequate Records Management. This audit has reviewed the following agency / authority:

AGENCY/AUTHORITY

.....  
.....  
.....

The audit has been conducted in accordance with the State Records Auditing Program, 2004. The procedures include examination on a test basis, of evidence supporting Adequate Records Management. The audit opinion expressed in this report has been formed on the above basis.

OPINION: In my opinion, the following elements of the organisation's records management operations satisfy the Adequate Records Management Standard Outcomes *{insert appropriate outcome numbers}* as at *{insert date}* and the results of its operations for the period then ended, are in accordance with the State Records Auditing Program, 2004.

Relevant checklists are attached for your communication and reporting to the agency Chief Executive Officer.

<b>Agency Scorecard</b>		
<i>Outcome</i>	<i>Agency Score</i>	<i>Auditor - Validation Comments</i>
1: Creation		
2: Capture		
3: Disposal		
4: Access		
5: Locatability		
6: Reliability		
7: Planning		
8: Training		
9: Reporting		
10: Policy		

SIGNATURE: ..... [ .....NAME.....]

Independent Auditor

DATE: .....

(date audit work is completed)

### 3.2 Audit report template - Qualified audit report

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TITLE: AUDITOR'S REPORT

ADDRESS: To the Director,  
State Records SA

SCOPE: I have audited the Records Management operations of [name of Agency] for the period ended [.....date.....]. The Adequate Records Management Policy of State Records requires that all agencies / authorities be responsible for Adequate Records Management. This audit has reviewed the following agency / authority:

AGENCY / AUTHORITY

.....  
.....  
.....

The audit has been conducted in accordance with the State Records Auditing Program, 2004. The procedures include examination on a test basis, of evidence supporting Adequate Records Management. The audit opinion expressed in this report has been formed on the above basis.

OPINION: In my opinion, the records management operations do not yet satisfy the Adequate Records Management Standard Outcomes *{insert appropriate outcome numbers}* as at *{enter date}* and the results of its operations for the period then ended, are not yet in accordance with the State Records Auditing Program, 2004.

- Insufficient evidence was available to complete the audit.
  
- Specific exceptions to the audit are indicated on the checklist
  
- Corrective action has been requested
  
- Follow up visit has been scheduled with the agency

Relevant checklists are attached.

SIGNATURE: ..... [.....NAME.....]

Independent Auditor

DATE: .....

(date audit work is completed)

### 3.3 Access agreement

Agreement between Agency and State Records

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TITLE: AUDITOR'S REPORT

ADDRESS: To the Chief Executive Officer,  
[Agency name]

State Records is pleased to confirm the Adequate Records Management audit to be conducted on .....[date].....for [Agency name]. This letter is to confirm the understanding that the audit will be conducted pursuant to the State Records Adequacy Standard, with the objective of expressing an opinion on the adequacy of your records management.

Our procedures will include examination, on a test basis, of evidence supporting the ten outcomes in the Adequacy Standard. In addition to our report on the recordkeeping operations, we expect to provide you with a separate letter concerning any weaknesses that come to our notice.

The Auditor will review the degree to which:

- |                         |  |
|-------------------------|--|
| 1. Records are created  | 6. Records are reliable  |
| 2. Records are captured | 7. Records management is planned                                       |
| 3. Records are disposed | 8. Records staff are trained   |
| 4. Records are accessed | 9. Records management is reported                                      |
| 5. Records are found    | 10. Records management policies practices and procedures are developed |

- in accordance with the State Records' Adequacy Standards.

We remind you that the responsibility for the complete preparation of the records management report including adequate disclosure is that of the [Agency name]. The conduct of the audit means that information acquired by us in the course of the audit is subject to

strict confidentiality requirements. We advise you that by signing this letter you acknowledge State Records duty of care in the process undertaken by our Auditor.

It is requested that the [Agency name] Records Manager and the State Records Auditor are granted access to relevant offices, to relevant record stores and to interview staff to obtain information to form an opinion of your records management operations. Accesses will be pre-arranged and will not interfere unduly with the normal day to day work of the Agency. Accordingly, the Auditor will maintain a schedule of permissions for this purpose.

We look forward to full cooperation with your staff and we trust that they will make available to us whatever records, documentation and other information are requested in connection with our audit. If your agency has not completed a Self-assessment of its current records management practices, which details the evidence sighted to substantiate the score for each Adequate Records Management Outcome, then a fee will be charged to undertake an audit. The fee will be billed at the completion of the work, and is based on the time required by the individuals assigned to the engagement.

Yours faithfully,

*(signed)*

*(signed)*

Director, State Records.

Name and title (for the Agency)

## Attachment 4: AUDIT CHECKLIST

The auditing checklist comprises Levels 3-5 for each of the 10 outcomes from the Adequacy Standard. This should remain a “live” document, and be updated in accord with any changes to the standard. **Work Instruction No. 1** relates to the completion of the checklist by the auditor.

Outcome	Evidence	Compliance Y/N	Currency	Corrective action required Y/N	Follow-up [date]
<b>Outcome 1: Official records are created in all appropriate circumstances</b>					
<i>Defining and documenting good practice</i>					
Register of official records required by the agency / authority is developed and maintained.					
The agency clearly differentiates between official records and non-official/personal records.					
Instances where an official record must be made on purpose because conducting a transaction does not, by itself, generate a record are documented.					

Outcome	Evidence	Compliance Y/N	Currency	Corrective action required Y/N	Follow-up [date]
The functions and activities of the Agency, which require official records to be made, are identified and documented.					
<i>Establishing consistent good practice</i>					
Legislative and administrative requirements for creation are documented.					
Responsibility for creation is assigned.					
Business processes are reviewed to map creation requirements.					
Staff are informed of their obligations and needs with respect to record creation.					
The creation of official records is routinely monitored and corrective action taken accordingly.					

<b>Outcome</b>	<b>Evidence</b>	<b>Compliance</b> Y/N	<b>Currency</b>	<b>Corrective action required</b> Y/N	<b>Follow-up [date]</b>
Staff are informed and actively create records relevant to their business activities and responsibilities within the agency.					

Outcome	Evidence	Compliance Y/N	Currency	Corrective action required Y/N	Follow-up [date]
<b>Outcome 2: Official records are captured into corporate recordkeeping systems upon creation or receipt or as soon as practicable afterwards</b>					
<i>Defining and documenting good practice</i>					
A register of corporate recordkeeping systems is developed and maintained.					
The use of and existence of personal recordkeeping systems is prohibited for the capture of official records					
<i>Establishing consistent good practice</i>					
Legislative and administrative requirements for capture are documented.					
Responsibility for capture is assigned.					
Business processes are reviewed to map capture requirements.					

Business transactions are mapped.					
Staff are informed of their obligations.					
Official records are assigned unique identifiers.					
The capture of official records is routinely monitored and corrective action taken accordingly.					
Staff are informed and actively capture records relevant to their business activities and responsibilities within the agency into the appropriate recordkeeping systems.					
Non-official records are not captured into appropriate recordkeeping systems.					

Outcome	Evidence	Compliance Y/N	Currency	Corrective action required Y/N	Follow-up [date]
<b>Outcome 3: All official records of the agency are disposed of in accordance with provisions of the State Records Act 1997</b>					
Agencies conduct an audit of the operational disposal schedules that exist and whether these are current					
Agencies identify and document which records are not covered by any existing and current disposal schedules.					
Agencies develop new disposal schedules or update existing disposal schedules to cover all operational records and start applying GDS to administrative records.					
Where disposal has not occurred, backlog sentencing is conducted and permanent and temporary records are identified.					
A disposal program is developed.					

Responsibility for disposal is assigned.					
All records are covered by disposal schedules.					
Routine sentencing and disposal programs are followed.					
The disposal program is coordinated.					
Staff are informed of their obligations.					
No illegal destruction occurs.					
Registers are kept for records destroyed and in off site storage.					
Business processes are reviewed to map disposal requirements.					

Outcome	Evidence	Compliance Y/N	Currency	Corrective action required Y/N	Follow-up [date]
<b>Outcome 4: All access to official records takes place in a managed manner using prescribed policies and procedures</b>					
Specific sensitivities relating to certain records are identified and documented.					
Responsibility for access is assigned.					
Requests for access are assessed.					
Security issues are identified and documented.					
Access doesn't compromise reliability.					
Commercial confidentiality agreements are identified and documented.					
Processes are developed for seeking legal advice where access may expose the agency to legal liabilities.					

Access determinations for records already in custody of State Records are developed by the agency.					
FOI Statements are returned on time					
Information Privacy Principles are adhered to for both paper based and electronic records.					
Appropriate security classifications (clearances) are assigned to all staff for accessing official records.					

Outcome	Evidence	Compliance Y/N	Currency	Corrective action required Y/N	Follow-up [date]
<b>Outcome 5: Specific official records can be found upon demand or with the minimum extra effort</b>					
<i>Defining and documenting good practice</i>					
The agency is able to distinguish between records that are active, semi-active and inactive and stores such records accordingly.					
Off-site storage is managed.					
Responsibility for storage is assigned.					
All official records have controls and locations and tools exist to manage them.					
The agency is able to control the location of “foreign” records it receives.					
The location has a unique identifier.					

Access to tools to search for record locations is assigned.					
Storage facilities whether on-site or off-site comply with State Records and/or national best practice standards.					
The ability to locate records is monitored and routinely audited.					
Standard classification systems for uniquely identifying records are established across the agency.					

Outcome	Evidence	Compliance Y/N	Currency	Corrective action required Y/N	Follow-up [date]
<b>Outcome 6: Agencies shall implement measures to ensure the reliability of their official records as evidence of their business</b>					
Electronic records are captured and stored in such a way that users have read-only access.					
Storage media and related technologies and practices for maintaining electronic records are specified, designed, operated and maintained so that records cannot be altered without due permission.					
Recordkeeping systems and storage facilities are protected from unauthorised access, destruction or theft or from accidental damage by fire, flood or vermin.					
<i>Establishing consistent good practice</i>					

The authority to alter or correct records is assigned.					
The responsibility for reliability of records is assigned.					
Procedures have been developed for when records have been altered or updated without approval.					
Senior management is required to authorise remedial action following unauthorised alterations.					
The agency has a risk management plan in place.					
The authority to certify reliability of records has been assigned.					
Security measures are in place with business and record systems.					
Audit trails for unauthorised access or alteration to records whether electronic or paper based are maintained and routinely checked.					
Any required corrective action is taken accordingly.					

Outcome	Evidence	Compliance Y/N	Currency	Corrective action required Y/N	Follow-up [date]
<b>Outcome 7: Records management shall be managed and planned in a strategic and corporate manner</b>					
A survey of existing recordkeeping systems and their location within the agency is conducted and documented.					
The degree of RM functionality and compliance with State Records and/or national standards is analysed.					
Corporate recordkeeping systems are modified or created to meet compliance requirements.					
Records management deliverables and objectives are clearly defined for the immediate planning period (1-2 years).					
The responsibility for management of all official records is assigned.					

<b><i>Breaking through to best practice</i></b>					
Records management is included in agency strategic planning process and the agency business plan.					
A corporate RM plan is developed and authorised and reviewed by senior management.					
Vital records are identified.					
The corporate RM plan applies to all records and formats.					
There is a disaster recovery plan for official records.					
Structured recordkeeping systems are in place.					
RM functionality exists within new business systems.					
The responsibility for management of all official records is assigned.					

Outcome	Evidence	Compliance Y/N	Currency	Corrective action required Y/N	Follow-up [date]
<b>Outcome 8: All staff within Agencies shall receive training on records management as outlined in the agency's records management training plan</b>					
<i>Defining and documenting good practice</i>					
Fundamental records management has been incorporated into agency induction programs aimed at all staff.					
General awareness of and understanding of records management responsibilities and practices is incorporated into all job and person specifications.					
A records management training plan is in place.					
The RM competency levels for senior managers, RM practitioners and all other staff are identified.					

Staff receive training about the agency's RM policies, procedures and practices.					
Staff have an understanding of relevant legislative and administrative instruments and are trained in the use of tools.					
The responsibility for designing and providing Records Management training is assigned.					
RM training is reviewed regularly.					
Records Management training and skills are auditable against recognised State or national competency standards for records managers.					

Outcome	Evidence	Compliance Y/N	Currency	Corrective action required Y/N	Follow-up [date]
<b>Outcome 9: Agencies shall implement reporting mechanisms and progress in order to keep senior management informed about records management</b>					
<i>Defining and documenting good practice</i>					
Report templates for documenting reviews of various Records Management practices are developed and approved by senior management.					
Reporting to senior management is assigned.					
<i>Establishing consistent good practice</i>					
Regular review reports on RM practices are received by senior management.					

Benchmarks are developed for measuring Records Management operational effectiveness.					
<i>Breaking through to best practice</i>					
Benchmarking to State Records and/or national standards and systematic measurement is in place.					
Managers are accountable for records management objectives and performance levels.					

Outcome	Evidence	Compliance Y/N	Currency	Corrective action required Y/N	Follow-up [date]
<b>Outcome 10: All agencies shall develop and implement records management policies, procedures and practices</b>					
<i>Defining and documenting good practice</i>					
A gap analysis is conducted to determine what policies, procedures and practices are required which do not currently exist.					
A review of existing policies and practices is conducted to determine the degree of comprehensiveness and effectiveness.					
Processes and practices are examined within the organisational culture context.					

<b><i>Establishing consistent good practice</i></b>					
Development and review of policies and procedures is assigned.					
Version control over policies and procedures is implemented.					
Policies and procedures are widely distributed to all staff.					
<b><i>Breaking through to best practice</i></b>					
Policies, procedures and practices are developed for Records Management covering all record formats.					
Policies, practices and procedures are known and are available to all staff.					
Policies, procedures and practices are authorised by senior management and are regularly reviewed.					