

## RECORDS RETENTION AND DISPOSAL SCHEDULE

**DEPARTMENT OF HEALTH & MENTAL HYGIENE  
GENERAL SERVICES ADMINISTRATION**

Item No.	Series Title and Description of Records	Authorized Retention Period
	<p>This schedule supersedes the following schedules that are now obsolete: 1302, 1425, 1438 and 1650.</p>	
	<p><b><u>Section I- Director's Office</u></b></p>	
1	<p><b>GENERAL SUBJECT FILES</b> Arranged alphabetically by subject, these files consist of a collection of subject folders on topics of concern or interest to the Director and staff. May include mail received by this office, reference materials, e-mails and printed web site information, professional association materials such as engineering or architectural society newsletters, CEU courses, materials handling, communications, and others, located throughout the Administration offices.</p>	<p>1. Screen periodically, removing obsolete materials and replacing updated items. Large volume files may be divided into annual folders. Retain in office until no longer needed, then destroy.</p>
2	<p><b>PROGRAM MANAGEMENT RECORD SERIES</b> Copies of weekly, monthly, quarterly and annual reports, status reports on ongoing projects, copies of reports prepared for executive management, or to comply with requirements of regulations, policies or other guidelines, and other management documents.</p>	<p>2. Maintain an annual folder for each type of document. Retain current year and four previous years folders, then destroy. May be moved to inactive storage or the Records Center when no longer needed in office.</p>
3	<p><b>PROGRAM DEVELOPMENT &amp; HISTORY FILE</b> Consists of information screened from other files which illustrate the development of DHMH or the Administration, including one copy of all of the Administration's publications, brochures, news articles, awards, photos, developments-including renovations and new building openings, etc.</p>	<p>3. Retain permanently. Periodically transfer to State Archives.</p>
	<p><b><u>Section II-Division of Engineering &amp; Maintenance</u></b></p>	
4.	<p><b>PLANS REVIEW - DRAWINGS AND SPECS</b> Consists of plans of nursing homes and medical care facilities, both public and private, which are submitted for review and approval by architects, engineers, fire marshals, etc.</p>	<p>4. Retain mark-up drawings and specifications in office until updated or no longer needed, then destroy. Retain as-built drawings and specs until superseded or until the project is no longer under DHMH review authority, then dispose of accordingly (e.g., transfer to new owner, destroy ).</p>

APPROVED BY: (DHMH Official) DATE: APR 13 2005

SIGNATURE: 

NAME/TITLE: Howard Jones, Director

AUTHORIZED BY: (Archives) DATE: JUN 02 2005

SIGNATURE: 

NAME/TITLE: Edward C Papenfuse, Jr, STATE ARCHIVIST

DEPARTMENT OF GENERAL SERVICES-STATE RECORDS CENTER  
**RECORDS RETENTION AND DISPOSAL SCHEDULE**

SCHEDULE #  
 2335

PAGE 2 OF 4

**DEPARTMENT OF HEALTH & MENTAL HYGIENE  
 GENERAL SERVICES ADMINISTRATION**

Item No.	Series Title and Description of Records	Authorized Retention Period
<b><u>Section II-Division of Engineering &amp; Maintenance</u></b>		
5	<p><b>PROGRAM MANAGEMENT SERIES- DHMH Facilities</b>                      Consists of program files (not individual projects) for various initiatives such as asbestos management, energy conservation, environmental compliance, OSHA compliance, security, etc. May include monthly reports, setting priorities, coordination and implementation directives, etc</p> <p>A. TYPE I -Routine Programs -Operating Budget Projects</p> <p>B. TYPE II- Capital Budget / Infrastructure Type Projects                      Life Safety Program, HVAC upgrade, etc.</p>	<p>5. Screen files periodically, removing duplicates and early versions of documents when no longer needed.                      Large files may be subdivided into annual folders. Move files more than three (3) years old to an inactive file, if no longer in use.</p> <p>A. Transfer inactive records to the Records Center for three (3) additional years retention then destroy.</p> <p>B. Transfer inactive records to the Records Center for ten (10) additional years then destroy if no longer needed.</p>
6	<p><b>PROJECT FOLDERS</b>                      Filed by Project Number or Facility/Building Name, these folders may contain some of the following information:                      ...Bid Documents, contracts, change orders, amendments                      ...Project Justification Form                      ...Specifications, drawings, maps, sketches                      ...Blueprints, photos/digital graphics files                      ...Progress charts, tracking forms, interim and final reports                      ...Copies of estimates, budget information, etc.</p> <p>A. TYPE I- Routine Projects- Operating Budget Projects</p> <p>B. TYPE II- Capital/Infrastructure Project</p>	<p>6. Upon completion of project, screen file for duplicates or superseded copies, working papers including notes, estimates / projections that are no longer needed, then destroy items removed. HOLD all records on projects that are terminated or whenever potential legal action may be anticipated.</p> <p>A. Retain in office for three (3) years after completion, then transfer to Records Center for three (3) more years, then destroy.</p> <p>B. Retain in office for three (3) years after completion. Transfer to the Records Center for twenty-two (22) more years, and then destroy files that are no longer needed.</p>
7	<p><b>DEM REPORT FILE SERIES</b>                      Weekly, Monthly and Annual Reports on project justifications, operating budget projects, capital budget projects, life safety projects, asbestos projects, energy program, etc.</p>	<p>7. Maintain annual folders for each report. Retain files in house for five (5) years, and then destroy.</p>

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DEPARTMENT OF HEALTH & MENTAL HYGIENE  
GENERAL SERVICES ADMINISTRATION

Item	Series Title and Description of Records	Authorized Retention Period
8	<p><b><u>Section III - Central Services Division</u></b>  <b>Warehouse Management</b>            A. Receiving documents            B. Self-service store receipts, charge backs            C. FMIS pick ticket receipts for ordered items            D. Warehouse Inventory records, value reports</p>	8. File in monthly or annual folders. Retain for six (6) years, then destroy.
9	<p><b>Inventory Management</b>            A. Inventory Transaction Reports-adds, deletes, transfers            B. Excess Property Disposal Orders             C. Reports of Stolen or Missing Property            D. Annual Report of Fixed Assets            E. Inventory Audit reports</p>	<p>9 A -B. Retain in office for two (2) years; transfer to records center for four (4) years, then destroy.</p> <p>9 C-E. Retain for ten (10) years then destroy.</p>
10	<p><b>Building Services</b>            A. Space Management File Series-                • Requests for Leased Space                • Lease Files and support documentation.             B. Parking Permit Files include applications, car pool requests, medical parking permit requests with doctors' certifications, waiting lists, database of extracted information, etc.             C. Miscellaneous Services (Copy center, shredding, UPS, records transfers, etc.) Equipment service records, meter readings, charge backs, package receipt logs, shipping papers, temporary help / SUI paperwork, transmittals etc.             D. Emergency Evacuation Plans-Emergency Contacts, Business Continuity Plan, Police Incident Reports, etc.             E. Miscellaneous Project Files- Unit relocations, modular furniture installations, carpet installation, security upgrades, CAD Files,             F. Employee Separation Clearance Forms- copy of sign off sheet for employee separation.</p>	<p>10 A. Retain unapproved requests for three years, and then destroy. Approved requests become part of the Lease Files, which are retained in office for two (2) years after becoming inactive, then transferred to the records center for four (4) more years. Then destroy.</p> <p>10 B. Retain in active file as long as applicants are employed with DHMH, then move to inactive file and retain for one (1) year then destroy.</p> <p>10 C. Destroy working papers when no longer needed. Retain documentation four (4) years and until audit requirements are met, then destroy.</p> <p>10 D. Retain active files until superseded or complete then move to inactive. Retain inactive three (3) years and then destroy.</p> <p>10 E. Retain in office for three (3) years; transfer to records center for four (4) more years and then destroy.</p> <p>10 F. Retain a copy of all sign off sheets in office for (3) three years and then destroy.</p>

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DEPARTMENT OF HEALTH & MENTAL HYGIENE  
GENERAL SERVICES ADMINISTRATION

Item	Series Title and Description of Records	Authorized Retention Period
11	<p><b>Telecommunications Series</b></p> <p>A. Telephone service plans, requisitions, 800-# accounts, monthly call logs and bills, conference calls logs, PBX billing, TSR's, unit coordinator list, etc.</p> <p>B. Cellular phone service plans, logs of DHMH cell phone numbers, Unit Coordinator list, justification forms, acceptance forms, requisitions, call logs/bills, vouchers, etc.</p> <p>C. Pagers and wireless PDAs, service plans, bills, requisitions, etc.</p> <p>D. Calling cards- request forms, account files, reconciliations, etc.</p> <p>E. Directory listing forms, etc</p>	<p>11. Screen periodically, discarding unnecessary papers and setting up new files annually or monthly, as needed. Inactive files are retained in office or records center for five (5) years, until all audit requirements are met, and are then destroyed.</p>
12	<p><b>Fleet Management Series</b></p> <p>A. Vehicle Titles and Registration Forms, registration renewals and other MVA forms, Vehicle Inventory Report, vehicles pending auction, vehicle requisitions, purchase orders, RSTARS transfers for vehicles, disposal records, etc.</p> <p>B. Vehicle service records, emission test forms, gas and PHH card records, CFS reports, wash invoices, Underutilized Vehicle List, 10000 mile reports, Vehicle Assignment Committee records, charge backs, etc.</p> <p>C. Accident Committee Reports, Accident Insurance records, ACORD Forms, Accident report forms.</p> <p>D. Driver cards and reports, Acknowledgement Forms, Driver Application forms, IRS Fringe Benefit Reports, Drivers Training records,</p>	<p>12.</p> <p>A. Retain vehicle records throughout DHMH ownership of vehicle plus three (3) years then destroy.</p> <p>B. Retain for five (5) years, then destroy.</p> <p>C. Retain for ten (10) years after case is closed, then destroy.</p> <p>D. Update active forms as needed. Retain closed files for three (3) years, and then destroy.</p>
13	<p><b>Forms Management Series</b></p> <p>A. Master Forms File includes printed copies of all approved forms. Forms may additionally be retained in electronic format. File sequence is by form number.</p> <p>B. Annual Forms Management Reports</p>	<p>13 A. Update Master Form File when forms are updated and as indicated by the annual forms report. Remove files when obsolete, superseded, or no longer needed, and then destroy.</p> <p>13 B. Retain in office for three (3) years; transfer to records center for two (2) more years, then destroy.</p>

<p>DHMH Instructions - Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.</p>		<p>DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379</p>		<p><b>DHMH RECORDS INVENTORY</b></p> <p>PAGE <u> 1 </u> OF <u> 1 </u></p>	
<p>1. Department/Agency <b>DEPT. OF HEALTH &amp; MENTAL HYGIENE</b></p>		<p>2. Office/Administration/Board <b>General Services Administration</b></p>		<p>3. Division/Unit or Section <b>Central Services Division</b></p>	
<p>DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>					
<p>4. Record Series Title <b>Warehouse/Receiving/Self-Service Store</b></p> <p style="text-align: center; font-size: 2em;"><b>ITEM 8,9</b></p>				<p>5. Earliest Year/Latest Year <u>2002</u> to <u>2005</u></p>	
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)</p> <p><b>Self-service store receipts</b> <b>FMIS pick ticket receipts</b> <b>Inventory control</b> <b>Receiving department purchase orders</b> <b>UPS shipping receipts - ITEM 10 C</b></p>					
<p>7. Record Series Format(s) List all</p> <p>Paper: <input type="checkbox"/> Letter Size <input type="checkbox"/> Legal Size <input type="checkbox"/> Rolls <input type="checkbox"/> Bound Book <input type="checkbox"/> Card <u> x </u></p> <p>Film / tape: <input type="checkbox"/> Film/Slides (35mm, etc) <input type="checkbox"/> Microfilm/ Microfiche <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape</p> <p>Electronic: <input type="checkbox"/> Kept on Hard Drive <input type="checkbox"/> Computer Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> CD,DVD,etc <input type="checkbox"/> Other (specify) _____</p>		<p>8. Record Series Sequence</p> <p><input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____</p>		<p>9. Volume</p> <p><input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify)</p> <p>Number _____</p> <p>10. Annual Accumulation</p> <p><input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify)</p> <p>Number _____</p>	
<p>11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually</p>			<p>12. File Becomes Inactive After _____ <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s)</p> <p>Number _____</p>		
<p>13. Current Location(s) (Bldg., Floor, Room)</p>			<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Agency/ Format _____</p>		
<p>15. Privacy / Access Restrictions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Personal <input type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other _____</p> <p>(If Yes, cite Law(s) &amp; Regulation(s))</p>			<p>16. Audit Requirements <input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> Internal <input type="checkbox"/> OIG</p> <p><input type="checkbox"/> Legislative <input type="checkbox"/> Federal <input type="checkbox"/> Independent</p>		
<p>17. Is an Index System used? If yes, explain briefly and describe requirements</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No _____</p>			<p>18. Recommended Retention: In Office And In Storage (Each Format)</p> <p>Retain current year &amp; three previous years</p>		
<p>19. Name and Title of Preparer Kirby Brooks, Services Supervisor E-mail address: <a href="mailto:KBrooks@dnhm.state.md.us">KBrooks@dnhm.state.md.us</a></p>		<p>20. Location: 201 W. Preston Street Telephone Number (410) 767-6844</p>		<p>21. Date March 14, 2005</p>	
		<p>Room # <u>LL-4</u></p>			

Kirby 76844

Warehouse record retention

- Self-service store receipts.
- FMIS pick ticket receipts.
- Inventory control.
- Receiving dept. purchase orders.
- UPS shipping receipts.



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<p>1. Department/Agency <b>DEPT. OF HEALTH &amp; MENTAL HYGIENE</b></p>		<p>2. Office/Administration/Board <b>General Services Administration</b></p>		<p>3. Division/Unit or Section <b>Central Services Division</b></p>	
<p>DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>					
<p>4. Record Series Title <b>Inventory Management</b> <span style="margin-left: 100px;"><i>ITEM 9</i></span></p>				<p>5. Earliest Year/Latest Year <u>2002</u> to <u>2005</u></p>	
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)</p> <p><b>Annual Report of Fixed Assets</b></p> <p>HME00140 - department inventory transferred out <span style="margin-left: 150px;">Quarterly reports of inventory transfers</span></p> <p>HME00150 - department inventory adds/department transfers/inactive <span style="margin-left: 150px;">Excess Property Disposal Orders</span></p> <p>HME00160 - department inventory value transferred out <span style="margin-left: 150px;">Weekly Inventory Transaction Report</span></p> <p>HME00170 - department inventory value transferred in <span style="margin-left: 150px;">Master Inventory Run for Headquarters, (i.e., total items &amp; value)</span></p> <p>HME00180 - department inventory depreciation</p> <p>Inventory/Audit taken &amp; completed</p> <p>Report of Missing or Stolen State Property</p> <p>Warehouse Inventory &amp; Value Report</p> <p>Warehouse Inventory</p>					
<p>7. Record Series Format(s) List all</p> <p>Paper: <input type="checkbox"/> Letter Size <input type="checkbox"/> Legal Size <input type="checkbox"/> Rolls <input type="checkbox"/> Bound Book <input type="checkbox"/> Card <input type="checkbox"/> Other (specify) _____</p> <p>Film / tape: <input type="checkbox"/> 35mm, etc <input type="checkbox"/> Microfilm/ Microfiche <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____</p> <p>Electronic: <input type="checkbox"/> Kept on Hard Drive <input type="checkbox"/> Computer Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> CD,DVD,etc</p>		<p>8. Record Series Sequence</p> <p><input type="checkbox"/> Alphabetical</p> <p><input type="checkbox"/> Numerical</p> <p><input type="checkbox"/> Chronological</p> <p><input type="checkbox"/> Geographical</p> <p><input type="checkbox"/> Other (specify) _____</p>		<p>9. Volume</p> <p><input checked="" type="checkbox"/> File Drawer(s)</p> <p><input type="checkbox"/> Microfilm Reel(s)</p> <p><input type="checkbox"/> Computer Tape(s)</p> <p><input type="checkbox"/> Other (specify) _____</p> <p>Number _____</p> <p>10. Annual Accumulation</p> <p><input type="checkbox"/> File Drawer(s)</p> <p><input type="checkbox"/> Microfilm Reel(s)</p> <p><input type="checkbox"/> Computer Tape(s)</p> <p><input type="checkbox"/> Other (specify) _____</p> <p>Number _____</p>	
<p>11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually</p> <p><b>Daily</b></p>			<p>12. File Becomes Inactive After _____ <input type="checkbox"/> Month(s)</p> <p>Number _____ <input type="checkbox"/> Year(s)</p>		
<p>13. Current Location(s) (Bldg., Floor, Room)</p>			<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Agency/ Format _____</p>		
<p>15. Privacy / Access Restrictions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Personal <input type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other _____</p> <p>(If Yes, cite Law(s) &amp; Regulation(s))</p>			<p>16. Audit Requirements <input type="checkbox"/> None <input checked="" type="checkbox"/> Internal <input type="checkbox"/> OIG</p> <p><input type="checkbox"/> Legislative <input type="checkbox"/> Federal <input type="checkbox"/> Independent</p>		
<p>17. Is an Index System used? If yes, explain briefly and describe requirements</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No _____</p>			<p>18. Recommended Retention: In Office And In Storage (Each Format)</p> <p><b>Retain current year &amp; four previous years</b></p>		
<p>19. Name and Title of Preparer</p> <p><b>Ralph Clark, Administrator</b></p> <p>E-mail address: <b>Clarkralph@dnhm.state.md.us</b></p>		<p>20. Location:</p> <p><b>201 W. Preston Street</b></p> <p>Telephone Number <b>(410) 767-5305</b> Room <b>LL-4</b></p>		<p>21. Date</p> <p><b>March 14, 2005</b></p>	



Ralph  
75305

## YEAR END REPORTS

Folder/Expandable/Binder for each of the following - Retain current year & four previous

Annual Report of Fixed Assets

HME00140 - department inventory transferred out

HME00150 - department inventory adds

“ “ transferred to other departments

“ “ inactivated

HME00160 - department inventory value transferred out

HME00170 - department inventory value transferred in

HME00180 - department inventory depreciation

Inventory/Audit taken & completed

Report of Missing or Stolen State Property

Warehouse Inventory & Value Report

Warehouse Inventory

File Cabinet current year each of following, box year end - Retain four previous years

Excess Property Disposal Orders

Weekly Inventory Transaction Report

Box - Master Inventory Run for Headquarters (June 30<sup>th</sup> each year) total items & value

Retain four previous years

Box - Quarterly Reports - inventory items transferred during quarter

Retain four previous years

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<p>1. Department/Agency <b>DEPT. OF HEALTH &amp; MENTAL HYGIENE</b></p>		<p>2. Office/Administration/Board <b>General Services Administration</b></p>		<p>3. Division/Unit or Section <b>Central Services Division</b></p>	
<p>DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>					
<p>4. Record Series Title <b>Telecommunications/CSD Building Files</b></p>				<p>5. Earliest Year/Latest Year <u>1994</u> to <u>2005</u></p>	
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)</p> <p><b>MAC Source Vendor Forms, MAC Invoices, TSR Forms, Verizon &amp; AT&amp;T Bills, Sign In/out Logs, AT&amp;T Teleconference Bills, ARCH Wireless bills/invoices/receipts/requisitions, NEXTEL Invoices, MCI/PBX Billing, Pager/Cellular Paperwork, Language Learning Bills, MAC Source Invoices/Statements, NECD Term phones justification, telecommunications backup sheets/memos/pamphlets/instructions, calling card request/cancellation forms, requisition forms, TSR requests forms, voicemail instructions, telecommunication coordinators handbooks, PCA codes, Verizon wireless contract booklet, telephone directory updates, current DHMH telephone directory updates, Patterson Avenue bills, CAD drawings, carpet install , DDA File, DGS Police folder, DHMH Lease Form, Spring Grove Lease, REIT Management bills, Personnel, payroll vouchers, work repairs, organization chart, work repairs, purchase order receipts, State Use Industry bills, telephone bills, supply officer I MS-22, supervisor information, overtime vouchers, security contracts for Patterson, Domestic Violence - The Work Place, senior aide time sheets, space requests, Patterson Avenue Memo, John Flannery File, progress reports, key request forms, signed issued key requests, Incentive Awards, state retirement agency folders, and John Shandrowski memos.</b></p>					
<p>7. Record Series Format(s) List all</p> <p>Paper: Film / tape: Electronic:</p> <p><input type="checkbox"/> Letter Size <input type="checkbox"/> Film/Slides <input type="checkbox"/> Kept on Hard Drive (35mm, etc)</p> <p><input type="checkbox"/> Legal Size <input type="checkbox"/> Microfilm/ <input type="checkbox"/> Computer Tape Microfiche</p> <p><input type="checkbox"/> Rolls <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk</p> <p><input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> CD,DVD,etc</p> <p><input type="checkbox"/> Card <input type="checkbox"/> Other (specify) _____</p>		<p>8. Record Series Sequence</p> <p><input type="checkbox"/> Alphabetical</p> <p><input type="checkbox"/> Numerical</p> <p><input type="checkbox"/> Chronological</p> <p><input type="checkbox"/> Geographical</p> <p><input type="checkbox"/> Other (specify) _____</p>		<p>9. Volume</p> <p>_____ x File Drawer(s)</p> <p>_____ <input type="checkbox"/> Microfilm Reel(s)</p> <p>_____ <input type="checkbox"/> Computer Tape(s)</p> <p>Number <input type="checkbox"/> Other (specify)</p>	
<p>11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually</p>		<p>12. File Becomes Inactive After _____ <input type="checkbox"/> Month(s)</p> <p>Number <input type="checkbox"/> Year(s)</p>			
<p>13. Current Location(s) (Bldg., Floor, Room)</p>		<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Agency/ Format _____</p>			
<p>15. Privacy / Access Restrictions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Personal <input type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other _____</p> <p>(If Yes, cite Law(s) &amp; Regulation(s))</p>		<p>16. Audit Requirements <input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> Internal <input type="checkbox"/> OIG</p> <p><input type="checkbox"/> Legislative <input type="checkbox"/> Federal <input type="checkbox"/> Independent</p>			
<p>17. Is an Index System used? If yes, explain briefly and describe requirements</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No _____</p>		<p>18. Recommended Retention: In Office And In Storage (Each Format)</p> <p>Retain current year &amp; three previous years</p>			
<p>19. Name and Title of Preparer A. Michele Jones, Administrative Specialist III E-mail address: amjones@dnhm.state.md.us</p>		<p>20. Location: 201 W. Preston Street</p> <p>Telephone Number <u>(410) 767-6863</u> Room # <u>LL-4</u></p>		<p>21. Date March 14, 2005</p>	

**ITEMS 10 + 11**

## RECORDS RECONCILIATION

Desk of Administrative Specialist III

Room LL-4 - Station 11 *Michèle Jones 3-11-05*

### Tan 5 Drawer File Cabinet

MAC SOURCE VERNDOR FORMS	7-99 to 10-03
MAC SOURCE INVOICES	2000-2001 & 7-01 TO 12-01
TROUBLE SHOOTING REQUEST FORMS	1999-2004
VERIZON BILLS	7-01 - 12-01, 02, 03, 04, 05-
AT & T BILLS	2001, 02, 03, 04, 05-
UPS BILLS	7-01 - 8-01/9-01 - 12-01
TSR FMIS REQUISITIONS	FY 2001, FY 02, FY 03
	JAN. 04 - JUNE 04
AT & T TELECONFERENCE BILLS	7-01 -12-01/ 1-02 - 11-02
	1-03 - 12-03 1-04 - 05
EMPLOYEE SIGN IN-SIGN OUT LOGS	95-2004
WAREHOUSE SIGN IN-SIGN OUT LOGS	94-2004

**Extra DHMH Telephone Directories (6) are located in the 2<sup>nd</sup> drawer of this file cabinet.**

**Extra NEC DTERM Series I (4) telephones are located in the 3<sup>rd</sup> & 4<sup>th</sup> drawer of this file cabinet.**

### Blue 5 Drawer File Cabinet

ARCH WIRELESS INVOICES/BILLS	02-04
REQUISITION FOR ARCH DEVICES	02-03
RECEIPTS FOR ARCH DEVICES	02
NEXTEL INVOICE	04
CELLULAR PHONES PAPERWORK	03-04
PAGER PAPERWORK	03
JUSTICIATION FOR NEC D TERM PHONES	04
DHMH C.S.D FILES ( <b>see attached listing for files</b> )	99-continuous
LANGUAGE LEARNING BILLS	01-05
MAC SOURCE INVOICES/STATEMENTS	02-04
MCI BILLING PRINTOUTS	04 continuous
PBX BILLING, ETC.	01-continuous

**Warehouse sign-in sign out log sheets are located on the top of this file cabinet in a blue binder.**

### Tan 3 Drawer File Cabinet

TELECOMMUNICATION BACK UP SHEETS  
TELECOMMUNICATION MEMO'S, PAMPHLETS & INSTRUCTIONS  
CALLING CARD REQUEST FORMS & CANCELLATION FORMS  
REQUISITION FORMS-for entering requisitions  
TROUBLE SHOOTING REQUEST FORMS  
VOICE MAIL INSTRUCTIONS, new forms and instructions for new NEC DTERM Series I phones  
TELECOMMUNICATION COORDINATORS HANDBOOK-DBM 1304 301 BLDG.  
FY 03 PCA CODES  
VERIZON WIRELESS CONTRACT BOOKLET 01-02  
UPDATES FOR 02 TELEPHONE DIRECTORY, ETC.  
CURRENT DHMH TELEPHONE DIRECTORY UPDATES

Tom Jackson?

ITEM 10

**DHMH C.S.D. Files**

Bills Patterson Avenue  
Bills 99  
CAD-Computer Assisted Drawings -10E  
Carpet Install Internal Office move 4201 Patterson Avenue  
DDA File  
DGS Police Folder 99 -10E  
DHMH Lease Form - 10A  
Directors DHMH 201 & 300  
Domestic Violence—The Work Place  
Fax Cover Sheets DHMH  
Incentive Awards 2000-Employees  
Key Request Forms & copies of signed issued key request -10C  
MISC Folder  
Move of L & C from Patterson Avenue to Spring Grove 7/21/99  
Organization Chart  
Patterson Avenue Memo - John Flannery File  
Payroll Vouchers  
Personnel  
Progress Reports  
Purchase Order Receipts 8  
Reit Management & Research Bills 4-00 10A  
1999 Security Contract for 4201 Patterson Avenue, etc. 10A  
Senior Aide Program Time Sheets  
John A. Shandrowski Memos  
Space Request 98-99 10A  
Spring Grove Lease 10A  
State Retirement Agency Folder  
State Use Industry Bills - 10C  
Supervisor Information File 1999  
Supply Officer I MS-22  
Telephone Bills C.S. D FY 99-00  
Weekly Overtime Vouchers C.S. D Employees  
Work Repairs

<b>DHMH Instructions</b> -Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.		<b>DEPARTMENT OF GENERAL SERVICES</b> <b>STATE RECORDS CENTER</b> 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379		<b>DHMH RECORDS INVENTORY</b>  PAGE <u>1</u> OF <u>1</u>	
1. Department/Agency <b>DEPT OF HEALTH &amp; MENTAL HYGIENE</b>		2. Office/Administration/Board <b>GSA</b>		3. Division/Unit or Section <b>CENTRAL SERVICES DIVISION</b>	
<b>DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</b>					
4. Record Series Title <b>REAL AND PERSONAL PROPERTY SURVEY</b>		<i>ITEM 10 A</i>		5. Earliest Year/Latest Year <u>2002</u> to <u>2004</u>	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) <b>INFORMATION PROVIDES DETAILED DESCRIPTION OF THE DHMH PROPERTY FOR EACH DHMH UNIT AND LOCATION. EACH UNIT IS REQUIRED TO FILL OUT ALL FIVE SURVEYS. AUTO / EDP / FINE ART / BOND /REAL PROPERTY AND BUILDINGS. INFORMATION IS SENT TO THE STATE LEGISLATURE FOR INSURANCE PURPOSES.</b>					
7. Record Series Format(s) List all Paper: <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Legal Size <input type="checkbox"/> Rolls <input type="checkbox"/> Bound Book <input type="checkbox"/> Card Film / tape: <input type="checkbox"/> Film/Slides <input type="checkbox"/> Microfilm/ Microfiche <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) Electronic: <input checked="" type="checkbox"/> Kept on Hard Drive (35mm, etc) <input type="checkbox"/> Computer Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> CD,DVD,etc		8. Record Series Sequence <input checked="" type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify)		9. Volume <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) Number _____ 10. Annual Accumulation <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) Number _____	
11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Annually			12. File Becomes Inactive After <u>THREE</u> <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s) Number _____		
13. Current Location(s) (Bldg., Floor, Room) 201 W. Preston St, Baltimore, MD 21201, L Level, Room # LL-4			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/ Format _____		
15. Privacy / Access Restrictions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Personal <input type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other _____ (If Yes, cite Law(s) & Regulation(s))			16. Audit Requirements <input type="checkbox"/> None <input type="checkbox"/> Internal <input type="checkbox"/> OIG <input checked="" type="checkbox"/> Legislative <input type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			18. Recommended Retention: In Office And In Storage (Each Format) Keep in office three years, and send to the Records Holding Area. Destroy after ten years.		
19. Name and Title of Preparer Walter Zerlaut, Administrative Officer  E-mail address: wzerrlaut@dhmh.state.md.us		20. Location: 201 W. Preston St, Baltimore, MD 21201  Telephone Number# 410-767-3598 Room # LL-4		21. Date 3/3/05	

<p><b>DHMH Instructions</b> -Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.</p>		<p>DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379</p>		<p><b>DHMH RECORDS INVENTORY</b></p> <p>PAGE <u>1</u> OF <u>1</u></p>	
<p>1. Department/Agency <b>DEPT OF HEALTH &amp; MENTAL HYGIENE</b></p>		<p>2. Office/Administration/Board GSA</p>		<p>3. Division/Unit or Section CENTRAL SERVICES DIVISION</p>	
<p><b>DEFINITION - RECORD SERIES</b> - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>					
<p>4. Record Series Title REAL AND PERSONAL PROPERTY SURVEY</p>				<p>5. Earliest Year/Latest Year <u>2002</u> to <u>2004</u></p>	
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) INFORMATION PROVIDES DETAILED DESCRIPTION OF THE DHMH PROPERTY FOR EACH DHMH UNIT AND LOCATION. EACH UNIT IS REQUIRED TO FILL OUT ALL FIVE SURVEYS. AUTO / EDP / FINE ART / BOND /REAL PROPERTY AND BUILDINGS. INFORMATION IS SENT TO THE STATE LEGISLATURE FOR INSURANCE PURPOSES.</p>					
<p>7. Record Series Format(s) List all</p> <p>Paper: <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Legal Size <input type="checkbox"/> Rolls <input type="checkbox"/> Bound Book <input type="checkbox"/> Card</p> <p>Film / tape: <input type="checkbox"/> Film/Slides (35mm, etc) <input type="checkbox"/> Microfilm/Microfiche <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____</p> <p>Electronic: <input checked="" type="checkbox"/> Kept on Hard Drive <input type="checkbox"/> Computer Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> CD,DVD,etc</p>		<p>8. Record Series Sequence</p> <p><input checked="" type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____</p>		<p>9. Volume</p> <p>Number _____</p> <p><input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify)</p>	
<p>11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Annually</p>		<p>12. File Becomes Inactive After <u>THREE</u> <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s) Number</p>			
<p>13. Current Location(s) (Bldg., Floor, Room) 201 W. Preston St, Baltimore, MD 21201, L Level, Room # LL-4</p>		<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/ Format _____</p>			
<p>15. Privacy / Access Restrictions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Personal <input type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other _____ (If Yes, cite Law(s) &amp; Regulation(s))</p>		<p>16. Audit Requirements <input type="checkbox"/> None <input checked="" type="checkbox"/> Legislative <input type="checkbox"/> Internal <input type="checkbox"/> Federal <input type="checkbox"/> OIG <input type="checkbox"/> Independent</p>			
<p>17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____</p>		<p>18. Recommended Retention: In Office And In Storage (Each Format) Keep in office three years, and send to the Records Holding Area. Destroy after ten years.</p>			
<p>19. Name and Title of Preparer Walter Zerrlaut, Administrative Officer E-mail address: wzerrlaut@dhmh.state.md.us</p>		<p>20. Location: 201 W. Preston St, Baltimore, MD 21201 Telephone Number# 410-767-3598 Room # LL-4</p>		<p>21. Date 3/3/05</p>	

<p>DHMH Instructions - Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.</p>		<p>DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379</p>		<p><b>DHMH RECORDS INVENTORY</b></p> <p>PAGE <u>1</u> OF <u>1</u></p>	
<p>1. Department/Agency <b>DEPT OF HEALTH &amp; MENTAL HYGIENE</b></p>		<p>2. Office/Administration/Board GSA</p>		<p>3. Division/Unit or Section CENTRAL SERVICES DIVISION</p>	
<p>DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>					
<p>4. Record Series Title <u>PARKING</u> <i>ITEM 10 B</i></p>				<p>5. Earliest Year/Latest Year <u>2001</u> to <u>2005</u></p>	
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) <b>REQUESTS FOR PARKING SUBMITTED BY DHMH EMPLOYEES FOR PARKING THEIR VEHICLE AND THE DATA BASE THAT LIST THE INFORMATION ALONG WITH THEIR DHMH EMPLOYEES ON THE WAITING LIST.</b></p>					
<p>7. Record Series Format(s) List all (Alphabetic Identifier) A / K Paper: Film / tape: Electronic: A) Letter Size F) Film/Slides K) Kept on Hard Drive (35mm, etc) B) Legal Size G) Microfilm/ L) Computer Tape Microfiche C) Rolls <u>≅</u> H) Audio Tape M) Floppy Disk D) Bound Book I) Video Tape N) CD,DVD,etc E) Card <u>x</u> J) Other (specify) _____</p>		<p>8. Record Series Sequence <b>ALPHABETICAL</b> A) Alphabetical C) Chronological G) Geographical N) Numerical O) Other (specify) _____</p>		<p>9. Volume <b>FILE DRAWER(S)</b> C) Computer Tape(s) F) File Drawer(s) M) Microfilm Reel(s) Number O) Other (specify) _____</p> <p>10. Annual Accumulation <b>FILE DRAWER(S)</b> C) Computer Tape(s) F) File Drawer(s) M) Microfilm Reel(s) Number O) Other (specify) _____</p>	
<p>11. File is Used D) Daily W) Weekly M) Monthly A) Annually <b>DAILY</b></p>			<p>12. File Becomes Inactive After <u>NEVER</u> <input type="checkbox"/> Month(s) Number <input type="checkbox"/> Year(s)</p>		
<p>13. Current Location(s) (Bldg., Floor, Room) 201 W. PRESTON ST, LL-4</p>			<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) NO Yes / No Agency/ Format _____</p>		
<p>15. Privacy / Access Restrictions <del>NO</del> <input checked="" type="radio"/> Yes / No A) Personal <input checked="" type="radio"/> Medical C) Proprietary D) Classified E) Other _____ (If Yes, cite Law(s) &amp; Regulation(s))</p>			<p>16. Audit Requirements A) None B) Internal C) OIG D) Legislative E) Federal F) Independent A) NONE</p>		
<p>17. Is an Index System used? If yes, explain briefly and describe requirements NO Yes / No _____</p>			<p>18. Recommended Retention: In Office And In Storage (Each Format) <b>RETAIN INDEFINITE IN OFFICE</b></p>		
<p>19. Name and Title of Preparer <u>WALTER ZERRLAUT, ADMINISTRATIVE OFF.</u> E-mail address: <u>wzerrlaut@dnhm.state.md.us</u></p>		<p>20. Location: <u>201 W. Preston St, Baltimore, MD 21201</u> Telephone Number# <u>410-767-3598</u> Room # <u>LL-4</u></p>		<p>21. Date <u>3/8/05</u></p>	

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1. Department/Agency <b>DEPT. OF HEALTH &amp; MENTAL HYGIENE</b>		2. Office/Administration/Board <b>General Services Administration</b>		3. Division/Unit or Section <b>Central Services Division</b>	
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 <b>Fleet Management/Telecommunications</b>				5. Earliest Year/Latest Year <u>1993</u> to <u>2005</u>	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) <b>Item 11, 12</b> Cingular cell phone bills/requisitions/service plans, Nextel service plans/requisitions/bills, cell phone acceptance forms for state cell phone users, Air Cards thru Cingular bills/log of numbers, copies of cell phone justifications, AT&T bills, AT&T Conference call bills, MCI 800 number phone bills, list of 800 toll free numbers, ARCH Wireless pager bills, TSRs, received receipts, misc. letters, DHMH Property Issued forms for all 2-way pager holders, copies of all pager justification letters, ADA, MHA, move from state office bldg. to Spring Grove Hospital Central Services move from SS level to Lobby level, commercial fuel bills, vehicle and driver forms, copies of all vehicle/driver cards, replacement of vehicle/driver forms, misc. letters, driver enrollment, vehicle enrollment, replacement-driver/vehicle, PHH card forms, Accord forms, Accident report forms, UPS pay invoices/charge backs, Central Services budget ledger, Governor's Safety Committee notes, WashWorks/Exxon/Mobil/Shell invoices for headquarters, copies of all IRS Auto Fringe Benefit Value Reports for headquarter units, corporate credit card bills and reconciliation statements, Central Services invoices, DHMH approved TSRs, Xerox Meter Reading Invoices - for Room #510, 546, SS-6, Emergency Evacuation Plan for 201 bldg., Carroll Cty. Emergency contact numbers, swipe card form copies for 300 bldg., blank telecommunication forms for telephone and trouble shooting, underutilization vehicle list, 10,000 vehicle list, disposals for DHMH and health departments, and some institutions, vehicle requisitions/purchase orders for headquarters & health departments, title applications, new vehicle invoices, transmittals for RSTARS funds transfer for vehicles, MVA registration/renewals/emission forms/copies, misc. letters relating to vehicles, and driver acknowledgement statement for headquarters.					
7. Record Series Format(s) List all Paper: <input type="checkbox"/> Letter Size <input type="checkbox"/> Legal Size <input type="checkbox"/> Rolls <input type="checkbox"/> Bound Book <input type="checkbox"/> Card Film / tape: <input type="checkbox"/> Film/Slides (35mm, etc) <input type="checkbox"/> Microfilm/ Microfiche <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____ Electronic: <input type="checkbox"/> Kept on Hard Drive <input type="checkbox"/> Computer Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> CD, DVD, etc		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 <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____  10. Annual Accumulation <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 <input type="checkbox"/> Annually Daily			12. File Becomes Inactive After _____ <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s)		
13. Current Location(s) (Bldg., Floor, Room)			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input type="checkbox"/> No Agency/Format _____		
15. Privacy / Access Restrictions <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Personal <input type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other _____ (If Yes, cite Law(s) & Regulation(s))			16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> Internal <input type="checkbox"/> OIG <input type="checkbox"/> Legislative <input type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input type="checkbox"/> No _____			18. Recommended Retention: In Office And In Storage (Each Format)  Retain current year & three previous years		
19. Name and Title of Preparer Renee Carnes, Administrative Officer I  E-mail address: CarnesR@dhrmh.state.md.us		20. Location: 201 W. Preston Street  Telephone Number (410) 767-5832 Room # <u>LL-4</u>		21. Date  March 14, 2005	



5/11/05  
Reece Carner  
75832

CENTRAL SERVICES  
RECORD RETENTION  
FLEET FILES  
MARCH, 2005

**Tan file cabinet behind desk (top drawer)**

Cingular cell phone bills, requisitions, service plans,  
Nextel service plans, requisitions, bills  
Cell Phone Acceptance Forms for all state cell phone users  
Air Cards thru cingular bills/ log of numbers  
Copies of all cell phone justifications

AT&T bills, AT&T Conference call bills, MCI 800 number bills,  
list of 800 numbers toll free.

Arch Wireless pager bills, TSRs, received receipts, misc. letters, DHMH  
Property Issued forms for all 2-way pager holders.  
Copies of all pager justification letters

ADAA, MHA, move from state office bldg. to Spring Grove Hospital  
Central Services move from SS level to Lobby level.

Commercial Fuel bills, Vehicle and Driver Forms, copy of all vehicle/driver  
cards, replacement of vehicle/driver forms, misc. letters

**Copies of Vehicle Related Forms:**

Driver Enrollment  
Vehicle Enrollment  
Replacement – Driver/Vehicle  
PHH card forms  
Accord Forms  
Accident Report Forms

Underutilized Vehicle List, 10,000 miles vehicle list, disposals for all  
DHMH, Local Health Departments, Institutions (some not all), Requisitions  
and Purchase Order for all new vehicles being ordered for Local Health  
Departments & Headquarter Units, & copies of all Title applications, invoices  
(for new vehicles) Vehicles Pending at Auction when sold copy of Invoices  
from sale of vehicle. Copies of transmittals sent to General Accounting for  
RSTARS transfer of funds for vehicles, Motor Vehicles Forms, Registration  
Renewals, Emission Forms and copies, Driver Acknowledgement Statement  
for Headquarter Units, Misc. letters, memos relating to vehicles.

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

**DHMH RECORDS INVENTORY**

PAGE 1 OF 1

1. Department/Agency

DEPT. OF HEALTH & MENTAL HYGIENE

2. Office/Administration/Board

General Services Administration

3. Division/Unit or Section

Central Services Division

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

Fleet Management

*ITEM 12*

5. Earliest Year/Latest Year

1993 to 2005

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

Fleet mileage logs  
 Accident Forms  
 PHH Billing  
 Copies of disposed titles  
 POV Billing  
 Traffic tickets  
 Correspondence sent & received  
 Billing of parking permits

7. Record Series Format(s) List all

Paper:  Letter Size  Legal Size  Rolls  Bound Book  Card  Other (specify) \_\_\_\_\_

Film / tape:  Film/Slides (35mm, etc)  Microfilm/ Microfiche  Audio Tape  Video Tape  Other (specify) \_\_\_\_\_

Electronic:  Kept on Hard Drive  Computer Tape  Floppy Disk  CD, DVD, etc

8. Record Series Sequence

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

9. Volume

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

10. Annual Accumulation

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

11. File is Used  Daily  Weekly  Monthly  Annually

Daily

12. File Becomes Inactive After \_\_\_\_\_  Month(s)  
 Number  Year(s)

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

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

Yes  No Agency/Format \_\_\_\_\_

15. Privacy / Access Restrictions  Yes  No  
 Personal  Medical  Proprietary  Classified  Other \_\_\_\_\_  
 (If Yes, cite Law(s) & Regulation(s))

16. Audit Requirements  None  Internal  OIG  
 Legislative  Federal  Independent

17. Is an Index System used? If yes, explain briefly and describe requirements

Yes  No \_\_\_\_\_

18. Recommended Retention: In Office And In Storage (Each Format)

In office 3 years, destroy after 5 years

19. Name and Title of Preparer

Tamara Godoy, Services Specialist

20. Location:

201 W. Preston Street

21. Date

March 14, 2005

E-mail address: [Godoytammy@dhmh.state.md.us](mailto:Godoytammy@dhmh.state.md.us)

Telephone Number (410) 767-6809

Room LL-4

Wash Work invoices (bills), Exxon, Mobile, Shell invoices for payment, for headquarter units, copies of all IRS Auto Fringe Benefit Value Reports for headquarter units,

Governors Safety Committee notes, Budget Ledger for Central Services,

UPS pay invoices, and charge back for general accounting admin.

Keep copies of all invoices, charge backs

**Files Under desk**

Corporate Credit Card bills – and reconciliation

Central Services Invoices

Copy of DHMH TSRs approved/created by Renee Carnes

Xerox Meter Reading Invoices – Form, Room 510, 546, SS-6

Emergency Evacuation Plan 201 W. Preston Street

Carroll County Emergency List of Contacts Phone numbers

Swipe Card form copies for 300 W. Preston Street

Telecommunication blank forms for new telephones, trouble shooter,



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<p>1. Department/Agency <b>DEPT OF HEALTH &amp; MENTAL HYGIENE</b></p>		<p>2. Office/Administration/Board GSA</p>		<p>3. Division/Unit or Section CENTRAL SERVICES DIVISION</p>	
<p>DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>					
<p>4. Record Series Title <u>Forms Management Report</u></p>				<p>5. Earliest Year/Latest Year <u>1996</u> to <u>2004</u></p>	
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) <b>INFORMATION SUBMITTED BY DHMH FORMS MANAGERS THAT LIST THE NUMBER OF DHMH FORM FOR A GIVEN YEAR.</b></p>					
<p>7. Record Series Format(s) List all (Alphabetic Identifier) A / K Paper: Film / tape: Electronic: A) Letter Size F) Film/Slides K) Kept on Hard Drive (35mm, etc) B) Legal Size G) Microfilm/ L) Computer Tape Microfiche C) Rolls <u>≅</u> H) Audio Tape M) Floppy Disk D) Bound Book I) Video Tape N) CD,DVD,etc E) Card <u>x</u> J) Other (specify) _____</p>		<p>8. Record Series Sequence ALPHABETICAL A) Alphabetical C) Chronological G) Geographical N) Numerical O) Other (specify) _____</p>		<p>9. Volume FILE DRAWER(S) C) Computer Tape(s) F) File Drawer(s) <u>        </u> M) Microfilm Reel(s) Number O) Other (specify) _____</p> <p>10. Annual Accumulation FILE DRAWER(S) C) Computer Tape(s) F) File Drawer(s) <u>        </u> M) Microfilm Reel(s) Number O) Other (specify) _____</p>	
<p>11. File is Used ANNUALLY D) Daily W) Weekly M) Monthly A) Annually</p>			<p>12. File Becomes Inactive After <u>Three</u> <input type="checkbox"/> Month(s) Number <input checked="" type="checkbox"/> Year(s)</p>		
<p>13. Current Location(s) (Bldg., Floor, Room) 201 W. PRESTON ST, LL-4</p>			<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) NO Yes / No Agency/ Format _____</p>		
<p>15. Privacy / Access Restrictions NO Yes / No A) Personal B) Medical C) Proprietary D) Classified E) Other _____ (If Yes, cite Law(s) &amp; Regulation(s))</p>			<p>16. Audit Requirements A) None B) Internal C) OIG D) LEGISLATIVE D) Legislative E) Federal F) Independent</p>		
<p>17. Is an Index System used? If yes, explain briefly and describe requirements NO Yes / No _____</p>			<p>18. Recommended Retention: In Office And In Storage (Each Format) <u>Keep in office for three years, send to the Records Holding Area, Destroy after five years.</u></p>		
<p>19. Name and Title of Preparer <u>WALTER ZERRLAUT, ADMINISTRATIVE OFF.</u> E-mail address: <u>wzerrlaut@dhmh.state.md.us</u></p>		<p>20. Location: <u>201 W. Preston St, Baltimore, MD 21201</u> Telephone Number# <u>410-767-3598</u> Room # <u>LL-4</u></p>		<p>21. Date <u>3/8/05</u></p>	

<b>DHMH Instructions</b> -Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records 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		<b>DHMH RECORDS INVENTORY</b>  PAGE <u>1</u> OF <u>1</u>	
1. Department/Agency  <b>DEPT OF HEALTH &amp; MENTAL HYGIENE</b>		2. Office/Administration/Board GSA		3. Division/Unit or Section CENTRAL SERVICES DIVISION	
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 <u>INVENTORY CONTROL ACCOUNT</u>				5. Earliest Year/Latest Year <u>2001</u> to <u>2005</u>	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) <u>INFORMATION SUBMITTED BY DHMH PROPERTY OFFICERS THAT LIST THE COSTS CHANGES IN INVENTORY FOR EACH MONTH.</u>					
7. Record Series Format(s) List all (Alphabetic Identifier) <u>A</u> / <u>K</u> Paper: Film / tape: Electronic: A) Letter Size F) Film/Slides K) Kept on Hard Drive (35mm, etc) B) Legal Size G) Microfilm/ Microfiche L) Computer Tape C) Rolls <u>≡</u> H) Audio Tape M) Floppy Disk D) Bound Book I) Video Tape N) CD,DVD,etc E) Card <u>x</u> J) Other (specify) _____		8. Record Series Sequence <u>ALPHABETICAL</u> A) Alphabetical C) Chronological G) Geographical N) Numerical O) Other (specify) _____		9. Volume <u>FILE DRAWER(S)</u> C) Computer Tape(s) F) File Drawer(s) M) Microfilm Reel(s) Number O) Other (specify) _____	
		10. Annual Accumulation <u>FILE DRAWER(S)</u> C) Computer Tape(s) F) File Drawer(s) M) Microfilm Reel(s) Number O) Other (specify) _____			
11. File is Used MONTHLY D) Daily W) Weekly M) Monthly A) Annually			12. File Becomes Inactive After <u>NEVER</u> <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s) Number		
13. Current Location(s) (Bldg., Floor, Room) 201 W. PRESTON ST, LL-4			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) NO Yes / No Agency/ Format _____		
15. Privacy / Access Restrictions NO Yes / No A) Personal B) Medical C) Proprietary D) Classified E) Other _____ (If Yes, cite Law(s) & Regulation(s))			16. Audit Requirements A) None B) Internal C) OIG D) LEGISLATIVE D) Legislative E) Federal F) Independent		
17. Is an Index System used? If yes, explain briefly and describe requirements NO Yes / No _____			18. Recommended Retention: In Office And In Storage (Each Format) <u>RETAIN INDEFINITE IN OFFICE</u>		
19. Name and Title of Preparer <u>WALTER ZERRLAUT, ADMINISTRATIVE OFF.</u>  E-mail address: <u>wzerrlaut@dhmh.state.md.us</u>		20. Location: <u>201 W. Preston St, Baltimore, MD 21201</u>  Telephone Number# <u>410-767-3598</u> Room # <u>LL-4</u>		21. Date <u>3/8/05</u>	