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| Approved Public Record Office Storage Provider Annual Attestation Form |  |
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Information before you begin:

1. Complete a separate form for every APROSS site.
2. Forms must be lodged with PROV ([standards@prov.vic.gov.au](about:blank)) by 31 October each year.

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| **Storage site location** | **Date appointed** | **Certificate No.** |
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| **When did you last attest for this site?** | **Date** |
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| **Since the last attestation has any of the following occurred at this site?** | | **Yes** | **No** |
| **1.** | **Have there been any major structural changes to your building?** |  |  |
| **2.** | **Have the purpose and function of your operations changed?** |  |  |
| **3.** | **Have there been any issues/incidents which have affected or may affect public records? For example:**   * **Major structural damage to the facility** * **Disasters or incidents leading to the damage or destruction of public records** * **A major issue with the facility’s ability to locate and retrieve records** * **Any issues or incidents affecting the security of the records.** |  |  |
| **4.** | **Have there been any incidents where you have needed to activate your disaster plan?** |  |  |
| If you have answered yes to any of the above questions, you should attach relevant documents to this form containing further details of the change/s and / or incident/s. | | | |

{Form continues on page 2}

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| **When was the last whole of site risk assessment undertaken?** | **Date** |
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| **When was your last Business Continuity / Disaster Plan last reviewed?** | **Date** |
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| **When was this plan last tested?** | **Date** |
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| **Details of your company’s APROSS contacts** | | | |
| **Victorian Director (or equivalent) contact name** | **Position** | **Email** | **Phone no.** |
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| **Primary contact name** | **Position** | **Email** | **Phone no.** |
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| **Secondary contact name** | **Position** | **Email** | **Phone no.** |
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| DECLARATION  I, (name), on behalf of (company), declare that for (previous year), the storage area and facilities listed above has been inspected and assessed for compliance with the requirements of the *APROSS Specification* (PROS 20/02 S1), and I attest that the storage areas and/or facilities continue to operate within any limitations or restrictions contained in the certification.  Company:  ABN:  Name:  Position:  Date: /20 |

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