

DEPARTMENT OF GENERAL SERVICES  
RECORDS MANAGEMENT PROGRAM

SCHEDULE  
NUMBER 2100

RECORDS RETENTION AND DISPOSAL SCHEDULE

PAGE 1 of 1

DEPARTMENT OF HEALTH & MENTAL HYGIENE  
Office of the Secretary

(Applies to All DHMH Units including DHMH Facilities, Boards & Commissions, and Local Health Departments)

Item No.	Record Series Description	Retention
1.	<p>DHMH Year 2000 (Y2K) Program Record Series (Only one copy of any item is to be placed in storage. This schedule includes paper, film, electronic, and magnetic media.)</p> <p><u>Y2K Program Planning, Development, Implementation, and Evaluation Materials</u></p> <p>Includes event chronology and schedules, plans, meeting minutes, notes, handouts, charts, displays, presentations, property assessments, educational and training materials, correspondence, disaster plans, risk management matrices, progress reports, security plans, and other documentation related to the DHMH Y2K Program.</p>	<p>Retain in office until no longer active and all oversight responsibilities are completed. Transfer to Records Center for storage until January 2004.</p>
2.	<p><u>Procurement, Fiscal Management Materials</u></p> <p>One copy of relevant contracts including TOMA's, RFP's, IFB's, change orders, specifications, reports, schedules, all (non-hardware) deliverables, software, assessments, certifications, etc.</p> <p>One copy of Y2K Fiscal Materials including budget estimates, accounting records, invoices, receipts, progress payments, accounts payable, time sheets, internal audit reports, etc.</p> <p>(Note: Do not compromise existing document control or accountability systems to provide original material to this records series. Copies or reference documentation are sufficient if original materials must be maintained elsewhere).</p>	<p>Retain in office until no longer active and all audits are completed. Transfer to Records Center for storage until July 2005.</p>
3.	<p><u>Y2K History File</u></p> <p>One copy of Final Report, one copy of any DHMH Y2K publications, valuable or significant materials such as awards, trophies, certificates, photos, etc. One copy of any microfilm, compact disks, etc.</p>	<p>Transfer to DHMH History File for permanent retention. Periodically send to Archives.</p>

APPROVED BY: (DHMH Official)

DATE: JUL 18 2000

SIGNATURE Georges C. Benjamin

NAME/TITLE: Georges C. Benjamin, M.D., Secretary

AUTHORIZED BY: (State Archivist)

DATE: SEP 15 2000

SIGNATURE: Edward C. Papenfuse, Jr.

NAME/TITLE: Edward C. Papenfuse, Jr., State Archivist

DHMH Instructions - Screen non-record materials and list separately. Type or print a separate inventory form for each Record Series identified. Each Record Series must also be listed on a Schedule. Forward all Records Inventory forms with the proposed Records Retention Schedule (DGS 550-1) to the DHMH Records Management Officer thru your Records Coordinator.

DEPARTMENT OF GENERAL SERVICES  
STATE RECORDS CENTER  
7275 WATERLOO ROAD  
P.O. BOX 275  
JESSUP, MARYLAND 20794  
(410) 799-1379

AGENCY RECORDS INVENTORY

PAGE 1 OF 3

1. Department/Agency

DEPT OF HEALTH & MENTAL HYGIENE

2. Office/Administration/Division

Office of the Secretary

3. Unit or Section

DHMH-WIDE

DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.

4. Record Series Title

Y2K Program Planning, Dev't, Implementation Evaluation

5. Earliest Year/Latest Year

\_\_\_\_\_ to \_\_\_\_\_

6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)

event chronology, schedules, plans, meeting minutes, notes, handouts, charts, displays, presentations, assessments, training materials, disaster plans, risk mgmt matrices, progress rpts, security plans, etc.

7. Record Series Format(s)

- Letter Size
- Legal Size
- Bound Book
- Audio Tape
- Other (specify) All
- Microfilm
- Computer Tape
- Floppy Disk
- Video Tape

8. Record Series Sequence

- Alphabetical
- Numerical
- Chronological
- Geographical
- Other (specify) \_\_\_\_\_

9. Volume

- File Drawer(s)
  - Microfilm Reel(s)
  - Computer Tape(s)
  - Other (specify)
- Number \_\_\_\_\_

10. Annual Accumulation

- File Drawer(s)
  - Microfilm Reel(s)
  - Computer Tape(s)
  - Other (specify)
- Number \_\_\_\_\_

11. File is Used

- Daily
- Weekly
- Monthly

12. File Becomes Inactive After

- 1 Number
- Month(s)
- Year(s)

13. Current Location(s) (Bldg., Floor, Room)

AH- HA - FAC'S, LHD'S

14. Is Record Series Duplicated Elsewhere?

- (If yes, specify agency or office)
- Yes
- No portions may be

15. Access Restrictions  Yes  No  
(If Yes, cite Law(s) & Regulation(s))

16. Audit Requirements

- None
- State
- Federal
- Independent

17. Is an Index System used?

(If yes, explain briefly and describe any hardware/software requirements)

- Yes
- No

18. Recommended Retention

Y2K PPDIE - retain until no longer active and all oversight responsibilities are accomplished - Store until 2004

19. Name and Title of Preparer

Tom Krawitz, Administrator

20. Room Number

6C-5

Telephone Number

5934

21. Date

6/26/00

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				PAGE <u>2</u> OF <u>3</u>	
1. Department/Agency <b>DEPT OF HEALTH &amp; MENTAL HYGIENE</b>		2. Office/Administration/Division <i>OCT-RAM Secretary</i>		3. Unit or Section <i>DHMH-WIDE</i>	
DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.					
4. Record Series Title <i>Y2K Procurement &amp; Fiscal Mat Materials</i>				5. Earliest Year/Latest Year _____ to _____	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) <i>Contracts. (TOMA's, RFP's, IPB's, Change orders, specs, rpt's, schedules, etc)</i>  <i>Fiscal materials such as budget estimates, accounting records, invoices, receipts, audits, etc.</i>  <i>Do NOT compromise control systems to document this file. Copies are sufficient.</i>					
7. Record Series Format(s) <input type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input checked="" type="checkbox"/> Other (specify) <u>All</u>		8. Record Series Sequence <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____		9. Volume _____ Number <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____	
11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly		12. File Becomes Inactive After <u>6</u> Number <input checked="" type="checkbox"/> Month(s) <input type="checkbox"/> Year(s)			
13. Current Location(s) (Bldg., Floor, Room) <i>All units</i>		14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office) <u>FSA has contracts</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
15. Access Restrictions <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, cite Law(s) & Regulation(s))		16. Audit Requirements <input type="checkbox"/> None <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent			
17. Is an Index System used? (If yes, explain briefly and describe any hardware/software requirements) <input type="checkbox"/> Yes <input type="checkbox"/> No		18. Recommended Retention <i>Hold to FY 2006</i>			
19. Name and Title of Preparer <i>Tom Kravitz</i>		20. Room Number <u>2C-5</u> Telephone Number <u>5934</u>		21. Date <u>6/26/00</u>	

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Y2K History file

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\_\_\_\_\_ to \_\_\_\_\_

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- Bound Book
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- Daily
- Weekly
- Monthly

12. File Becomes Inactive After

- Number \_\_\_\_\_
- Month(s)
- Year(s)

13. Current Location(s) (Bldg., Floor, Room)

201 W Preston, DHMH FACILITIES, LOCAL HLTH DEPTS.

14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office)

- Yes
- No

15. Access Restrictions

- Yes
  - No
- (If Yes, cite Law(s) & Regulation(s))

16. Audit Requirements

- None
- State
- Federal
- Independent

17. Is an Index System used?

(If yes, explain briefly and describe any hardware/software requirements)

- Yes
- No

18. Recommended Retention

Permanent - In House -  
Screen periodically - transfer older material to Archives, if appropriate

19. Name and Title of Preparer

Tom Krawitz, Administrator

20. Room Number

44-5

Telephone Number

5934

21. Date

6/26/00