

Document Name:	
Years Relating:	
Scanned to Drive:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Further Information: (if required)	

Retention & Data Protection

Does it include Personal Data:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Retention Period:	Months. Years
Destruction Date:	/ /

Destruction of Data Record

Destruction Date:	
Type:	Shredded <input type="checkbox"/> Incinerated <input type="checkbox"/>
By Whom	
Signed:	

Keep this record for GDPR evidence requirements