DEPARTMENT OF GENERAL SERVICES-STATE RECORDS			Center	SCHEDULE NUMBER 2728
RECO	ORDS RETENTION AND I	DISPOSAL	SCHEDULE	PAGE <u>1_</u> OF <u>17</u>
			PROMOTION ADMINIS	
	s schedule supersedes schedules 856A, 950, Description of Records Series (from Inver	the second s	1419-A1, 1420, 1760, 1759,	1958, 2263 and 2331. n Period & Instructions
Item No.			Authorized Retention	
	MATERNAL AND CHILD HEALTH BUR OFFICE OF THE MARYLAND WOMEN, II CHILDREN (WIC) PROGRAM			
1.	A. WIC Program Vendor Files			REE (3) YEARS following closeout report for the period s, then destroy.
	B. WIC Vendor Revalidated Checks	а -		REE (3) YEARS following closeout report for the period s, then destroy.
	C. WIC Fiscal Records		1C) Retain for at least TH the date of filing the final which the report pertains,	
	OFFICE FOR GENETICS AND PEOPLE W NEEDS	ITH SPECIAL		
2.	A. Metabolic Nutrition Program Patient	Files		B) YEARS after the age of ARS after the record is made n destroy.
	B. Sickle Cell Disease Program Parent	Consent Forms		b) YEARS after the age of ARS after the record is made n destroy.
s.	C. Infant Hearing Program Test Results	1		B) YEARS after the age of ARS after the record is made n destroy.
	D. Children's Medical Services Patient Charts			RS after the last notation in NTY-FOUR (24) YEARS,
APPROVE	D BY: (DHMH Official) A	UTHORIZED BY	: (MD STATE ARCHIV	/ES)
DATE:	511 F/ 12 D	ate: <u>7</u>	18.17	
SIGNATU	RE: Ders	GNATURE:	Timoto 3 Bal	-
NAME/TIT	rle: Donna Gugel · Director N.	AME/TITLE: <u>TIN</u>	MOTHY D. BAKER, STATI	E ARCHIVIST

SCHEDULE DEPARTMENT OF GENERAL SERVICES-STATE RECORDS CENTER NUMBER 2728 RECORDS RETENTION AND DISPOSAL SCHEDULE **PAGE 2 OF 17 DEPARTMENT OF HEALTH & MENTAL HYGIENE** PREVENTION AND HEALTH PROMOTION ADMINISTRATION PUBLIC HEALTH SERVICES SECRETARIAT OFFICE / ADMINISTRATION/BOARD Description of Records Series (from Inventory Form) Item No. Authorized Retention Period & Instructions E. Children's Medical Services Fiscal Records 2E) Retain for FIVE (5) YEARS, then destroy. F. Birth Defects Reporting and Surveillance Forms 2F) Retain for THREE (3) YEARS after the age of majority or FIVE (5) YEARS after the record is made - whichever is longer, then destroy PRIMARY CARE & COMMUNITY HEALTH BUREAU CENTER FOR CANCER PREVENTION AND CONTROL 3A) Retain for SEVEN (7) YEARS after the last date A. Breast and Cervical Cancer Diagnosis and Treatment 3. of service, then destroy. Program 1. Client applications, biopsy results, operative results, mammograms, clinical breast examinations and other reimbursement records related to prescribed screening, diagnosis and treatment. B. Breast and Cervical Cancer Screening Program 3B) Retain for TEN (10) YEARS, after the last date of Screening Component – for Local Health Departments service, then destroy. 1. Client applications, screening and diagnostic test results and other reimbursement records related to prescribed screening, diagnosis, and treatment C. Colorectal Cancer Control Program 3C) Retain for TWELVE (12) YEARS, after the last Screening Component – for Local Health Departments date of service, then destroy. 1. Client applications, screening and diagnostic test results and other reimbursement records related to prescribed screening, diagnosis, and treatment. D. Maryland Cancer Fund (MCF) 3D) Retain in office for FIVE (5) YEARS following 1. MCF Treatment Grant files including program completion of grant and until audit requirements are applications (Maryland Health Insurance Program met, then transfer to State Records Center. Retain at (MHIP) and non-MHIP), proof of residency, proof of the State Records Center for TEN (10) YEARS after income, physician's diagnosis letter, treatment plan award period completion, then destroy. and budget, certification, fiscal budget; Standard Grant Agreement; award letter; funding certification; DHMH 437/438/440; invoices/patient bills/receipts; final comprehensive report; correspondences; and related records. E. Maryland Cancer Registry (MCR) Hard copy tumor abstract reports submitted to the 3E1) Retain records submitted in for ONE (1) YEAR 1. MCR containing patient information on reportable after finalizing incidence year, then destroy. tumors including data on demographics, diagnosis, staging, treatment, vital status, cause of death.

DEC	DEPARTMENT OF GENERAL SERVICES-STATE RECORDS		SCHEDULE NUMBER _2728
REC			PAGE 3_OF_17
DEPARTMENT OF HEALTH & MENTAL HYGIENE PUBLIC HEALTH SERVICES PREVENTION AND HEALTH PROMOTION ADMINISTRATION SECRETARIAT OFFICE / ADMINISTRATION/BOARD			
Item No.	Description of Records Series (from Inventory Form)	Authorized Retention	on Period & Instructions
	 Processed electronic MCR master tumor database of tumor abstract reports and of the consolidated tumor records. 	3E2) Retain PERMANE State Archives every FIV	NTLY. Transfer to Maryland E (5) YEARS.
	 Original electronic abstract reports submitted to MCR or to MCR contractor for Quality Assurance and Data Management. 	3E3) Retain PERMANE Maryland State Archives	NTLY. Transfer to every FIVE (5) YEARS.
	 Death Certificates; National Death Index Data; Social Security Death Index data 	3E4) Retain for ONE (1) information has been enter tumor records (Item 3E2)	ered into the consolidated
e	 Records of requests for MCR data: a. Hard copy data, notes, MOU/Agreement for data release, confidentiality agreements. 		5) YEARS after the study for equested for are completed,
	 Electronic records of data requests such as spreadsheets and linkage data. 		0) YEARS after the study for equested for are completed,
	CIGARETTE RESITUTION FUND PROGRAMS UNIT		
4.	A. Clinical Documents and Correspondence (for CRFP Unit Use Only) (Clinical documents and correspondence submitted to the CRFP for the purpose of clinical review related to screening, diagnosis and treatment, program notes, laboratory results, procedure reports, medical bills, and other clinical documents related to the prescribed screening, diagnosis and treatment)	that is no longer needed a	
	 B. Grant Applications, Grant Awards and Contracts (for local health departments, academic centers, sub-vendors, hospitals, private grantees) 	4B) Retain grant applicat contracts for FIVE (5) Y fiscal year and until audi destroy.	tions, grant awards and EARS after completion of t requirements are met, then

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RECORDS RETENTION AND DISPOSAL SCHEDULE

DEPARTMENT OF HEALTH & MENTAL HYGIENE PUBLIC HEALTH SERVICES PREVENTION AND HEALTH PROMOTION ADMINISTRATION

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Item No.		Description of Records Series (from Inventory Form)	Authorized Retention Period & Instructions
	C.	Financial Records (Budgets, Invoices, Budget Modifications, and other budget-related documents)	4C) Retain for FIVE (5) YEARS after completion of fiscal year and until all audit requirements are met, then destroy.
	D.	Reports (Site Visit Reports, Progress Reports, and Data Reports)	4D) Retain for FIVE (5) YEARS and until all audit requirements are met, then destroy.
	E.	Annual and Final Reports (End of Year Expenditures Reports (440-440A), Annual Cancer Reports)	4E) Retain PERMANENTLY , transferring to Maryland State Archives when no longer needed.
	F.	Program Correspondence (CRFPU correspondence to programs, Coalition meeting minutes)	4F) Retain for FIVE (5) YEARS after completion of fiscal year, then destroy.
	G.	Clinical Records (for CPEST-Funded Programs' Use Only) (Client applications, clinical records of screening and diagnostic and treatment services provided through the CPEST program, medical bills, and reimbursement records related to prescribed screening, diagnosis, and treatment)	4G) Retain for TWELVE (12) YEARS , after the last date of service, then destroy.

DEC		MENT OF GENERAL SERVICES-STATE RECORD		SCHEDULE NUMBER _2728
REC	RECORDS RETENTION AND DISPOSAL SCHEDULE			PAGE_5_OF_17
	IEALTH SERV	DEPARTMENT OF HEA ICES PREVENTION AND HEALT OFFICE / ADMINISTRATIO	H PROMOTION ADMINIS	
Item No.	Descripti	on of Records Series (from Inventory Form)	Authorized Retentio	n Period & Instructions
	ENVIRONMI	ENTAL HEALTH BUREAU		
5.	Campground F A. B. C. D.	Files (program ended 07/01/2009) Applications Inspection Reports Facility Plans Correspondence	5A - D) Retain for THRE	E (3) YEARS, then destroy.
6.	Migrant Labor A. B. C. D.	Camp Files (program ended 07/01/2009) Applications Inspection Reports Facility Plans Correspondence	6A - D) Retain for THRE	E (3) YEARS, then destroy.
7.	Mobile Home A. B. C. D.	Park Files (program ended 07/01/2009) Applications Inspection Reports Facility Plans Correspondence	7A - D) Retain for THRE	E (3) YEARS, then destroy
8.	Outdoor Musi A. B. C. D.	c Festival Files (program ended 07/01/2009) Applications Inspection Reports Facility Plans Correspondence	8A - D) Retain for THRE	E (3) YEARS, then destroy
9.	Aquatic Facili A. B. C. D. E. F. G.	ity and Venue Files Applications Construction Permits Alteration Permits Replacement Permits Plans and Equipment Specifications Inspection Reports Correspondence	9A - G) Retain for THRI	EE (3) YEARS, then destroy

	ORDS RETENTION AND DISPOSAL	SCHEDULE	NUMBER _2728
PUBLIC HE		and the second	PAGE_6_OF_17
	DEPARTMENT OF HEALTH & CALTH SERVICES PREVENTION AND HEALTH I SECRETARIAT OFFI		STRATION
Item No.	Description of Records Series (from Inventory Form)	Authorized Retentio	n Period & Instructions
10.	 Youth Camp Files A. Applications B. Certificates, Letters of Compliance, and Acceptance Letters C. Inspection Reports D. Facility Plans E. Correspondence F. Annual Reports G. Injury/Illness Report Forms 	10A - G) Retain for THR destroy.	EE (3) YEARS, then
11.	Electronic Licensing, Permitting and Inspection Database for youth camps, aquatic facilities and venues, mobile home parks, campgrounds, migrant labor camps, and outdoor music festivals. (This database contains data on each licensed facility, including applicant location, application information, fees and permits or licenses issued, inspections, violations, regulatory action and license status.)	record. A copy of the reco	DUSLY updated electronic ord will be provided to the every THREE (3) YEARS.
12.	 Environmental Health Complaints A. Clean Indoor Air Act Complaints B. Consumer Product-Related Complaints C. Complaints related to General Environmental/Housing Conditions 	12A - C) Retain for THR destroy.	EE (3) YEARS, then
13.	<u>Product Safety Administrative Correspondence</u> Correspondence related to Consumer Product Safety Commission reports, complaints from companies and citizens regarding children's toys and clothing, complaints regarding the safety of different products, Division of Product Safety Regulations and general correspondence on everything pertaining to safety and protection for the consumer.	13) Retain for THREE (3) YEARS, then destroy.

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RECORDS RETENTION AND DISPOSAL SCHEDULE

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DEPARTMENT OF HEALTH & MENTAL HYGIENE

PUBLIC HEALTH SERVICES PREVENTION AND HEALTH PROMOTION ADMINISTRATION

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Item No.	Description of Records Series (from Inventory Form)	Authorized Retention Period & Instructions
14.	Environmental/Occupational Disease and Surveillance	
	A. Statistical Reports for US Centers for Disease Control and Prevention (Office of Record)	14A) Retain for TEN (10) YEARS and until all audit requirements have been met, then destroy.
	 B. Confidential Reports of Environmental/ Occupational Disease 	14B) Retain for TEN (10) YEARS and until all audit requirements have been met, then destroy.
	C. Case Investigation Reports (includes surveillance forms and summaries of case investigations)	14C) Retain for TEN (10) YEARS and until all audit requirements have been met, then destroy.
	 D. Environmental Public Health Tracking Project a. Health Services Cost Review Commission hospitalization data 	14D) Retain on-site for ONE HUNDRED (100) YEARS, then destroy with the following exception: If scanned, scan according to Maryland State Archives standards and dispose of paper originals. Retain scans for ONE HUNDRED (100) YEARS and then destroy
	b. Vital Statistics Administration data	
	c. Birth Defects Reporting and Information System birth defects data	
	d. Maryland Department of the Environment Lead Poisoning Prevention Program childhood blood lead data	
	e. Maryland Cancer Registry cancer data	

	DEPARTMENT OF GENERAL SERVICES-STATE RECORDS	CENTER	SCHEDULE NUMBER 2728
REC	ORDS RETENTION AND DISPOSAI	SCHEDULE	PAGE 8 OF 17
1	DEPARTMENT OF HEAL	TH & MENTAL	
PUBLIC HEALTH SERVICES PREVENTION AND HEALTH PROMOTION ADMINISTRATION SECRETARIAT OFFICE / ADMINISTRATION/BOARD			
Item No.	Description of Records Series (from Inventory Form)	Authorized Retentio	n Period & Instructions
15.	Retail Food Program Standardization and Evaluation		
	 A. Correspondence, inspection forms and score sheets used during standardization of Local Health Department staff, correspondence, and baseline data forms. 	15A) Retain for FIVE (5) creation, then destroy.	YEARS from the date of
	 B. Final reports of Local Health Departments program evaluation. 	15B) Retain final reports t destroy.	for TEN (10) YEARS, then
16.	 All Office of Food Protection Plan Review, Licensing, Permitting, Inspection, and Enforcement Records A. License Application B. Licenses C. Inspection Reports, including FDA Contract Inspection Reports D. Correspondence including Compliance Scheduled and Enforcement Actions E. Food and Water Sampling Results F. Shellfish Certificates G. Plan Review Applications H. Hazard Analysis & Critical Control Point Plans I. Food Processing Plant Re-Opening Inspections J. Product Sampling Results K. Complaints L. Correspondence 	16A - L) Retain for FIVE creation, and until all audi met, then destroy.	(5) YEARS from the date of t requirements have been

	DEPARTMENT OF GENERAL SERVICES-STATE RECORDS	CENTER	SCHEDULE NUMBER 2728
REC	ORDS RETENTION AND DISPOSAI	SCHEDULE	PAGE 9 OF 17
	DEPARTMENT OF HEAL	TH & MENTAL	
PUBLIC H	EALTH SERVICES PREVENTION AND HEALTH		
SECRE	TARIAT OFFICE / ADMINISTRATION /	BOARD	
Item No.	Description of Records Series (from Inventory Form)	Authorized Retentio	n Period & Instructions
17.	Electronic Licensing, Permitting, Inspection and Enforcement Database for Food A. License Application	17A - L) These are CONT Record will be provided to Archives every THREE (
	 B. Licenses B. Licenses C. Inspection Reports, including FDA Contract Inspection Reports D. Correspondence including Compliance Scheduled and Enforcement Actions E. Food and Water Sampling Results F. Shellfish Certificates G. Plan Review Applications H. Hazard Analysis & Critical Control Point Plans I. Food Processing Plant Re-Opening Inspections J. Product Sampling Results K. Complaints L. Correspondence 		* *
18.	CENTER FOR INJURY AND SEXUAL ASSAULT PREVENTION Kids in Safety Seats A. Car Seat Checkup Event Form 1. This form contains caregiver information, including:	18A) Retain for SIX (6)	YEARS, then destroy.
	 This form contains caregiver information, including: name, address and phone number. This form possibly contains child information, including name, age, weight and height. B. Special Needs Car Seat Loaner Program Form This form contains caregiver information, including: name, address and phone number. This form possibly contains child information, including name, age, weight and height and Date of Birth. 	18B) Retain for FIVE (5) YEARS, then destroy.

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RECORDS RETENTION AND DISPOSAL SCHEDULE

DEPARTMENT OF HEALTH & MENTAL HYGIENE ICES PREVENTION AND HEALTH PROMOTION ADMINISTRATION

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Item No.	Description of Records Series (from Inventory Form)	Authorized Retention Period & Instructions
19.	Sexual Assault Reimbursement Unit	
	A. These files contain non-record copies of hospital, physician office, and laboratory invoices for reimbursement for sexual assault medical forensic examinations.	19A) Retain for FIVE (5) YEARS, then destroy.
	 B. Sexual Assault Data System (Electronic Master Database). 	19B) This is a CONTINUOUSLY updated electronic record. Record will be provided to the Maryland State Archives every FIVE (5) YEARS .
	CENTER FOR INJURY EPIDEMIOLOGY	
20.	Maryland Violent Death Reporting System	
	A. Hard copies of Death Certificates	20A) Retain for TEN (10) YEARS from date of death, then destroy.
	B. Police Reports	20B) Information from police reports is entered into the National Violent Death Reporting System, a web based system maintained by CDC. Retain police reports for TEN (10) YEARS from death year, then destroy.
	C. Supplementary Homicide Reports (SHR)	20C) Information from Supplementary Homicide Reports is entered into the National Violent Death Reporting System, a web based system maintained by CDC. Retain Supplementary Homicide Reports for TEN (10) YEARS from death year, then destroy.
	т	

	DEPARTMENT OF GENERAL SERVICES-STATE RECORDS	CENTER SCHEDULE			
DEC	DECODDS DETENTION AND DISDOS AL SCHEDULE				
RECO	RECORDS RETENTION AND DISPOSAL SCHEDULE PAGE 11_OF_17				
		TH & MENTAL HYGIENE			
and the second se	EALTH SERVICES PREVENTION AND HEALTH	PROMOTION ADMINISTRATION BOARD			
Item No.	Description of Records Series (from Inventory Form)	Authorized Retention Period & Instructions			
	INFECTIOUS DISEASE AND OUTBREAK RESPONSE				
	BUREAU				
	BUREAU WIDE				
21.	A. Health Officer memos	21A) Retain for TEN (10) years, then destroy.			
	B. Site Visit Reports	21B) Retain for TEN (10) YEARS, then destroy.			
	C. On-Call Consultation Reports	21C) Retain for TEN (10) YEARS , then destroy, with the following exception: If scanned, scan according to Maryland State Archives standards and dispose of paper originals. Retain scans for TEN (10) YEARS and then destroy.			
	D. Federal Cooperative Agreements and related reports	21D) Retain for FIVE (5) YEARS after the project period ends and all Federal conditions of award and audit requirements have been met, then destroy.			
	E. Communicable Disease Surveillance-Laboratory Reports other than TB, syphilis, gonorrhea, and chlamydia (DHMH 1281 "Laboratory Evidence of Certain Communicable Disease) and HIV/AIDS (DHMH 4492 "State of MD HIV/CD4 Laboratory Reporting Form") collected for the purpose of identifying gaps between manual and electronic submissions, both paper and electronic.	21E) Retain for ONE (1) YEAR , then destroy with the following exceptions: If scanned, scan according to the Maryland State Archives standards and dispose of paper originals. Retain scans for ONE (1) YEAR , then destroy.			
	F. Case Investigation Reports (DHMH, CDC, and other case report or surveillance forms and other summaries of case investigation) other than HIV/AIDS, TB, syphilis, gonorrhea, and chlamydia	21F) Retain for TWENTY TWO (22) YEARS from the date of creation, then destroy, with the following exception: If scanned, scan according to State Archive's standards and dispose of paper originals. Retain scans for TWENTY TWO (22) YEARS and then destroy.			
	G. Electronic Data Case Registry Records	21G) Retain on-site for ONE HUNDRED (100) YEARS or until superseded by updated information, whichever is sooner, then destroy with the following exception: If scanned, scan according to Maryland State Archives standards and dispose of paper originals. Retain scans for ONE HUNDRED (100) YEARS and then destroy.			

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DEPARTMENT OF HEALTH & MENTAL HYGIENE PUBLIC HEALTH SERVICES PREVENTION AND HEALTH PROMOTION ADMINISTRATION

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Item No.	De	escription of Records Series (from Inventory Form)	Authorized Retention Period & Instructions
		Research Projects: Project protocols, Institutional Review Board (IRB) applications, Memorandum of Understanding (MOUs) and other memorandums, consent forms, records from which medical information has been extracted, patient line lists, data collection forms, data analysis results, abstracts, presentations and reports.	21H) Retain for TEN (10) YEARS , or until CDC or other funder closes the project and all audit requirements have been met, whichever is sooner, then destroy.
	INFECT	TOUS DISEASE SURVEILLANCE	ri.
22.	A.	Infectious Disease Surveillance Annual Summary Reports to CDC	22A) Retain for FIVE (5) YEARS , then destroy with the following exceptions: If scanned, scan according to the State Archives standards and dispose of paper originals. Retain scans for FIVE (5) YEARS , then destroy.
	B.	Salmonella Typhi Carrier Record	22C) Retain on-site for the LIFE OF THE CARRIER, or for 100 years, whichever is sooner, then destroy.
	C.	HIV/AIDS Case Investigation Reports (DHMH, CDC, and other case report or surveillance forms and other summaries of case investigations)	22D) Retain on-site for FIFTY (50) years, then destroy with the following exception: If scanned, scan according to Maryland State Archives standards and dispose of paper originals. Retain scans for FIFTY (50) YEARS, then destroy.
	OUTBR	REAK AND OUTBREAK CASE INVESTIGATION	
23.	A.	Outbreak and Outbreak Case Investigation Files (Except for TB investigations)	23A) Retain for TWENTY TWO (22) YEARS from the date of creation, then destroy with the following exception: If scanned, scan according to Maryland State Archives standards and dispose of paper originals. Retain scans for TWENTY TWO (22) YEARS , then destroy.
c	B.	Outbreak final reports	23B) Retain for TWENTY TWO (22) YEARS from the date of creation, then destroy with the following exception: If scanned, scan according to Maryland State Archives standards. Retain scans for TWENTY TWO (22) YEARS , then destroy.

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DEPARTMENT OF HEALTH & MENTAL HYGIENE PUBLIC HEALTH SERVICES PREVENTION AND HEALTH PROMOTION ADMINISTRATION SECRETARIAT OFFICE / ADMINISTRATION/BOARD Item No. Description of Records Series (from Inventory Form) Authorized Retention Period & Instructions ZOONOTIC AND VECTORBORNE DISEASES A. Maryland Report of Human Postexposure Rabies
Prophylaxis 24A) Retain for FIVE (5) YEARS, then destroy with
the following exception: If scanned, scan according t
Maryland State Archives standards and dispose of
paper originals. Retain scans for FIVE (5) YEARS,

	ZOUNC	DIIC AND VECTORBORNE DISEASES	
24.	A.	Maryland Report of Human Postexposure Rabies Prophylaxis	24A) Retain for FIVE (5) YEARS , then destroy with the following exception: If scanned, scan according to Maryland State Archives standards and dispose of paper originals. Retain scans for FIVE (5) YEARS , then destroy.
	B.	Monthly summary animal bite reports	24B) Retain for FIVE (5) YEARS, then destroy.
	C.	Individual animal bite reports (in-state and out-of-state)	24C) Retain for FIVE (5) YEARS, then destroy.
	D.	CDC Notice of Imported Dog	24D) Retain for FIVE (5) YEARS, then destroy.
	E.	Exotic Bird permits	24E) Retain for FIVE (5) YEARS , then destroy, with the following exception: If scanned, scan according to Maryland State Archive standards and dispose of paper originals. Retain scans for FIVE (5) YEARS , then destroy.
	F.	Other required reports (e.g. Postexposure Visit Record and Consent Form, Anti-Rabies Vaccination Tally Sheet, etc.)	24F) Retain for TEN (10) YEARS, then destroy. With the following exception: If scanned, scan according to Maryland State Archive standards and dispose of paper originals. Retain scans for TEN (10) YEARS, then destroy.
	G.	Quarterly reports for pre- and post-exposure rabies regimens	24G) Retain for FIVE (5) YEARS , then destroy, with the following exception: If scanned, scan according to Maryland State Archive standards and dispose of paper originals. Retain scans for FIVE (5) YEARS , then destroy.
	н	Rabies Vaccine Delay Requests	24H) Retain for FIVE (5) YEARS, then destroy with the following exception: If scanned, scan according to Maryland State Archive standards and dispose of paper originals. Retain scans for FIVE 5) YEARS, then destroy.

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DEPARTMENT OF HEALTH & MENTAL HYGIENE VICES PREVENTION AND HEALTH PROMOTION ADMINISTRATION

PUBLIC HEALTH SERVICES SECRETARIAT

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Item No.	Description of Records Series (from Inventory Form)	Authorized Retention Period & Instructions
	TUBERCULOSIS	2
25.	A. Tuberculosis Case/Suspect Report (DHMH 4501) and associated National Electronic Disease Surveillance System (NEDSS) case files that contain laboratory reports and other detailed information on TB	25A) Retain on-site for ONE HUNDRED (100) YEARS , then destroy with the following exception: If scanned, scan according to Maryland State Archives standards and dispose of paper originals. Retain scans for ONE HUNDRED (100) YEARS and then destroy.
	 B. Case files of multiple-drug resistant patients and those incarcerated for noncompliance with TB treatment 	25B) Retain on-site for ONE HUNDRED (100) YEARS , then destroy with the following exception: If scanned, scan according to Maryland State Archives standards and dispose of paper originals. Retain scans for ONE HUNDRED (100) YEARS and then destroy.
	C. Verified TB Case Notebooks (1913-1989): Contains lists of reported TB Cases	25C) Retain on-site for ONE HUNDRED (100) YEARS, then destroy with the following exception: If scanned, scan according to Maryland State Archives standards and dispose of paper originals. Retain scans for ONE HUNDRED (100) YEARS and then destroy.
	D. TB Investigation files: include special investigations, i.e., large contact investigations, investigations of outbreaks, laboratory contamination, and significant clusters of culture positive cases with identical DNA fingerprints	25E) Retain on-site for ONE HUNDRED (100) YEARS , then destroy with the following exception: If scanned, scan according to Maryland State Archives standards and dispose of paper originals. Retain scans for ONE HUNDRED (100) YEARS and then destroy.
	E. TB Alien Report Forms: forms used to notify states about aliens entering with TB	25F) Retain on-site for ONE HUNDRED (100) YEARS , then destroy with the following exception: If scanned, scan according to Maryland State Archives standards and dispose of paper originals. Retain scans for ONE HUNDRED (100) YEARS and then destroy.

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DEPARTMENT OF HEALTH & MENTAL HYGIENE PUBLIC HEALTH SERVICES PREVENTION AND HEALTH PROMOTION ADMINISTRATION SECRETARIAT OFFICE / ADMINISTRATION/BOARD Item No. Description of Records Series (from Inventory Form) Authorized Retention Period & Instructions **REFUGEE HEALTH** 26A) Retain on-site for ONE HUNDRED (100) 26. A. Refugee Health Screening Records and associated case files that contain laboratory reports and other detailed information YEARS and until all audit requirements are met, then destroy with the following exception: If scanned, scan about refugees. according to Maryland State Archives standards and dispose of paper originals. Retain scans for ONE HUNDRED (100) YEARS and then destroy. B. Mental Health Referral Request Forms 26B) Retain on-site for ONE HUNDRED (100) YEARS, then destroy with the following exception: If scanned, scan according to Maryland State Archives standards and dispose of paper originals. Retain scans for ONE HUNDRED (100) YEARS and then destroy. 26C) Retain on-site for ONE HUNDRED (100) C. Refugee health files: includes special investigations (e.g. YEARS, then destroy with the following exception: If outbreak investigations, contact investigations) scanned, scan according to Maryland State Archives standards and dispose of paper originals. Retain scans for ONE HUNDRED (100) YEARS and then destroy. **IMMUNIZATIONS** 27A) Retain for THREE (3) MONTHS from the date A. Vaccine For Children (VFC) Inventory Records 27. of creation, then destroy. 27B) Maintain for TWO (2) YEARS and until all B. VFC Site Visit Reports audit requirements are met, then destroy. 27C) Retain for TWO (2) YEARS from the date of C. VFC Provider Training Records creation, then destroy. 27D) Maintain patient data for THREE (3) D. Vaccines for Children (VFC) Managed Care MONTHS, then destroy. Maintain data cover sheet for Organization (MCO) Panels. These are patient data FOUR (4) YEARS, then destroy. files submitted by VFC providers to establish vaccine allocation

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DEPARTMENT OF HEALTH & MENTAL HYGIENE CES PREVENTION AND HEALTH PROMOTION ADMINISTRATION

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Item No.	Description of Records Series (from Inventory Form)	Authorized Retention Period & Instructions
	E. School Immunization Surveys	27E) Maintain hard copies for TWO (2) YEARS, then destroy; maintain electronic database containing key elements from School Immunization Surveys for TEN (10) YEARS, then destroy.
	F. Immunization Registry (ImmuNet) Records	27F) Retain data for ONE-HUNDRED (100) YEARS or until superseded by updated information, whichever is sooner, then destroy.
*	INFECTIOUS DISEASE PREVENTION AND HEALTH SERVICES BUREAU	
	BUREAU WIDE	
28.	A. Health Officer memos	28A) Retain for TEN (10) YEARS , then destroy. If scanned, scan according to Maryland State Archives standards. Retain scans for TEN (10) YEARS from the date of paper origins, then destroy.
	B. Site Visit Reports	28B) Retain for TEN (10) YEARS, then destroy. If scanned, scan according to Maryland State Archives standards. Retain scans for TEN (10) YEARS from the date of paper origins, then destroy.
2	C. On-Call Consultation Reports	28C) Retain for TEN (10) YEARS, then destroy. If scanned, scan according to Maryland State Archives standards. Retain scans for TEN (10) YEARS from the date paper origins, then destroy.
	D. Federal Cooperative Agreements and Related Reports	28D) Retain for TEN (10) YEARS after the project period ends, then destroy.
		· · · ·

SCHEDULE NUMBER 2728

RECORDS RETENTION AND DISPOSAL SCHEDULE

PAGE 17 OF 17

DEPARTMENT OF HEALTH & MENTAL HYGIENE

PREVENTION AND HEALTH PROMOTION ADMINISTRATION

PUBLIC HEALTH SERVICES SECRETARIAT

OFFICE / ADMINISTRATION / BOARD

Item No.	Description of Records Series (from Inventory Form)	Authorized Retention Period & Instructions
	SEXUALLY TRANSMITTED DISEASES	
29.	 A. Syphilis/HIV case management records from STAT Lab Project 	29A) Retain for TWENTY TWO (22) YEARS , then destroy. If scanned, scan according to State Records Center standards; retain for TWENTY TWO (22) YEARS from the date of paper origins, then destroy.
	 B. Syphilis Laboratory Reports from the STAT Lab Project 	29B) Retain for THREE (3) YEARS, then destroy.
	C. Data from statewide electronic surveillance systems	29C) CONTINUOUS Record. Maintain as a perpetual file for epidemiological purposes by updating when amended or revised and destroying obsolete material.
	MARYLAND AIDS DRUG ASSISTANCE PROGRAM	
30.	A. Fiscal Records	30A) Retain for FIVE (5) YEARS, then destroy. If scanned, scan according to Maryland State Archives standards. Retain scans for FIVE (5) YEARS from the date of paper origins, then destroy.
	B. Client Files	30B) Retain for FIVE (5) YEARS after file closed, then destroy.
	HIV PREVENTION AND HEALTH SERVICES	
31.	A. Aggregate contract monitoring data and reports	31A) Retain for THREE (3) YEARS , then destroy. It scanned, scan according to Maryland State Archives standards. Retain scans for THREE (3) YEARS from the date of paper origins, then destroy.
	B. Client-level programmatic data collection forms	31B) Retain until scanned to Maryland State Archives standards, then retain paper until quality assurance check is completed, then destroy paper originals. Retain images for THREE (3) YEARS from the date of paper origins, then destroy.
	C. Client-level programmatic datasets	31C) Maintain for TEN (10) YEARS, then destroy.

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 fo 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. 1. Department/Agency	orm STA' 72; 3 JESS	DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379 2. Office/Administration/Board		HMH RECORDS INVENTORY		
MD DEPT OFHEALTH & MENTAL HYGIENE	PREVENTION A	ND HEALTH PROMOTION	Maternal a	and Child Health Bureau		
	ADMINISTRATIC	DN				
DEFINITION - RECORD SERIES - A group of related records normally filed and us 4. Record Series Title	sed as a unit for reference as well as	retention and disposition purposes.	5. Earliest Year	Il stast Voor		
OFFICE OF THE MARYLAND WOMEN, INFA			2012 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.) A. <u>WIC Program Vendor Files</u> – These files are comprised of authorization documents, sanctions, disqualifications that relate to Vendors who apply to be authorized by the Maryland WIC Program. B. <u>WIC Vendor Revalidated Checks</u> - These files are comprised of revalidated checks that are submitted by authorized vendors, after the initial deposit rejection by a bank. C. <u>WIC Fiscal Records</u> - These files are comprised of fiscal related documents such as financial or inventory management evaluation documentation from local agencies, contracts and other miscellaneous purchasing 						
documentation.						
7, Record Series Format(s) List all that apply Paper: Film / tape: Electronic: Ξ Letter Size Γ Film/Slides (35mm, etc) Γ Kept on Hard Drive Γ Legal Size Γ Microfilm/ Microfiche Γ Computer Tape	8. Record Series Sequer I' Alphabetical I' Numerical	nce	9. Volume			
Γ Rolls≊ Γ Audio Tape Γ Floppy Disk Γ Bound Book Γ Video Tape Γ CD,DVD,etc Γ Card Γ Other (specify)	X Chronological Г Geographical Г Other (specify) _	Г Geographical		cumulation Γ File Drawer(s) Γ Microfilm Reel(s) Γ Computer Tape(s) Γ Other (specify)		
11. File is Used Г Daily Г Weekly X Monthly Г Annually		12. File Becomes Inactive After _3 Number	_ Γ Month(Ξ Year(s			
13. Current Location(s) (Bldg., Floor, Room) 201 Preston St, 1st FI, BALTIMORE AND OTHER LOC	CATIONS	14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) Γ Yes x No Agency/ Format		agency or office.)		
15. Privacy / Access Restrictions Г Yes Ξ No Г Personal Г Medical Г Proprietary Г Classified ГOther (If Yes, cite Law(s) & Regulation(s)	16. Audit Requirements x None Г Internal ГОІG ГLegislative Г Federal Г Independent					
17. Is an Index System used? If yes, explain briefly and describe requirements	18. Recommended Retention: In Office And Retain for THREE (3) YE final closeout report for the then destroy.	EARS follo	wing the date of filing the			
19. Name and Title of Preparer WALTER ZERRLAUT DHMH RECORDS OFFICER E-mail address: walter.zerrlaut@maryland.gov	20. Location: 201 WEST PRESTON STREET, B Telephone Number# 410 767-35			21. Date		

DHMH Instructions -Make a list of all files. Determine whether each is non-recom record material or both. Group into Record Series. Prepare a separate inventory for each Record Series identified. All Record Series are to be listed on a Schedu Form. Forward all Records Inventory forms with the proposed Schedule form (D 550-1) to the DHMH Records Officer thru your Records Coordinator.	form ST. le 7 GS	DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379		
1. Department/Agency MD DEPT OFHEALTH & MENTAL HYGIENE DEFINITION - RECORD SERIES - A group of related records normally filed and	PREVENTION / ADMINISTRATI	DMINISTRATION		it or Section and Child Health Bureau
4. Record Series Title OFFICE FOR GENETICS AND PEOPLE WITH SPECI	AL NEEDS	n.	5. Earliest Yea 1976	ar/Latest Year to 2004_
6. Record Series Description (Briefly describe the types of information/document A. Metabolic Nutrition Program 1. Patient Files B. Sickle Cell Disease Program 1. Parent consent form(s) C. Infant Hearing Program 1. Test Results D. Birth Defects Program 1. Reporting and Surveillance Forms E. Children's Medical Services 1. Fiscal Records	s/forms found in the series. Include	the purpose or function of the series.) F. Birth Defects Reporting and S 1. Reporting and Surv	urveillance	Forms
7. Record Series Format(s) List all that apply Paper: Film / tape: Electronic: Ξ Letter Size Γ Film/Slides (35mm, etc) Γ Kept on Hard Drive Ξ Legal Size Γ Microfilm/ Microfiche Γ Computer Tape Γ Rolls Γ Audio Tape Γ Floppy Disk Γ Bound Book Γ Video Tape Γ CD,DVD,etc Γ Card Γ Other (specify)	8. Record Series Sequ E Alphabetical <u>N/A</u> Numerical <u>X</u> Chronological <u>N/A</u> Geographical <u>N/A</u> Other (specif		9. Volume 	File Drawer(s) Microfilm Reel(s) Computer Tape(s) Other (specify)
13. Current Location(s) (Bidg., Floor, Room) 201 Preston St., 4th fl., Rm. 424, Baltimore, MD 21201		14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)		
15. Privacy / Access Restrictions Ξ Yes Γ No Ξ Personal Ξ Medical Γ Proprietary Γ Classified ΓOther (If Yes, cite Law(s) & Regulation(s) HIPAA, PERSONNEL REGS		16. Audit Requirements x None ΓInternal ΓΟΙG ΓLegislative Γ Federal Γ Independent		
17. Is an Index System used? If yes, explain briefly and describe requirements	 Recommended Retention: In Office And In Storage (Each Format) Retain for THREE (3) YEARS after the age of majority or FIVE (5) YEARS after the reco is made - whichever is longer, then destroy. Retain for THREE (3) YEARS after the age of majority or FIVE (5) YEARS after the reco is made - whichever is longer, then destroy. Retain for THREE (3) YEARS after the age of majority or FIVE (5) YEARS after the reco is made - whichever is longer, then destroy. Retain records of clients under age twenty-two (22) until TEN (10) YEARS after the last notation in the file or until age TWENTY-FOUR (24) YEARS, whichever is longer, then destroy. Retain for FIVE (5) YEARS, then destroy. Retain for FIVE (5) YEARS, then destroy. Retain for FIVE (5) YEARS, after the age of majority or FIVE (5) YEARS after the reco is made - whichever is longer, then destroy. 		hajority or FIVE (5) YEARS after the record hajority or FIVE (5) YEARS after the record hajority or FIVE (5) YEARS after the record 2) until TEN (10) YEARS after the last) YEARS, whichever is longer, then destroy.	
19. Name and Title of Preparer WALTER ZERRLAUT DHMH RECORDS OFFICER E-mail address: walter.zerrlaut@maryland.gov	20. Location: 201 WEST PRESTON STREET, B Telephone Number# 410 767-3:			21. Date

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 for each Record Series identified. All Record Series are to be listed on a Schedul Form. Forward all Records Inventory forms with the proposed Schedule form (DC 550-1) to the DHMH Records Officer thru your Records Coordinator.	form ST e 7 3S	MENT OF GENERAL SERVICES ATE RECORDS CENTER 275 WATERLOO ROAD P.O. BOX 275 SSUP, MARYLAND 20794 (410) 799-1379		
1. Department/Agency MD DEPT OFHEALTH & MENTAL HYGIENE	Board AND HEALTH PROMOTION ON	3. Division/Ur Primary (Bureau	iit or Section Care & Community Health	
DEFINITION - RECORD SERIES - A group of related records normally filed and a 4. Record Series Title Center for Cancer Prevention and Control	used as a unit for reference as well a	as retention and disposition purposes.	dechies.	ar/Latest Year 4_ to <u>Current</u>
 6. Record Series Description (Briefly describe the types of information/documents A. Breast and Cervical Cancer Diagnosis and Treath 1. Client applications, biopsy results, operative prescribed screening, diagnosis and treatment 	ment Program e results, mammograms,		other reimł	pursement records related to
7. Record Series Format(s) List all that apply Paper: Film / tape: Electronic: Ξ Letter Size Γ Film/Slides (35mm, etc) Γ Kept on Hard Drive Γ Legal Size Γ Microfilm/ Microfiche Γ Computer Tape Γ Rolls Ξ Γ Audio Tape Γ Floppy Disk Γ Bound Book Γ Video Tape Γ CD,DVD,etc Γ Card Γ Other (specify)	 8. Record Series Seque Γ Alphabetical Γ Numerical x Chronological Γ Geographical Γ Other (specify) 	ence.	9. Volume 300 Number 10. Annual Au 30 - 150 Number	Γ File Drawer(s) Γ Microfilm Reel(s) Γ Computer Tape(s) Ξ Other (specify) storage boxes ccumulation Γ Γ File Drawer(s) Γ Microfilm Reel(s) Γ Computer Tape(s) Ξ Other (specify) storage boxes
11. File is Used Г Daily Г Weekly Ξ Monthly Г Annually		12. File Becomes Inactive After Varies Number	Γ Month Ξ Year(s	
13. Current Location(s) (Bldg., Floor, Room) 201 W. Preston Street, Baltimore, MD 21201, 3 rd Floor	14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) Γ Yes x No Agency/ Format			
15. Privacy / Access Restrictions E Yes Г No Г Personal Г Medical Г Proprietary Г Classified Г Other (If Yes, cite Law(s) & Regulation(s) НIРАА	16. Audit Requirements Г None Г Internal ΞOIG Ξ Legislative Ξ Federal Γ Independent			
17. Is an Index System used? If yes, explain briefly and describe requirements Г Yes Г No	18. Recommended Retention: In Office And I 3A) Retain for SEVEN (7) YEAI		1 TRANSFER 1997 AL 1928 AL	
19. Name and Title of Preparer 2 WALTER ZERRLAUT DHMH RECORDS OFFICER E-mail address: walter.zerrfaut@maryland.gov	ALTIMORE MD 21201 98 Room # ROOM LL-5		21. Date	

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.	ST4 72	DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379		HMH RECORDS INVENTORY
Department/Agency MD DEPT OFHEALTH & MENTAL HYGIENE DEFINITION - RECORD SERIES - A group of related records normally filed and used a	PREVENTION A ADMINISTRATIO	2. Office/Administration/Board PREVENTION AND HEALTH PROMOTION ADMINISTRATION		or Section are & Community Health
4. Record Series Title Center for Cancer Prevention and Control			5. Earliest Year 2004	r/Latest Year to Current
 6. Record Series Description (Briefly describe the types of information/documents/forms B. Breast and Cervical Cancer Screening Program Screening Component – for Local Health Depar 1. Client applications, screening and diagnostic and treatment 	tments		ated to pre	scribed screening, diagnosis,
7. Record Series Format(s) List all that apply Paper: Film / tape: Electronic: Ξ Letter Size Γ Film/Slides (35mm, etc) Γ Kept on Hard Drive Γ Legal Size Γ Microfilm/ Microfiche Γ Computer Tape Γ Rolls = Γ Audio Tape Γ Floppy Disk Γ Bound Book Γ Video Tape Γ CD,DVD.etc Γ Card Γ Other (specify)	8. Record Series Seque F Alphabetical F Numerical x Chronological F Geographical F Other (specify)	ince	9. Volume 300 Number 10. Annual Ac 30 - 150 Number	 □ File Drawer(s) □ Microfilm Reel(s) □ Computer Tape(s) <u>□</u> Other (specify) <u>storage boxes</u> cumulation □ File Drawer(s) □ Microfilm Reel(s) □ Computer Tape(s) <u>□</u> Other (specify) <u>storage boxes</u>
11. File is Used Γ Daily Γ Weekly Ξ Monthly Γ Annually	2	12. File Becomes Inactive After Varies Number	F Month(Ξ Year(s	
13. Current Location(s) (Bldg., Floor, Room) 201 W. Preston Street, Baltimore, MD 21201, 3 rd Floor	14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) Γ Yes x No Agency/ Format			
15. Privacy / Access Restrictions Ξ Yes ГNo Г Personal Г Medical Г Proprietary Γ Classified ГOther (If Yes, cite Law(s) & Regulation(s) HIPAA	16. Audit Requirements Γ None Γ Internal Ξ OIG Ξ Legislative Ξ Federal Γ Independent			
17. Is an Index System used? If yes, explain briefly and describe requirements Γ Yes Γ No	18. Recommended Retention: In Office And 3B) Retain for TEN (10) YEARS			
	ALTIMORE MD 21201 598 Room # ROOM LL-5		21. Date	

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 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 (DG: 550-1) to the DHMH Records Officer thru your Records Coordinator. 1. Department/Agency MD DEPT OFHEALTH & MENTAL HYGIENE DEFINITION - RECORD SERIES - A group of related records normally filed and use	orm STA 72 S JES 2. Office/Administration/E PREVENTION A ADMINISTRATIO	STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379 2. Office/Administration/Board PREVENTION AND HEALTH PROMOTION ADMINISTRATION Bureau		E <u>3C</u> OF
4. Record Series Title Center for Cancer Prevention and Control			5. Earliest Year 2004	r/Latest Year _ to _ <u>Current</u>
 6. Record Series Description (Briefly describe the types of information/documents/ C. Colorectal Cancer Control Program Screening Component – for Local Health De 1. Client applications, screening and diagno diagnosis, and treatment. 	rescribed screening,			
7. Record Series Format(s) List all that apply Paper: Film / tape: Electronic: Ξ Letter Size Γ Film/Slides (35mm, etc) Γ Kept on Hard Drive Γ Legal Size Γ Microfilm/ Microfiche Γ Computer Tape Γ Rolls 3 Γ Audio Tape Γ Floppy Disk Γ Bound Book Γ Video Tape Γ CD,DVD,etc Γ Card Γ Other (specify)	8. Record Series Seque Alphabetical Numerical X Chronological Geographical F Other (specify)	nce :	9, Volume 300 Number 10, Annual Ac 30 - 150 Number	
11. File is Used Г Daily Г Weekly Ξ Monthly Г Annually		12. File Becomes Inactive After Varies Number	Г Month Ξ Year(s	
13. Current Location(s) (Bldg., Floor, Room) 201 W. Preston Street, Baltimore, MD 21201, 3 rd Floor		14. ts Record Series Duplicated Elsewhere? (If yes, specify agency or office.)		
15. Privacy / Access Restrictions Ξ Yes Γ No Γ Personal Γ Medical Γ Proprietary Γ Classified ΓOther (If Yes, cite Law(s) & Regulation(s) HIPAA	16. Audit Requirements Г None ΓInternal ΞOIG Ξ Legislative Ξ Federal Γ Independent			
17. Is an Index System used? If yes, explain briefly and describe requirements Г Yes Г No	18. Recommended Retention: In Office And 3C) Retain for TWELVE (12) Y		th Format) the last date of service, then destroy.	
19. Name and Title of Preparer WALTER ZERRLAUT DHMH RECORDS OFFICER E-mail address: walter.zerrlaut@maryland.gov	20. Location: 201 WEST PRESTON STREET, B Telephone Number# 410 767-35			21. Date

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 inventor for each Record Series identified. All Record Series are to be listed on a Sched Form, Forward all Records Inventory forms with the proposed Schedule form (D 550-1) to the DHMH Records Officer thru your Records Coordinator.	y form ST/ ule 72 DGS	DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379		DHMH RECORDS INVENTORY
Department/Agency MD DEPT OFHEALTH & MENTAL HYGIENE DEFINITION - RECORD SERIES - A group of related records normally filed and	PREVENTION A ADMINISTRATI	2. Office/Administration/Board PREVENTION AND HEALTH PROMOTION ADMINISTRATION		it or Section Care & Community Health
4. Record Series Title Center for Cancer Prevention and Control		o recención and dispectition parposed.	5. Earliest Ye 2004	ar/Latest Year Lo_Current
 6. Record Series Description (Briefly describe the types of information/document D. Maryland Cancer Fund (MCF) 1. MCF Treatment Grant files including p of residency, proof of income, physicia Agreement; award letter; funding certif correspondences; and related records. 	program applications (N n's diagnosis letter, trea	Maryland Health Insurance Pro atment plan and budget, certif	ication, fis	scal budget; Standard Grant
7. Record Series Format(s) List all that apply Paper: Film / tape: Electronic: Ξ Letter Size Γ Film/Slides (35mm, etc) Γ Kept on Hard Drive Γ Legal Size Γ Microfilm/ Microfiche Γ Computer Tape Γ Rolls Γ Audio Tape Γ Floppy Disk Γ Bound Book Γ Video Tape Γ CD,DVD,etc Γ Card Γ Other (specify)	8. Record Series Seque F Alphabetical F Numerical x Chronological F Geographical F Other (specify)	ince	9. Volume 300 Number 10. Annual Ar 30 - 150 Number	 Γ File Drawer(s) Γ Microfilm Reel(s) Γ Computer Tape(s) Ξ Other (specify) storage boxes scumulation Γ File Drawer(s) Γ Microfilm Reel(s) Γ Computer Tape(s) Ξ Other (specify) _storage boxes
11. File is Used Г Daily Г Weekly Ξ Monthly Г Annually		12. File Becomes Inactive After Varies Number	Г Month Ξ Year(t	
13. Current Location(s) (Bldg., Floor, Room) 201 W. Preston Street, Baltimore, MD 21201, 3rd Floor	14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) Γ Yes x No Agency/ Format			
15. Privacy / Access Restrictions Ξ Yes Γ No Γ Personal Γ Medical Γ Proprietary Γ Classified Γ Other (If Yes, cite Law(s) & Regulation(s) HIPAA	16. Audit Requirements Γ None Γ Internal Ξ OIG Ξ Legislative Ξ Federal Γ Independent			
17. Is an Index System used? If yes, explain briefly and describe requirement Г Yes Г No	audit requirements are met, then tr	YEARS foll ansfer to Sta	h Format) owing completion of grant and until te Records Center. Retain at the State ard period completion, then destroy.	
19. Name and Title of Preparer WALTER ZERRLAUT DHMH RECORDS OFFICER E-mail address: walter.zerrlaut@maryland.gov	20. Location: 201 WEST PRESTON STREET, B/ Telephone Number# 410 767-35			21. Date

DHMH Instructions -Make a list of all files. Determine whether each is non-reco	ord, DEPARTN	IENT OF GENERAL SERVICES	DHMH RECORDS INVENTORY	
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.		ATE RECORDS CENTER 275 WATERLOO ROAD P.O. BOX 275 SSUP, MARYLAND 20794 (410) 799-1379	page <u>3E</u> of	
1. Department/Agency MD DEPT OFHEALTH & MENTAL HYGIENE	ADMINISTRATI	AND HEALTH PROMOTION	3. Division/Unit or Section Primary Care & Community Health Bureau	
DEFINITION - RECORD SERIES - A group of related records normally filed an	d used as a unit for reference as well a	is retention and disposition purposes.		
4. Record Series Title Center for Cancer Prevention and Control			5. Earliest Year/Latest Year 2004 to Current	
 6. Record Series Description (Briefly describe the types of information/documer E. Maryland Cancer Registry (MCR) (As per the Maryland statute (see page 705-06 at this with § 2–1246 of the State Government Article, shall registry, including utilization of cancer registry data. retained for those purposes.) 1. Hard copy tumor abstract reports submitted diagnosis, staging, treatment, vital status, c 2. Processed electronic MCR master tumor data. 3. Original electronic abstract reports submitted. 4. Death Certificates; National Death Index E 5. Records of requests for MCR data: a. Hard copy data, notes, MOU/Ag b. Electronic records of data request 	s link, <u>http://mgaleg.maryl</u> l submit an annual report " This report contains trer d to the MCR containing j cause of death. atabase of tumor abstract i ted to MCR or to MCR cc Data; Social Security Deat reement for data release, o	and.gov/2017RS/Statute_Web/g to the Governor and General Ass ad analysis, which requires all his patient information on reportable reports and of the consolidated tu nutractor for Quality Assurance an h Index data confidentiality agreements.	sembly on the activities of the cancer storical data and thus all records must be tumors including data on demographics, umor records.	
7. Record Series Format(s) List all that apply Paper: Film / tape: Electronic: Ξ Letter Size Γ Film/Slides (35mm, etc) Ξ Kept on Hard Drive Γ Legal Size Γ Microfilm/ Microfiche Γ Computer Tape Γ Rolls Γ Audio Tape Γ Floppy Disk Γ Bound Book Γ Video Tape Γ CD,DVD,etc Γ Card Ξ Other (specify)_SQL	8. Record Series Seque Γ Alphabetical Γ Numerical × Chronological Γ Geographical Γ Other (specify)	nce	9. Volume □ File Drawer(s) 300 □ Microfilm Reel(s) □ □ C Computer Tape(s) Number Ξ Other (specify) <u>storage boxes/37 gb SQL</u> 10. Annual Accumulation □ File Drawer(s) 30 - 150 □ Microfilm Reel(s) □ □ C Computer Tape(s) Number Ξ Other (specify) <u>storage boxes/37 gb SQL</u>	
11, File is Used Γ Daily Γ Weekly Ξ Monthly Γ Annually		12. File Becomes Inactive After Varies Number	Г Month(s) Ξ Year(s)	
13. Current Location(s) (Bldg., Floor, Room) 201 W. Preston Street, Baltimore, MD 21201, 3rd Floor		14. Is Record Series Duplicated Elsewhere? (If γes, specify agency or office.) Γ Yes x No Agency/ Format		
15. Privacy / Access Restrictions Ξ Yes Γ No Γ Personal Г Medical Γ Proprietary Γ Classified Г Other (If Yes, cite Law(s) & Regulation(s) HIPAA		16. Audit Requirements Г None Г Internal Ξ OIG Ξ Legislative Ξ Federal Γ Independent		
17. Is an Index System used? If yes, explain briefly and describe requirement Γ Yes Ξ No	20. Location:	then destroy. 3E2) Retain PERMANENTLY. T (5) YEARS. 3E3) Retain PERMANENTLY. (5) YEARS. 3E4) Retain for ONE (1) YEAR a consolidated tumor records (Item 3 3E5a) Retain for FIVE (5) YEAR requested for are completed, then of	For ONE (1) YEAR after finalizing incidence year, Transfer to Maryland State Archives every FIVE Transfer to Maryland State Archives every FIVE after death information has been entered into the BE2), then destroy. S after the study for which the records were destroy. RS after the study for which the records were	
WALTER ZERRLAUT DHMH RECORDS OFFICER E-mail address: walter.zerrlaut@maryland.gov	201 WEST PRESTON STREET, B/ Telephone Number# 410 767-35		21. Date	

DHMH Instructions -Make a list of all files. Determine whether each is non-recorrecord material or both. Group into Record Series. Prepare a separate inventory for each Record Series identified. All Record Series are to be listed on a Schedu Form. Forward all Records Inventory forms with the proposed Schedule form (D 550-1) to the DHMH Records Officer thru your Records Coordinator. 1. Department/Agency MD DEPT OFHEALTH & MENTAL HYGIENE DEFINITION - RECORD SERIES - A group of related records normally filed and 4. Record Series Title CIGARETTE RESITUTION FUND PROGRAMS UNIT - C TREATMENT 6. Record Series Description (Briefly describe the types of information/document 4) The Cigarette Restitution Fund Program Unit (CRFPU) C	y form STA Jie 72 JGS JES 2. Office/Administration/I PREVENTION A ADMINISTRATION I used as a unit for reference as well as CANCER PREVENTION, EI ts/forms found in the series. Include th	IND HEALTH PROMOTION ON a retention and disposition purposes. DUCATION, SCREENING AND the purpose or function of the series.)	DHMH RECORDS INVENTORY PAGE _4 _ OF 3. Division/Unit or Section Primary Care & Community Health Bureau 5. Earliest Year/Latest Year 2002 to 2015 CPEST) provides and administers grants to local	
 health departments, private vendors, hospitals and academic treatment related services and research related activities. A. Clinical Documents and Correspondence (for CRFP Unit to screening, diagnosis and treatment, program notes, laborat diagnosis and treatment) B. Grant Applications, Grant Awards and Contracts (For loca C. Financial Records (Budgets, invoices, budget modification D. Reports (Site Visit Reports, Progress Reports, and Data R E. Annual and Final Reports (End of Year Expenditures Rep F. Program Correspondence (CRFPU correspondence to prog. Clinical Records (for CPEST-Funded Programs' Use Onl CPEST program, medical bills, and reimbursement records record	centers to reduce cancer mort Use Only) (Clinical documer tory results, procedure reports al health department, academ ns, and other budget related d teports) iorts (440-440A), Annual Car grams, Coalition meeting mir y) (Client applications, clinic	tality and cancer disparities in Marylan tts and correspondence submitted to th , medical bills, and other clinical docu- tic centers, sub-vendors, hospitals, priv- tocuments) meer Reports) nuces) al records of screening and diagnostic	nd by providing cancer screening, diagnostic and ne CRFP for the purpose of clinical review related uments related to the prescribed screening, vate grantees)	
7. Record Series Format(s) List all that apply Paper: Film / tape: Electronic: Ξ Letter Size Γ Film/Slides (35mm, etc) Γ Kept on Hard Drive Γ Legal Size Γ Microfilm/ Microfiche Γ Computer Tape	8, Record Series Seque Γ Alphabetical Γ Numerical	ince	9. Volume F File Drawer(s) F Microfilm Reel(s) <u>~ 400</u> Number X Other (specify) Storage boxes	
Г Rolls≊ Г Audio Tape Г Floppy Disk Г Bound Book Г Video Tape Г CD,DVD,etc Г Card Г Other (specify)	x Chronological () Geographical () Other (specify)		Number X Critical (specify) Storage base 10. Annual Accumulation Γ File Drawer(s) Γ File Drawer(s) Γ Μicrofilm Reel(s) Γ Microfilm Reel(s) <u>~ 50-100</u> Γ Computer Tape(s) Number x Other (specify) Storage boxes	
11. File is Used Г Daily Г Weekly x Monthly Г Annually		12. File Becomes Inactive After <u>12</u> Γ Month(s) Number Ξ Year(s)		
13. Current Location(s) (Bldg., Floor, Room) 201 W. Preston St, 4 th FI, BALTIMORE AND OTHER LOCATION	S	14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)		
15. Privacy / Access Restrictions x Yes ГNo xГ Personal xГ Medical Г Proprietary Г Classified Г Other (If Yes, cite Law(s) & Regulation(s) HIPAA, PERSONNEL REGS	5	16. Audit Requirements Г None Г Internal Г OIG x Legislative Г Federal Г Independent		
17. Is an Index System used? If yes, explain briefly and describe requirement Γ Yes x No 19. Name and Title of Preparer . .	IS 20. Location:	 18. Recommended Retention: In Office And In Storage (Each Format) A) CRFP Unit to screen annually, discarding material that is no longer needed and moving inactive records to State Records Center. Retain inactive records for FIVE (5 YEARS after completion of fiscal year, then destroy. B) Retain grant applications, grant awards, and contracts for FIVE (5) YEARS after completion of fiscal year and until audit requirements are met, then destroy. C) Retain for FIVE (5) YEARS after completion of fiscal year and until all audit requirements are met, then destroy. D) Retain for FIVE (5) YEARS, and until all audit requirements are met, and until all audit requirements are met, then destroy. E) Retain PERMANENTLY, transferring to State Records Center when no longer needed. F) Retain for FIVE (5) YEARS after completion of fiscal year, then destroy. G) Retain for TWELVE (12) YEARS, after the last date of service, then destroy. 		
WALTER ZERRLAUT DHMH RECORDS OFFICER E-mail address: walter.zerrlaut@maryland.gov	201 WEST PRESTON STREET, B Telephone Number# 410 767-35		1999-000-000000	

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 f 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 (DG 550-1) to the DHMH Records Officer thru your Records Coordinator.	form STA 9 72 SS	IENT OF GENERAL SERVICES ITE RECORDS CENTER 175 WATERLOO ROAD P.O. BOX 275 SUP, MARYLAND 20794 (410) 799-1379	DHMH RECORDS INVENTORY	
1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE	2. Office/Administration/ PREVENTION A ADMINISTRATIO	ND HEALTH PROMOTION	3. Division/Unit or Section Environmental Health Bureau	
DEFINITION - RECORD SERIES - A group of related records normally filed and u	ised as a unit for reference as well a	s retention and disposition purposes.	I	
4. Record Series Title - Campground Files (program ender	d 07/01/2009)		5. Earliest Year/Latest Year <u>N/A</u> to	
 A. Applications B. Inspection Reports C. Facility Plans D. Correspondence 				
7. Record Series Format(s) List all that apply Paper: Film / tape: Electronic: X Letter Size Γ Film/Slides (35mm, etc) Γ Kept on Hard Drive Γ Legal Size Γ Microfilm/ Microfiche Γ Computer Tape Γ Rolls Γ Audio Tape Γ Floppy Disk Γ Bound Book Γ Video Tape Γ CD,DVD,etc Γ Card Γ Other (specify)	8, Record Series Seque 1 [°] Alphabetical 1 [°] Numerical x Chronological 1 [°] Geographical 1 [°] Other (specify)		9. Volume	
11. File is Used Г Daily Г Weekly x Monthly Г Annually		12. File Becomes Inactive After3 Number	_ F Month(s) E Year(s)	
13. Current Location(s) (Bldg., Floor, Room) 201 Preston St, 3 rd FI, BALTIMORE AND OTHER LOC	CATIONS	14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) I' Yes x No Agency/ Format		
15. Privacy / Access Restrictions Γ Yes Ξ No Γ Personal Γ Medical Γ Proprietary Γ Classified ΓOther (If Yes, cite Law(s) & Regulation(s))		16. Audit Requirements x None ГInternal ГОIG ГLegislative ГFederal ГIndependent		
17. Is an Index System used? If yes, explain briefly and describe requirements ┌ Yes Ξ No		18. Recommended Retention: In Office And 5A, 5B, 5C, and 5D) Retain for T		
19. Name and Title of Preparer WALTER ZERRLAUT DHMH RECORDS OFFICER E-mail address: walter.zerrlaut@maryland.gov	20. Location: 201 WEST PRESTON STREET, B. Telephone Number# 410 767-35		21. Date	

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.	DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379		DHMH RECORDS INVENTORY PAGE _ 6_ OF
1. Department/Agency MD DEPT OFHEALTH & MENTAL HYGIENE	2: Office/Administration/Be PREVENTION AN ADMINISTRATIO	ND HEALTH PROMOTION	3. Division/Unit or Section Environmental Health Bureau
DEFINITION - RECORD SERIES - A group of related records normally filed and used as 4. Record Series Title - Migrant Labor Camp Files (program e			5. Earliest Year/Latest Year N/A to
6. Record Series Description (Briefly describe the types of information/documents/forms f A. Applications B. Inspection Reports C. Facility Plans D. Correspondence	ound in the series. Include the	e purpose or function of the series.)	
7. Record Series Format(s) List all that apply Paper: Film / tape: Electronic: X Letter Size Γ Film/Slides (35mm, etc) Γ Kept on Hard Drive Γ Legal Size Γ Microfilm/ Microfiche Γ Computer Tape Γ Rolls _ Γ Audio Tape Γ Floppy Disk Γ Bound Book Γ Video Tape Γ CD,DVD,etc Γ Card _ Γ Other (specify)	8. Record Series Sequend C Alphabetical C Numerical X Chronological C Geographical C Other (specify)	ce	9. Volume Γ File Drawer(s) N/A Γ Microfilm Reel(s)
11. File is Used Г Daily Г Weekly x Monthly Г Annually		12. File Becomes Inactive After3 Number	
13. Current Location(s) (Bldg., Floor, Room) 201 Preston St, 3rd FI, BALTIMORE AND OTHER LOCATION	ONS	14, Is Record Series Duplicated Elsewher	
15. Privacy / Access Restrictions Г Yes Ξ No Г Personal Г Medical Г Proprietary Г Classified ГOther		16. Audit Requirements x None Г Internal Г OIG Г Legislative Г Federal Г Independent	
(If Yes, cite Law(s) & Regulation(s) 17. Is an Index System used? If yes, explain briefly and describe requirements Γ Yes Ξ No	n Index System used? If yes, explain briefly and describe requirements 6A, 6B, 6C, and 6D		nd In Storage (Each Format) THREE (3) YEARS, then destroy.
WALTER ZERRLAUT	.ocation: WEST PRESTON STREET, E elephone Number# 410 767-3:		21. Date

<u>DHMH Instructions</u> -Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series, Prepare a separate inventory forr 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.	n ST/ 72	DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379		
1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE	ADMINISTRATI	AND HEALTH PROMOTION	3. Division/Uni Environm	t or Section ental Health Bureau
DEFINITION - RECORD SERIES - A group of related records normally filed and use 4. Record Series Title - Mobile Home Park Files (program	s retention and disposition purposes.	5. Earliest Yea <u>N/A</u>	r/Latest Year to	
6. Record Series Description (Briefly describe the types of information/documents/fo 7. A. Applications B. Inspection Reports C. Facility Plans D. Correspondence	ms found in the series. Include t	the purpose or function of the series.)		
7. Record Series Format(s) List all that apply Paper: Film / tape: Electronic: X Letter Size Γ Film/Slides (35mm, etc) Γ Kept on Hard Drive Γ Legal Size Γ Microfilm/ Microfiche Γ Computer Tape Γ Rolls Γ Audio Tape Γ Floppy Disk Γ Bound Book Γ Video Tape Γ CD,DVD,etc Γ Card Γ Other (specify)	8. Record Series Seque Γ Alphabetical Γ Numerical × Chronological Γ Geographical Γ Other (specify)	ince	9. Volume N/A Number 10. Annual Acc N/A Number	Γ File Drawer(s) Γ Microfilm Reel(s) Γ Computer Tape(s) Γ Other (specify) cumulation Γ Γ File Drawer(s) Γ Microfilm Reel(s) Γ Computer Tape(s) Γ Other (specify)
11. File is Used Г Daily Г Weekly x Monthly Г Annually		12. File Becomes Inactive After3 Number	500 M 100	
13. Current Location(s) (Bidg., Floor, Room) 201 Preston St, 3 rd FI, BALTIMORE AND OTHER LOCA	TIONS	14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) Γ Yes x No Agency/ Format		
15. Privacy / Access Restrictions Γ Yes Ξ No Γ Personal Γ Medical Γ Proprietary Γ Classified Γ Other (If Yes, cite Law(s) & Regulation(s))	0	16. Audit Requirements x None Г Internal Г OIG Г Legislative Г Federal Г Independent		
17. Is an Index System used? If yes, explain briefly and describe requirements.		18. Recommended Retention: In Office And 7A, 7B, 7C, and 7D) Retain for T		
WALTER ZERRLAUT	. Location: 01 WEST PRESTON STREET, B Telephone Number# 410 767-39			21. Date

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.		DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379		
1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE			3. Division/Unit Environme	or Section ental Health Bureau
DEFINITION - RECORD SERIES - A group of related records normally filed and u 4. Record Series Title - Outdoor Music Festival Files (pro 6. Record Series Description (Briefly describe the types of information/documents	ogram ended 07/01/20	09)	5. Earliest Year N/A	
 A. Applications B. Inspection Reports C. Facility Plans D. Correspondence 				
7. Record Series Format(s) List all that apply Paper: Film / tape: Electronic: X Letter Size Γ Film/Slides (35mm, etc) Γ Kept on Hard Drive Γ Legal Size Γ Microfilm/ Microfiche Γ Computer Tape Γ Rolls 3 Γ Audio Tape Γ Floppy Disk Γ Bound Book Γ Video Tape Γ CD,DVD,etc Γ Card Γ Other (specify)	 8. Record Series Sequence Г Alphabetical Г Numerical х Chronological Г Geographical Г Other (specify) 		9. Volume	
11. File is Used Г Daily Г Weekly x Monthly Г Annually		12. File Becomes Inactive After3 Number	Γ Month(s ξ Year(s))
13. Current Location(s) (Bldg., Floor, Room) 201 Preston St, 3 RD FI, BALTIMORE AND OTHER LOCAT	TIONS	14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) Γ Yes x No Agency/ Format		
15. Privacy / Access Restrictions Г Yes Ξ No Г Personal Г Medical Г Proprietary Γ Classified ГOther (If Yes, cite Law(s) & Regulation(s)		16. Audit Requirements x None Г Internal Г OIG Г Legislative Г Federal Г Independent		
17. Is an Index System used? If yes, explain briefly and describe requirements Γ Yes Ξ No		18. Recommended Retention: In Office And I 8A, 8B, 8C, 8D) Retain hard copy	•	A CONTRACTOR AND A SA
WALTER ZERRLAUT	20. Location: 201 WEST PRESTON STREET, B. Telephone Number# 410 767-35			21. Date

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 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 (DG 550-1) to the DHMH Records Officer thru your Records Coordinator.	form ST 9 7 3S	MENT OF GENERAL SERVICES ATE RECORDS CENTER 275 WATERLOO ROAD P.O. BOX 275 SSUP, MARYLAND 20794 (410) 799-1379	DHMH RECORDS INVENTORY	
1. Department/Agency 2. Office. MD DEPT OF HEALTH & MENTAL HYGIENE PREV ADMI		'Board AND HEALTH PROMOTION	3. Division/Unit or Section Environmental Health Bureau	
DEFINITION - RECORD SERIES - A group of related records normally filed and u	used as a unit for reference as well a	as retention and disposition purposes.		
4. Record Series Title – Aquatic Facility and Venue Files			5. Earliest Year/Latest Year 2014 to Current	
6. Record Series Description (Briefly describe the types of information/documents A. Applications B. Construction Permits C. Alteration Permits D. Replacement Permits E. Plans and Equipment Specification: F. Inspection Reports G. Correspondence				
7. Record Series Format(s) List all that apply Paper: Film / tape: Electronic: X Letter Size Γ Film/Slides (35mm, etc) Γ Kept on Hard Drive Γ Legal Size Γ Microfilm/ Microfiche Γ Computer Tape Γ Rolls Γ Audio Tape Γ Floppy Disk Γ Bound Book Γ Video Tape Γ CD,DVD,etc Γ Card Γ Other (specify)	8. Record Series Seque [Alphabetical [Numerical x Chronological [Geographical [Other (specify)	12. File Becomes Inactive After3	9. Volume Ξ File Drawer(s) 15 Γ Microfilm Reel(s) Γ Computer Tape(s) Number Γ Other (specify) 10. Annual Accumulation Ξ File Drawer(s) 5 Γ Microfilm Reel(s) Γ Computer Tape(s) Number Γ Other (specify) Γ Month(s)	
13. Current Location(s) (Bldg., Floor, Room) 201 Preston St, 3rd FI, BALTIMORE AND OTHER LOCATION	IS	Number 14. Is Record Series Duplicated Elsewhere? Γ Yes x No Agency/ Forma	? (If yes, specify agency or office.)	
15. Privacy / Access Restrictions Г Yes Ξ No Г Personal Г Medical Г Proprietary Γ Classified ГOther (If Yes, cite Law(s) & Regulation(s)		16. Audit Requirements x None Г Internal ГОІG Г Legislative Г Federal Г Independent		
17. Is an Index System used? If yes, explain briefly and describe requirements		18. Recommended Retention: In Office And 9A - G) Retain hard copy for THR		
19. Name and Title of Preparer WALTER ZERRLAUT DHMH RECORDS OFFICER E-mail address: walter.zerrlaut@maryland.gov	20. Location: 201 WEST PRESTON STREET, B Telephone Number# 410 767-35		21. Date	

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1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE	2. Office/Administration PREVENTION	AND HEALTH PROMOTION	3. Division/Un Environm	iit or Section nental Health Bureau
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 - Youth Camp Files			5. Earliest Yei 2014 to	
 6. Record Series Description (Briefly describe the types of information/document A. Applications B. Certificates, Letters of Compliance Acceptance Letters C. Inspection Reports D. Facility Plans E. Correspondence F. Annual Reports G. Injury/Illness Report Forms 		the purpose or function of the series.)		57
7. Record Series Format(s) List all that apply Paper: Film / tape: Electronic: X Letter Size Γ Film/Slides (35mm, etc) Γ Kept on Hard Drive Γ Legal Size Γ Microfilm/ Microfiche Γ Computer Tape Γ Rolls Γ Audio Tape Γ Floppy Disk Γ Bound Book Γ Video Tape Γ CD,DVD,etc Γ Card Γ Other (specify)	8. Record Series Sequ Г Alphabetical Г Numerical х Chronological Г Geographical Г Other (specify)		9. Volume 5 Number 10. Annual Ac 15 Number	 Ξ File Drawer(s) Γ Microfilm Reel(s) Γ Computer Tape(s) Γ Other (specify) ccumulation Ξ File Drawer(s) Γ Microfilm Reel(s) Γ Computer Tape(s) Γ Other (specify)
 File is Used Ξ Daily Γ Weekly Γ Monthly Γ Annually 13. Current Location(s) (Bldg., Floor, Room) 201 Preston St, 3rd FI, BALTIMORE AND OTHER LOCATION 	NS	12. File Becomes Inactive After3 Number 14. Is Record Series Duplicated Elsewhere?	I Month Ξ Year(s (If yes, specify)
15. Privacy / Access Restrictions Γ Yes Ξ No Γ Personal Γ Medical Γ Proprietary Γ Classified Γ Other (If Yes, cite Law(s) & Regulation(s)		Г Yes x No Agency/Format 16. Audit Requirements x None ГInternal ГОІG ГLegislative ГFederal ГIndependent		
17. Is an Index System used? If yes, explain briefly and describe requirements Γ Yes Ξ No		18. Recommended Retention: In Office And 10A - G) Retain hard copy for		
19. Name and Title of Preparer WALTER ZERRLAUT DHMH RECORDS OFFICER E-mail address: walter.zerrlaut@maryland.gov	20. Location: 201 WEST PRESTON STREET, B Telephone Number# 410 767-35			21. Date

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1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE	PREVENTION	2. Office/Administration/Board PREVENTION AND HEALTH PROMOTION ADMINISTRATION		t or Section ental Health Bureau
DEFINITION - RECORD SERIES - A group of related records normally filed and u 4. Record Series Title - Electronic Licensing, Permitting a			5. Earliest Yea	ur/Latest Year to Current
 6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.). Database for youth camps, aquatic facilities and venues, mobile home parks, campgrounds, migrant labor camps, and outdoor festivals. (This database contains data on each licensed facility, including applicant location, application information, fees an licenses issued, inspections, violations, regulatory actions and license status.) * This information must be retained to allow for retrieval of prior investigations and licenses to permit access on case file outbreaks and or associated with the licensed facility. 				
7. Record Series Format(s) List all that apply Paper: Film / tape: Electronic: X Letter Size Γ Film/Slides (35mm, etc) Ξ Kept on Hard Drive Γ Legal Size Γ Microfilm/ Microfiche Γ Computer Tape Γ Rolls Γ Audio Tape Γ Floppy Disk Γ Bound Book Γ Video Tape Γ CD,DVD,etc Γ Card Ξ Other (specify)_SQL	8, Record Series Seque F Alphabetical F Numerical x Chronological F Geographical F Other (specify)	nce	9. Volume 22 Number 10. Annual Ac 120 Number	 □ File Drawer(s) □ Microfilm Reel(s) □ Computer Tape(s) Ξ Other (specify) <u>GB - SQL</u> cumulation □ File Drawer(s) □ Microfilm Reel(s) □ Computer Tape(s) Ξ Other (specify) MB - SQL
11. File is Used Ξ Daily Г Weekly Г Monthly Г Annually		12. File Becomes Inactive AfterN/A Number		
13. Current Location(s) (Bldg., Floor, Room) 201 Preston St, 3rd FI, BALTIMORE AND OTHER LOCATION	IS	14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) Γ Yes x No Agency/ Format		
15. Privacy / Access Restrictions Γ Yes Ξ No Γ Personal Γ Medical Γ Proprietary Γ Classified Γ Other (If Yes, cite Law(s) & Regulation(s)	16. Audit Requirements x None. Γ'Legislative Γ		ndependent	
17. Is an Index System used? If yes, explain briefly and describe requirements Г Yes Ξ No		18. Recommended Retention: In Office And In Storage (Each Format) 12) This is a CONTINUOUSLY updated electronic record. A copy of record will be provided to the Maryland State Archives every THREE YEARS.		
19. Name and Title of Preparer WALTER ZERRLAUT DHMH RECORDS OFFICER E-mail address: walter.zerrlaut@maryland.gov	20. Location: 201 WEST PRESTON STREET, E Telephone Number# 410 767-3			21. Date

DHMH Instructions -Make a list of all files. Determine whether each is non-recor record material or both. Group into Record Series. Prepare a separate inventor for each Record Series identified. All Record Series are to be listed on a Sched Form. Forward all Records Inventory forms with the proposed Schedule form (D 550-1) to the DHMH Records Officer thru your Records Coordinator.	y form ST ule 7 DGS	MENT OF GENERAL SERVICES ATE RECORDS CENTER 275 WATERLOO ROAD P.O. BOX 275 SSUP, MARYLAND 20794 (410) 799-1379	DHMH RECORDS INVENTORY PAGE _ 12_ OF		
1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE	2. Office/Administration PREVENTION A ADMINISTRATI	AND HEALTH PROMOTION	3. Division/Unit or Section Environmental Health Bureau		
DEFINITION - RECORD SERIES - A group of related records normally filed and	d used as a unit for reference as well a	as retention and disposition purposes.			
4. Record Series Title – Environmental Health Complain			5. Earliest Year/Latest Year 2006 to Current		
6. Record Series Description (Briefly describe the types of information/document A. Clean Indoor Air Act Complaints B. Consumer Product-Related Complaints C. Complaints related to General Environm	5				
7. Record Series Format(s) List all that apply Paper: Film / tape: Electronic: X Letter Size Γ Film/Slides (35mm, etc) Γ Kept on Hard Drive Γ Legal Size Γ Microfilm/ Microfiche Γ Computer Tape Γ Rolls Γ Audio Tape Γ Floppy Disk Γ Bound Book Γ Video Tape Γ CD,DVD,etc Γ Card Γ Other (specify)	8. Record Series Seque F Alphabetical F Numerical x Chronological F Geographical F Other (specify)	12. File Becomes Inactive After6	Number Γ Other (10. Annual Accumulation Ξ File Dra 0.02 Γ Microfilr	m Reel(s) ter Tape(s) specify) wer(s) n Reel(s) ter Tape(s)	
13. Current Location(s) (Bldg., Floor, Room) 201 Preston St, 3rd Fl, BALTIMORE AND OTHER LOCATIO	NS	14. Is Record Series Duplicated Elsewhere? Г Yes x No Agency/ Forma		.)	
15. Privacy / Access Restrictions Г Yes Ξ No Г Personal Г Medical Г Proprietary Г Classified Г Other (If Yes, cite Law(s) & Regulation(s)	16. Audit Requirements x None ГInternal ГОІG ГLegislative Г Federal Г Independent				
17. Is an Index System used? If yes, explain briefly and describe requirement	\$	18. Recommended Retention: In Office And 12A- C) Retain hard copy for		then destroy.	
19. Name and Title of Preparer WALTER ZERRLAUT DHMH RECORDS OFFICER E-mail address: <u>walter.zerrfaut@maryland.gov</u>	20. Location: 201 WEST PRESTON STREET, B Telephone Number# 410 767-35		21. Date		

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 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 (DG 550-1) to the DHMH Records Officer thru your Records Coordinator.	form STA 9 72 9S	IENT OF GENERAL SERVICES ATE RECORDS CENTER 275 WATERLOO ROAD P.O. BOX 275 SUP, MARYLAND 20794 (410) 799-1379		HMH RECORDS INVENTORY	
1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE	2. Office/Administration/ PREVENTION A ADMINISTRATION	Board AND HEALTH PROMOTION	3. Division/Uni Environm	t or Section ental Health Bureau	
DEFINITION - RECORD SERIES - A group of related records normally filed and u	sed as a unit for reference as well a	as retention and disposition purposes.	r		
4. Record Series Title - Product Safety Administrative Cor	respondence		5. Earliest Yea 2015 to	n/Latest Year D Current	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) Correspondence includes: Consumer Product Safety Commission reports, complaints from companies and citizens regarding children's toys and clothing, complaints regarding the safety of different products, Division of Product Safety Regulations and general correspondence on everything pertaining to safety and protection for the consumer.					
7. Record Series Format(s) List all that apply Paper: Film / tape: Electronic: X Letter Size Γ Film/Slides (35mm, etc) Γ Kept on Hard Drive Γ Legal Size Γ Microfilm/ Microfiche Γ Computer Tape Γ Rolls = Γ Audio Tape Γ Floppy Disk Γ Bound Book Γ Video Tape Γ CD,DVD,etc Γ Card Γ Other (specify)	8. Record Series Seque Γ Alphabetical Γ Numerical × Chronological Γ Geographical Γ Other (specify)	12. File Becomes Inactive After3	9. Volume 1 Number 10. Annual Ac 0.01 Number F Month Ξ Year(E File Drawer(s) Γ Microfilm Reel(s) Γ Computer Tape(s) Γ Other (specify)	
13. Current Location(s) (Bldg., Floor, Room) 201 Preston St, 3rd FI, BALTIMORE AND OTHER LOCATION	IS	14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) Γ Yes x No Agency/ Format			
15. Privacy / Access Restrictions Г Yes Ξ No Г Personal Г Medical Г Proprietary Γ Classified ГOther (If Yes, cite Law(s) & Regulation(s)		16. Audit Requirements x None ГInternal ГОIG ГLegislative ГFederal ГIndependent			
17. Is an Index System used? If yes, explain briefly and describe requirements Г Yes Ξ No	18. Recommended Retention: In Office And In Storage (Each Format)13) Retain hard copy for THREE (3) YEARS, then destroy.				
19. Name and Title of Preparer WALTER ZERRLAUT DHMH RECORDS OFFICER E-mail address: watter.zerrlaut@maryland.gov	20. Location: 201 WEST PRESTON STREET, B Telephone Number# 410 767-35			21. Date	

DHMH Instructions -Make a list of all files. Determine whether each is non-record material or both. Group into Record Series. Prepare a separate inventor for each Record Series identified. All Record Series are to be listed on a Scher Form. Forward all Records Inventory forms with the proposed Schedule form 550-1) to the DHMH Records Officer thru your Records Coordinator.	ry form ST Jule 7 DGS	MENT OF GENERAL SERVICES ATE RECORDS CENTER 275 WATERLOO ROAD P.O. BOX 275 SSUP, MARYLAND 20794 (410) 799-1379		DHMH RECORDS INVENTORY
1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE	2. Office/Administration PREVENTION A ADMINISTRAT	AND HEALTH PROMOTION	nit or Section nental Health Bureau	
DEFINITION - RECORD SERIES - A group of related records normally filed an	d used as a unit for reference as well	as retention and disposition purposes.		
4. Record Series Title - Environmental/Occupational Dise	ease and Surveillance	51 		ear/Latest Year to Current
 6. Record Series Description (Briefly describe the types of information/docume A. Statistical Reports for US Centers for Disea B. Confidential Reports of Environmental/ Occ C. Case Investigation Reports (includes survei) D. Environmental Public Health Trading Project a. Health Services Cost Review Con b. Vital Statistics Administration dat c. Birth Defects Reporting and Inford d. Maryland Department of the Environmental 	(Office of Record) es of case investigations) ata	od lead data	1	
7. Record Series Format(s) List all that apply Paper: Film / tape: Electronic: X Letter Size Г Film/Slides (35mm, etc) Ξ Kept on Hard Drive Γ Legal Size Γ Microfilm/ Microfiche Γ Computer Tape Γ Rolls _= Γ Audio Tape Γ Floppy Disk Γ Bound Book Γ Video Tape Γ CD,DVD,etc Γ Card Ξ Other (specify)_SQL	8. Record Series Sequ Γ Alphabetical Γ Numerical x Chronological Γ Geographical Γ Other (specify)	 F Numerical x Chronological F Geographical 		 Γ File Drawer(s) Γ Microfilm Reel(s) Γ Computer Tape(s) Ξ Other (specify) <u>GB - SQL</u> ccumulation Γ File Drawer(s) Γ Microfilm Reel(s) Γ Computer Tape(s) Ξ Other (specify) <u>GB - SQL</u>
11. File is Used Г Daily Г Weekly x Monthly Г Annually		12. File Becomes Inactive After10 Number	_ Г Mont Ξ Year(
13. Current Location(s) (Bldg., Floor, Room) 201 Preston St, 3rd Fl, Baltimore AND OTHER LOCATIONS		14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) Γ Yes x No Agency/ Format		
15. Privacy / Access Restrictions Ξ Yes Γ No Γ Personal Γ Medical Γ Proprietary Γ Classified Γ Other (If Yes, cite Law(s) & Regulation(s) HIPAA		16. Audit Requirements Г None ΓInternal ГОIG ГLegislative Ξ Federal Г Independent		
17. Is an Index System used? If yes, explain briefly and describe requirements Γ Yes Ξ No		 Recommended Retention: In Office And In Storage (Each Format) Retain hard copy for TEN (10) YEARS and until all audit requirements have been met, then destroy. Retain for TEN (10) YEARS and until all audit requirements have been met then destroy. Retain hard copy for TEN (10) YEARS and until all audit requirements have been met then destroy. Retain hard copy for TEN (10) YEARS and until all audit requirements have been met then destroy. Retain hard copy for TEN (10) YEARS and until all audit requirements have been met then destroy. Retain on-site for ONE HUNDRED (100) YEARS, then destroy with the following exception: If scanned, scan according to Maryland State Archives stand and dispose of paper originals. Retain scans for ONE HUNDRED (100) YEARS 		and until all audit requirements have I audit requirements have been met, and until all audit requirements have D) YEARS, then destroy with the g to Maryland State Archives standards
19. Name and Title of Preparer WALTER ZERRLAUT DHMH RECORDS OFFICER E-mail address: walter.zerrfaut@maryland.gov	20. Location: 201 WEST PRESTON STREET, B Telephone Number# 410 767-35			21. Date

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 for each Record Series identified. All Record Series are to be listed on a Schedu Form. Forward all Records Inventory forms with the proposed Schedule form (Dr 550-1) to the DHMH Records Officer thru your Records Coordinator.	r form ST/ Ile 72 GS	IENT OF GENERAL SERVICES ATE RECORDS CENTER 275 WATERLOO ROAD P.O. BOX 275 SUP, MARYLAND 20794 (410) 799-1379	DHMH RECORDS INVENTOR		
1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE	2. Office/Administration/ PREVENTION A ADMINISTRATI	ND HEALTH PROMOTION	3. Division/Uni Environm	t or Section ental Health Bureau	
DEFINITION - RECORD SERIES - A group of related records normally filed and	used as a unit for reference as well a	is retention and disposition purposes.			
4. Record Series Title - Retail Food Program Standardization a			5. Earliest Yea	n/Latest Year o Current	
 6. Record Series Description (Briefly describe the types of information/document A. Correspondence, inspection forms and score forms. B. Final reports of Local Health Departments pro 	e sheets used during stand		rtment staff c	correspondence, baseline data	
7. Record Series Format(s) List all that apply Paper: Film / tape: Electronic: X Letter Size Γ Film/Slides (35mm, etc) Γ Kept on Hard Drive Γ Legal Size Γ Microfilm/ Microfiche Γ Computer Tape Γ Rolls Γ Audio Tape Γ Floppy Disk Γ Bound Book Γ Video Tape Γ CD, DVD, etc Γ Card Γ Other (specify)	8. Record Series Seque	ince	9. Volume 1 Number 10. Annual Ac 0.1 Number	E File Drawer(s) Γ Microfilm Reel(s) Γ Computer Tape(s) Γ Other (specify) :cumulation E File Drawer(s) Γ Microfilm Reel(s) Γ Computer Tape(s) Γ Other (specify)	
11. File is Used Г Daily Г Weekly x Monthly Г Annually		12. File Becomes Inactive After10 Numbe	E-CONCERCING AND		
13. Current Location(s) (Bidg., Floor, Room) 201 Preston St, 3 rd FI, BALTIMORE AND OTHER LOCATION	NS	14. Is Record Series Duplicated Elsewhere T Yes x No Agency/Form	? (If yes, specify hat		
15. Privacy / Access Restrictions Г Yes E No Г Personal Г Medical Г Proprietary Г Classified Г Other (If Yes, cite Law(s) & Regulation(s)	16. Audit Requirements x None Г Internal Г OIG Г Legistative Г Federal Г Independent				
17. Is an Index System used? If yes, explain briefly and describe requirements Γ Yes Ξ No	5	 Recommended Retention: In Office An 15A) Retain for FIVE (5) YEAI 15B) Retain final reports for TE 	RS from the da	te of creation, then destroy.	
19. Name and Title of Preparer WALTER ZERRLAUT DHMH RECORDS OFFICER E-mail address: walter.zerrlaut@maryland.gov	20. Location: 201 WEST PRESTON STREET, E Telephone Number# 410 767-3:			21. Date	

DHMH Instructions -Make a list of all files. Determine whether each is non-recor record material or both. Group into Record Series. Prepare a separate inventor for each Record Series identified. All Record Series are to be listed on a Sched Form. Forward all Records Inventory forms with the proposed Schedule form (I 550-1) to the DHMH Records Officer thru your Records Coordinator.	ry form STA ule 72 DGS	ENT OF GENERAL SERVICES ITE RECORDS CENTER 175 WATERLOO ROAD P.O. BOX 275 SUP, MARYLAND 20794 (410) 799-1379	DHMH RECORDS INVENTORY PAGE _ 16_ OF	
1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE	2. Office/Administration/A PREVENTION A ADMINISTRATIO	ND HEALTH PROMOTION	3. Division/Unit Environme	or Section ental Health Bureau
DEFINITION - RECORD SERIES - A group of related records normally filed and	d used as a unit for reference as well a	s retention and disposition purposes.		
4. Record Series Title - All Office of Food Protection Plan Enforcement Records	Review, Licensing, Pe	rmitting, Inspection and	5. Earliest Year 2012 to	122 101
6. Record Series Description (Briefly describe the types of information/documer	nts/forms found in the series. Include th	he purpose or function of the series.)		
A. License Applications				
B. Licenses	17			
C. Inspection Reports, including FDA Contract	Inspection Reports			
D. Correspondence including Compliance Sch	eduled and Enforcement A	Actions		
E. Food and Water Sampling Results				
F. Shellfish Certificates				
G. Plan Review Applications				
H. Hazard Analysis & Critical Control Point Pla	ns			
I. Food Processing Plant Re-Opening Inspect	ions			
J. Product Sampling Results				
K. Complaints				
L. Correspondence				
7. Record Series Format(s) List all that apply Paper: Film / tape: Electronic: X Letter Size Γ Film/Slides (35mm, etc) Γ Kept on Hard Drive Γ Legal Size Γ Microfilm/ Microfiche Γ Computer Tape	8. Record Series Seque Γ Alphabetical Γ Numerical	ince	9. Volume 10 Number	E File Drawer(s) Γ Microfilm Reel(s) Γ Computer Tape(s) Γ Other (specify)
Г Rolls≊ Г Audio Tape Г Floppy Disk	x Chronological		10. Annual Acc	sumulation
	Г Geographical		10. Annual Pox	E File Drawer(s)
F Bound Book F Video Tape F CD, DVD, etc	1 Goographica		2	Г Microfilm Reel(s)
Card C Other (specify)	Γ Other (specify)		Number	Computer Tape(s) Other (specify)
11. File is Used Ξ Daily Г Weekly Г Monthly Г Annually		12. File Becomes Inactive After5 Number		
13. Current Location(s) (Bldg., Floor, Room) 201 Preston St, 3 rd FI, BALTIMORE AND OTHER LOCATIC	DNS	14. Is Record Series Duplicated Elsewhere? □ Yes x No Agency/Forma	? (If yes, specify a	
15. Privacy / Access Restrictions Г Yes E No Г Personal Г Medical Г Proprietary Г Classified Г Other (If Yes, cite Law(s) & Regulation(s)	16. Audit Requirements Г None ΞInternal ΓOIG ΞLegislative Ξ Federal Γ Independent			
17. Is an Index System used? If yes, explain briefly and describe requirements		 Recommended Retention: In Office And 17A - L) Retain for FIVE (5) YE requirements have been met, then 	ARS from the	a Format) date of creation, and until all audit
19. Name and Title of Preparer	20. Location:	II		21. Date
WALTER ZERRLAUT	201 WEST PRESTON STREET, B	ALTIMORE MD 21201		an bat
DHMH RECORDS OFFICER	Telephone Number# 410 767-3			
E-mail address: walter.zerrlaut@maryland.gov				

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 for each Record Series identified. All Record Series are to be listed on a Schedul Form. Forward all Records Inventory forms with the proposed Schedule form (DC 550-1) to the DHMH Records Officer thru your Records Coordinator.	form STA le 72 GS	ENT OF GENERAL SERVICES ITE RECORDS CENTER 75 WATERLOO ROAD P.O. BOX 275 SUP, MARYLAND 20794 (410) 799-1379	DHMH RECORDS INVENTORY		
1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE	ADMINISTRATIC	Board ND HEALTH PROMOTION DN	3. Division/Uni Environmo	or Section ental Health Bureau	
DEFINITION - RECORD SERIES - A group of related records normally filed and	used as a unit for reference as well as	s retention and disposition purposes.			
4. Record Series Title - Electronic Licensing, Permitting, Inspe	ection and Enforcement D	atabase for Food	5. Earliest Yea 2014 to		
6, Record Series Description (Briefly describe the types of information/documents	s/forms found in the series. Include th	ne purpose or function of the series.)			
 The following are provided within the database A. License Applications B. Licenses C. Inspection Reports, including FDA Contract Inspection Reports D. Correspondence including Compliance Scheduled and Enforcement Actions E. Food and Water Sampling Results F. Shellfish Certificates G. Plan Review Applications H. Hazard Analysis & Critical Control Point Plans I. Food Processing Plant Re-Opening Inspections J. Product Sampling Results K. Complaints L. Any Correspondence related to Licensing, Permitting, Inspections and Enforcement of Food 					
* This information must be retained to allow for retrieval of prior investigations, inspections and licenses to permit access on case file outbreaks and other issues associated with the licensed facility.					
7. Record Series Format(s) List all that apply Paper: Film / tape: Electronic: X Letter Size Γ Film/Slides (35mm, etc) Ξ Kept on Hard Drive Γ Legal Size Γ Microfilm/ Microfiche Γ Computer Tape Γ Rolls Γ Audio Tape Γ Floppy Disk Γ Bound Book Γ Video Tape Γ CD,DVD,etc Γ Card Ξ Other (specify) SQL	 8. Record Series Seque Γ Alphabetical Γ Numerical × Chronological Γ Geographical Γ Other (specify) 	nce	9. Volume 5 Number 10. Annual Ac 15	 E File Drawer(s) Microfilm Reel(s) Computer Tape(s) E Other (specify) <u>2 GB - SQL</u> cumulation E File Drawer(s) Microfilm Reel(s) F Computer Tape(s) 	
			Number	E Other (specify) 1 MB - SQL	
11. File is Used Ξ Daily Г Weekly Г Monthly Γ Annually		12. File Becomes Inactive After3 Γ Month(s) Number Ξ Year(s)			
13. Current Location(s) (Bldg., Floor, Room) 201 Preston St, 3rd FI, BALTIMORE AND OTHER LOCATIO	NS	14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) Γ Yes x No Agency/ Format			
15. Privacy / Access Restrictions Г Yes Ξ No Г Personal Г Medical Г Proprietary Γ Classified ГOther (If Yes, cite Law(s) & Regulation(s)		16. Audit Requirements Г None F Internal F OIG E Legislative E Federal F Independent			
17. Is an Index System used? If yes, explain briefly and describe requirements Γ Yes Ξ No		18. Recommended Retention: In Office And In Storage (Each Format) 17A - L) These are CONTINOUSLY updated records. A copy of the record w provided to the Maryland State Archives every THREE (3) YEARS.		records. A copy of the record will be	
19. Name and Title of Preparer WALTER ZERRLAUT DHMH RECORDS OFFICER E-mail address: walter.zerrlaut@maryland.gov	20. Location: 201 WEST PRESTON STREET, B Telephone Number# 410 767-35			21. Date	

11

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 for 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.	orm STA 72 S	IENT OF GENERAL SERVICES ITE RECORDS CENTER 175 WATERLOO ROAD P.O. BOX 275 SUP, MARYLAND 20794 (410) 799-1379	DHMH RECORDS INVENTORY PAGE 18 OF		
1. Department/Agency MD DEPT OFHEALTH & MENTAL HYGIENE	2. Office/Administration/ PREVENTION A ADMINISTRATIO	ND HEALTH PROMOTION	3. Division/Unit or Section Environmental Health Bureau		
DEFINITION - RECORD SERIES - A group of related records normally filed and us	sed as a unit for reference as well a	s retention and disposition purposes.			
4. Record Series Title - Center for Injury and Sexual Assau	ult Prevention		5. Earliest Year/ 2011 to	121 I.	
 6. Record Series Description (Briefly describe the types of information/documents// Kids in Safety Seats A.Car Seat Checkup Event Form This form contains caregiver information, including: 1 This form possibly contains child information, includ B.Special Needs Car Seat Loaner Program Form This form contains caregiver information, including: 2. 	name, address and phor ling name, age, weight a name, address and pho	ne number. nd height. ne number.			
77. Record Series Format(s) List all that apply Paper: Film / tape: Electronic: X Letter Size Γ Film/Slides (35mm, etc) Γ Kept on Hard Drive Γ Legal Size Γ Microfilm/ Microfiche Γ Computer Tape Γ Rolls _ Γ Audio Tape Γ Floppy Disk Γ Bound Book Γ Video Tape Γ CD,DVD,etc Γ Card Γ Other (specify)	 8. Record Series Seque Γ Alphabetical Γ Numerical x Chronological Γ Geographical Γ Other (specify) 	nce	9. Volume 1 Number 10. Annual Acc 1 Number	 Ξ File Drawer(s) Γ Microfilm Reel(s) Γ Computer Tape(s) Γ Other (specify) umulation Ξ File Drawer(s) Γ Microfilm Reel(s) Γ Computer Tape(s) Γ Other (specify) 	
11. File is Used Г Daily Г Weekly x Monthly Г Annually		12. File Becomes Inactive After6 Number			
13. Current Location(s) (Bldg., Floor, Room) 201 Preston St, 3 rd Fl, BALTIMORE AND OTHER LOCATIONS 15. Privacy / Access Restrictions Г Yes 15. Privacy / Access Restrictions Г Yes 16. Presonal Г Medical Г Proprietary Г Classified (If Yes, cite Law(s) & Regulation(s)	14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) Γ Yes x No Agency/ Format				
17. Is an Index System used? If yes, explain briefly and describe requirements Г Yes Ξ No	 18. Recommended Retention: In Office And In Storage (Each Format) 18A) Retain for SIX (6) YEARS, then destroy. 18B) Retain for FIVE (5) YEARS, then destroy. 				
19. Name and Title of Preparer WALTER ZERRLAUT DHMH RECORDS OFFICER E-mail address: walter.zerrlaut@maryland.gov	20. Location: 201 WEST PRESTON STREET, B Telephone Number# 410 767-35			21. Date	

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 invento for each Record Series identified. All Record Series are to be listed on a Scher Form. Forward all Records Inventory forms with the proposed Schedule form (550-1) to the DHMH Records Officer thru your Records Coordinator.	ry form ST dule 7 (DGS	MENT OF GENERAL SERVICES TATE RECORDS CENTER 1275 WATERLOO ROAD P.O. BOX 275 SSUP, MARYLAND 20794 (410) 799-1379		DHMH RECORDS INVENTORY
1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE	/Board AND HEALTH PROMOTION ION	3. Division/Unit or Section Environmental Health Bureau		
DEFINITION - RECORD SERIES - A group of related records normally filed an	nd used as a unit for reference as well	as retention and disposition purposes.		
4. Record Series Title - Sexual Assault Reimbursement			0.00000000000	ar/Latest Year) Current
 6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) A. These files contain non-record copies of hospital, physician office, and laboratory invoices for reimbursement f examinations. B. Sexual Assault Data System (Electronic Master Database). (This database contains the only permanent record abuse invoices reimbursed by DHMH in a singular location. The database also contains patient demographic dat sex, race, etc.), vendor identification data, police identification numbers, county of assault, data of service, invoice provided). 				xual assault and child sexual name, address, age, date of birth,
7. Record Series Format(s) List all that apply Paper: Film / tape: Electronic: X Letter Size F Film/Slides (35mm, etc) Ξ Kept on Hard Drive Γ Legal Size Γ Microfilm/ Microfiche Γ Computer Tape Γ Rolls Γ Audio Tape Γ Floppy Disk Γ Bound Book Γ Video Tape Γ CD,DVD,etc Γ Card Ξ Other (specify) SQL	 8. Record Series Sequ Γ Alphabetical Γ Numerical x Chronological Γ Geographical Γ Other (specify) 	ence	9. Volume 40 Number 10. Annual A 20 Number	 File Drawer(s) Microfilm Reel(s) Computer Tape(s) Other (specify) 3 GB - SQL ccumulation File Drawer(s) Microfilm Reel(s) Computer Tape(s) Other (specify) 1.5 GB - SQL
11. File is Used Г Daily Ξ Weekly Γ Monthly Γ Annually	k	12. File Becomes Inactive AfterConti Number	nuous_ = M F Ye	
13. Current Location(s) (Bldg., Floor, Room) 201 Preston St, 3rd FI, BALTIMORE AND OTHER LOCATIONS		14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) Γ Yes x No Agency/ Format		
15. Privacy / Access Restrictions Ξ Yes Γ No Ξ Personal Ξ Medical Γ Proprietary Ξ Classified ΓOther (If Yes, cite Law(s) & Regulation(s) <u>HIPAA, PERSONNEL REGS</u>		16. Audit Requirements Г None Ξ Internal ГOIG Ξ Legislative Г Federal Γ Independent		
17. Is an Index System used? If yes, explain briefly and describe requirements.		 Recommended Retention: In Office And In Storage (Each Format) 19A) Retain for FIVE (5) YEARS, then destroy. 19B) This is a CONTINUOUSLY updated electronic record. A copy of the record will be provided to the Maryland State Archives every FIVE (5) YEARS. 		by. ectronic record. A copy of the record
19. Name and Title of Preparer WALTER ZERRLAUT DHMH RECORDS OFFICER E-mail address: waiter.zerrlaut@maryland.gov	20. Location: 201 WEST PRESTON STREET, E Telephone Number# 410 767-3			21. Date

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 f 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 (DG 550-1) to the DHMH Records Officer thru your Records Coordinator.	orm STA 72 S	ENT OF GENERAL SERVICES TE RECORDS CENTER 75 WATERLOO ROAD P.O. BOX 275 SUP, MARYLAND 20794 (410) 799-1379		IMH RECORDS INVENTORY
1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE	ADMINISTRATIC	ND HEALTH PROMOTION	3. Division/Unit Environme	or Section Intal Health Bureau
DEFINITION - RECORD SERIES - A group of related records normally filed and u 4. Record Series Title - CENTER FOR INJURY EPIDEMIOL			5. Earliest Year/ 2007 t	/Latest Year o Current
 6. Record Series Description (Briefly describe the types of information/documents) A. Hard copies of Death Certificates B. Police Reports C. Supplementary Homicide Reports (SHR) 	fforms found in the series. Include th	e purpose or function of the series.)		
7. Record Series Format(s) List all that apply Paper: Film / tape: Electronic: X Letter Size Γ Film/Slides (35mm, etc) Γ Kept on Hard Drive Γ Legal Size Γ Microfilm/ Microfiche Γ Computer Tape Γ Rolls _ Γ Audio Tape Γ Floppy Disk Γ Bound Book Γ Video Tape Γ CD,DVD,etc Γ Card Γ Other (specify)	8. Record Series Sequer Γ Alphabetical Γ Numerical × Chronological Γ Geographical Γ Other (specify)		r E Year(s	E File Drawer(s) Γ Microfilm Reel(s) Γ Computer Tape(s) Γ Other (specify) s)
201 Preston St, 3rd FI, BALTIMORE AND OTHER LOCATION 15. Privacy / Access Restrictions Ξ Yes Γ No Γ Personal Γ Medical Γ Proprietary Γ Classified ΓOther (If Yes, cite Law(s) & Regulation(s) HIPAA	15	Γ Yes x No Agency/Form 16. Audit Requirements Γ None Γ Legislative 3	Γ Internal Γ	OIG Independent
(If the constraints) If the constraint of the constrain		 Recommended Retention: In Office And In Storage (Each Format) Retain for TEN (10) YEARS from date of death, then destroy. Information from police reports is entered into the National Violent Death Reporting System, a web based system maintained by CDC. Retain of police report for TEN (10) YEARS from death year, then destroy. Information from Supplementary Homicide Reports is entered into the Natio Violent Death Reporting System, a web based system maintained by CDC. Retain Supplementary Homicide Reports for TEN (10) YEARS from death year, then destroy. 		of death, then destroy. I into the National Violent Death ned by CDC. Retain of police reports estroy. de Reports is entered into the National system maintained by CDC. Retain
19. Name and Title of Preparer WALTER ZERRLAUT DHMH RECORDS OFFICER E-mail address: walter.zerrlaut@maryland.gov	20. Location: 201 WEST PRESTON STREET, E Telephone Number# 410 767-3			21. Date

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 f 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 (DG 550-1) to the DHMH Records Officer thru your Records Coordinator.	form STA 3 72 SS	ENT OF GENERAL SERVICES ITE RECORDS CENTER 175 WATERLOO ROAD P.O. BOX 275 SUP, MARYLAND 20794 (410) 799-1379	DHMH RECORDS INVENTORY PAGE 21A OF		
Department/Agency MD DEPT OFHEALTH & MENTAL HYGIENE DEFINITION - RECORD SERIES - A group of related records normally filed and u	ADMINISTRATIO	ND HEALTH PROMOTION	3. Division/Unit	Disease and Outbreak	
4. Record Series Title – Bureau Wide			5. Earliest Yea 1995 to	r/Latest Year) Current	
6. Record Series Description (Briefly describe the types of information/documents. 21A. Health Officer memos – Communications to infectious disease topics.			nd/or recon	nmendations about a range of	
7. Record Series Format(s) List all that apply Paper: Film / tape: Electronic: Ξ Letter Size Γ Film/Slides (35mm, etc) Ξ Kept on Hard Drive Γ Legal Size Γ Microfilm/ Microfiche Γ Computer Tape Γ Rolls Γ Audio Tape Γ Floppy Disk Γ Bound Book Γ Video Tape Γ CD,DVD,etc Γ Card Γ Other (specify)	8. Record Series Seque	nce 12. File Becomes Inactive After varies: 81	9. Volume Approx. 2 Number 10. Annual Ac Less than Number	Ξ File Drawer(s) Γ Microfilm Reel(s)	
13. Current Location(s) (Bldg., Floor, Room) 201 W. Preston Street, 3 rd Fl., Baltimore, MD 21201		Number 14. Is Record Series Duplicated Elsewhere? Γ Yes Ξ No Agency/ Forma			
15. Privacy / Access Restrictions Γ Yes Ξ No - generally, but identify and individual or other confidential information might be red access Γ Personal Γ Medical Γ Proprietary Γ Classified ΓOther	ut information that might lacted before allowing	16. Audit Requirements Ξ None ΓLegislative Γ		⁻ OIG Independent	
17. Is an Index System used? If yes, explain briefly and describe requirements Γ Yes Ξ No	ġ.	18. Recommended Retention: In Office And 21A) Retain for TEN (10) YEA			
19. Name and Title of Preparer WALTER ZERRLAUT DHMH RECORDS OFFICER E-mail address: walter.zerrlaut@maryland.gov	20. Location: 201 WEST PRESTON STREET, B Telephone Number# 410 767-35			21. Date:	

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 fon 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. 1. Department/Agency MD DEPT OFHEALTH & MENTAL HYGIENE DEFINITION - RECORD SERIES - A group of related records normally filed and use	m ST 7 JE 2. Office/Administration PREVENTION A ADMINISTRAT	AND HEALTH PROMOTION	DHMH RECORDS INVENTORY PAGE _21BOF 3. Division/Unit or Section Infectious Disease and Outbreak Response Bureau	
4. Record Series Title – Bureau Wide		-	5. Earliest Year/Latest Year Approx. 2005 to Current	
6. Record Series Description (Briefly describe the types of information/documents/fo 21B. Site Visit Reports – summary information abo			cable disease programs	
7. Record Series Format(s) List all that apply Paper: Film / tape: Electronic: Ξ Letter Size Γ Film/Slides (35mm, etc) Ξ Kept on Hard Drive Γ Legal Size Γ Microfilm/ Microfiche Γ Computer Tape Γ Rolls Γ Audio Tape Γ Floppy Disk Γ Bound Book Γ Video Tape Γ CD,DVD,etc Γ Card Γ Other (specify)	8. Record Series Seque E Alphabetical F Numerical x Chronological F Geographical E Other (specify)	ence Alphabetical by year	9. Volume E File Drawer(s) F Microfilm Reel(s) Less than 1 Number F Other (specify) 10. Annual Accumulation E File Drawer(s) F Microfilm Reel(s) Less than 1 Number F Other (specify)	
11. File is Used Г Daily Г Weekly Г Monthly Ξ Annually		12. File Becomes Inactive After after visit; reviewed prior to subsequer Number	Ξ Month(s) Generally becomes inactive 4 -6 mon nt visits Γ Year(s)	
13. Current Location(s) (Bldg., Floor, Room) 201 W. Preston Street, 3 rd Fl., Baltimore, MD 21201		14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) Г Yes Ξ No Agency/ Format		
15. Privacy / Access Restrictions Γ Yes Ξ No Γ Personal Γ Medical Γ Proprietary Γ Classified Γ Other (If Yes, cite Law(s) & Regulation(s)		16. Audit Requirements Ξ None Γ Internal Γ OIG Γ Legislative Γ Federal Γ Independent		
17. Is an Index System used? If yes, explain briefly and describe requirements		18. Recommended Retention: In Office And In Storage (Each Format) 21B) Retain for TEN (10) YEARS, then destroy.		
WALTER ZERRLAUT	Location: 11 WEST PRESTON STREET, B Telephone Number# 410 767-35		21. Date	

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 for each Record Series identified. All Record Series are to be listed on a Schedul Form. Forward all Records Inventory forms with the proposed Schedule form (Do 550-1) to the DHMH Records Officer thru your Records Coordinator.	form ST. le 7 GS	MENT OF GENERAL SERVICES ATE RECORDS CENTER 275 WATERLOO ROAD P.O. BOX 275 SSUP, MARYLAND 20794 (410) 799-1379	DHMH RECORDS INVENTORY PAGE _21C_ OF	
Department/Agency MD DEPT OFHEALTH & MENTAL HYGIENE DEFINITION - RECORD SERIES - A group of related records normally filed and	ADMINISTRATI	AND HEALTH PROMOTION	3. Division/Un Infectious Response	Disease and Outbreak
4. Record Series Title- Bureau Wide			5. Earliest Yea	ar/Latest Year <. 2005 to Current
6. Record Series Description (Briefly describe the types of information/documents 21C. On-Call Consultation Reports - record of inform public, providers, local health departments, and labora	ation and direction prov		s and outbr	eaks in response to calls from the
7. Record Series Format(s) List all that apply Paper: Film / tape: Electronic: Ξ Letter Size Γ Film/Slides (35mm, etc) Ξ Kept on Hard Drive Γ Legal Size Γ Microfilm/ Microfiche Γ Computer Tape Γ Rolls _ Ξ Γ Audio Tape Γ Floppy Disk Γ Bound Book Γ Video Tape Γ CD,DVD,etc Γ Card Ξ Other (specify) pdf format	8. Record Series Seque Γ Alphabetical Γ Numerical Ξ Chronological Γ Geographical Γ Other (specify)	ance	9. Volume Approx. 2 Number 10. Annual Ad Less than Number	E File Drawer(s) Γ Microfilm Reel(s)
11. File is Used Г Daily Ξ Weekly Г Monthly Г Annually		12. File Becomes Inactive After 10 Number	Г Montf Ξ Year(s	
13. Current Location(s) (Bldg., Floor, Room) 201 W. Preston Street, 3 rd Fl., Baltimore, MD 21201		14. Is Record Series Duplicated Elsewhere? Γ Yes Ξ No Agency/ Forma	201703222500000	agency or office.)
15. Privacy / Access Restrictions Ξ Yes Γ No Ξ Personal Ξ Medical Γ Proprietary Γ Classified ΓOther Might contain Protected Health Information and/or Personally Identifiable Information (If Yes, cite Law(s) & Regulation(s) Health-General 18-201, 18-202, 18-205 and COMAR 10.06.01		16. Audit Requirements Ξ None ΓInternal ΓΟΙG ΓLegislative Γ Federal Γ Independent		
17. Is an Index System used? If yes, explain briefly and describe requirements Г Yes E No		 Recommended Retention: In Office And In Storage (Each Format) 21C) Retain for TEN (10) YEARS, then destroy with the following exception If scanned, scan according to the Maryland State Archives standards and dispose of paper originals. Retain scans for TEN (10) YEARS, then destro 		estroy with the following exception: I State Archives standards and
19. Name and Title of Preparer WALTER ZERRLAUT DHMH RECORDS OFFICER E-mail address: walter.zerrlaut@maryland.gov	 Location: 201 WEST PRESTON STREET, B Telephone Number# 410 767-35 			21. Date

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 fo 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.	rm ST 7 JE: 2. Office/Administration	DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379 2. Office/Administration/Board PREVENTION AND HEALTH PROMOTION		DHMH RECORDS INVENTORY GE _21DOF nit or Section s Disease and Outbreak
	 Messeeven and the second state of the second se second second sec		in the second se	
& MENTAL HYGIENE DEFINITION - RECORD SERIES - A group of related records normally filed and us	ed as a unit for reference as well a		Respons	e Bureau
4. Record Series Title – Bureau Wide			10/25/00/24/2	ar/Latest Year x. 2005 to Current
6. Record Series Description (Briefly describe the types of information/documents/fi 21D. Federal Cooperative Agreements and related associated documents			ds, budgets	s, progress reports, and other
7. Record Series Format(s) List all that apply Paper: Film / tape: Electronic: Ξ Letter Size Γ Film/Slides (35mm, etc) Ξ Kept on Hard Drive Γ Legal Size Γ Microfilm/ Microfiche Γ Computer Tape Γ Rolls Γ Audio Tape Γ Floppy Disk Γ Bound Book Γ Video Tape Γ CD,DVD,etc Γ Card Γ Other (specify)	8. Record Series Seque Ξ Alphabetical Γ Numerical Γ Chronological Γ Geographical Γ Other (specify)	ence	9, Volume Approx. 3 Number 10, Annual A Less than * Number	E File Drawer(s) Γ Microfilm Reel(s)
11. File is Used Г Daily Г Weekly Г Monthly Г Annually Varies; as often as daily early in project period; less frequently later		12. File Becomes Inactive After Varies and other required reports completed; Number	Г Month usually 3 – 5 Ξ Year(years
13. Current Location(s) (Bldg., Floor, Room) 201 W. Preston Street, 3 rd Fl., Baltimore, MD 21201		14, Is Record Series Duplicated Elsewhere? Г Yes Ξ No Agency/ Forma		agency or office.)
15. Privacy / Access Restrictions Г Yes Ξ No Г Personal Г Medical Г Proprietary Г Classified Г Other (If Yes, cite Law(s) & Regulation(s)		16. Audit Requirements Γ None Γ Internal Ξ OIG Ξ Legislative Ξ Federal Γ Independent		
17. Is an Index System used? If yes, explain briefly and describe requirements Г Yes E No		 Recommended Retention: In Office And In Storage (Each Format) 21D) Retain for FIVE (5) YEARS after the project period ends and all Federal conditions of award and audit requirements have been met, then destroy. 		project period ends and all
WALTER ZERRLAUT). Location: 201 WEST PRESTON STREET, B Telephone Number# 410.767-35			21. Date

DHMH Instructions -Make a list of all files. Determine whether each is non-recormaterial or both. Group into Record Series. Prepare a separate inventory form Series identified. All Record Series are to be listed on a Schedule Form. Forwal Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Record Series are to be used as thru your Records Coordinator.	for each Record rd all Records	DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379	DHMH RECORDS INVENTORY PAGE _21E_ OF	
1. Department/Agency MD DEPT OFHEALTH & MENTAL HYGIENE	PREVEN PROMOT	nistration/Board TION AND HEALTH ION ADMINISTRATION	3. Division/Unit o Infectious I Response I	Disease and Outbreak
DEFINITION - RECORD SERIES - A group of related records normally filed and 4. Record Series Title - Bureau Wide	a used as a drift for reference as well a	is retention and disposition purposes.	5. Earliest Year/L 2016 to C	2012 BILL R R R R R R R R R R R R R R R R R R
6. Record Series Description (Briefly describe the types of information/documen 21E. Communicable Disease Surveillance-L submissions, both paper and electronic. (DHM Laboratory Reporting Form'')	aboratory reports colle	cted for the purpose of identif		
7. Record Series Format(s) List all that apply Paper: Film / tape: Electronic: Ξ Letter Size Γ Film/Slides (35mm, etc) Ξ Kept on Hard Drive Γ Legal Size Γ Microfilm/ Microfiche Γ Computer Tape Γ Rolls Γ Audio Tape Γ Floppy Disk Γ Bound Book Γ Video Tape Γ CD,DVD,etc Γ Card Ξ Other (specify) electronic copy on SAN Storage Attached	Geogra	tical cal ological aphical	9. Volume <u>10</u> Number 10. Annual Accu <u>10</u> Number	 File Drawer(s) Microfilm Reel(s) Computer Tape(s) Ø Other: 10 Boxes (paper)
11. File is Used 🛛 Daily 🗆 Weekly 🗆 Monthly 🗇 Annually		12. File Becomes Inactive After ~1 Number	⊠ Month	(5)
13. Current Location(s) (Bldg., Floor, Room) 201 Preston St, 3rd FI, BALTIMORE 21201 15. Privacy / Access Restrictions ⊠ Yes □ No		14. Is Record Series Duplicated Elsewhere? Yes INO Agency/ Form 16. Audit Requirements INOne	nat	gency or office.)
Personal Medical Proprietary Classified Other: Maryland <u>COMAR 10.06.01.05</u> (If Yes, cite Law(s) & Regulation(s)	🗆 Legislative 🗆 Federal 🛛 Independent			
17. Is an Index System used? If yes, explain briefly and describe requiremen	 Recommended Retention: In Office And In Storage (Each Format) Retain for ONE (1) YEAR, then destroy with the following exceptions: if scanned, scan according to Maryland State Archives and dispose of paper originals. Retain scans for ONE (1) YEAR, then destroy. 			
19. Name and Title of Preparer WALTER ZERRLAUT DHMH RECORDS OFFICER E-mail address: walter.zerrlaut@maryland.gov	20. Location: 201 WEST PRESTON STREET, E Telephone Number# 410 767-3			21. Date

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 fo 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.	rm ST. 7.	MENT OF GENERAL SERVICES ATE RECORDS CENTER 275 WATERLOO ROAD P.O. BOX 275 SSUP, MARYLAND 20794 (410) 799-1379	DHMH RECORDS INVENTORY PAGE _21F_ OF		
1. Department/Agency MD DEPT OFHEALTH & MENTAL HYGIENE	ADMINISTRATI	AND HEALTH PROMOTION	3. Division/Uni Infectious Response	Disease and Outbreak	
A group of related records normally filed and us 4. Record Series Title - Bureau Wide	ed as a unit for reference as well a	as retention and disposition purposes.	5. Earliest Yea 2006 to	r/Latest Year Current	
6. Record Series Description (Briefly describe the types of information/documents/fe 21F. Case Investigation Reports (DHMH, CDC than HIV/AIDS, TB, syphilis, gonorrhea, and	C, and other case repo		her summa	ries of case investigation) other	
7. Record Series Format(s) List all that apply Paper: Film / tape: Electronic: Ξ Letter Size Γ Film/Slides (35mm, etc) Ξ Kept on Hard Drive Γ Legal Size Γ Microfilm/ Microfiche Γ Computer Tape Γ Rolls Γ Audio Tape Γ Floppy Disk Γ Bound Book Γ Video Tape Γ CD,DVD,etc Γ Card Ξ Other (specify) PDF Format	8, Record Series Seque	ance By Condition	9. Volume <u>15</u> Number 10. Annual Ac <u>~2</u> Number	 ➢ File Drawer(s) ➢ Microfilm Reel(s) ➢ Computer Tape(s) ○ Other (specify) ⇒ comulation ➢ File Drawer(s) ○ Microfilm Reel(s) ○ Computer Tape(s) ○ Other (specify) 	
11. File is Used ⊠ Daily □ Weekly □ Monthly Γ Annually		12. File Becomes Inactive After ~3 Number	⊡ Month ⊠ Year(
13. Current Location(s) (Bidg., Floor, Room) 201 Preston St, 3rd FI, BALTIMORE 21201		14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)			
15. Privacy / Access Restrictions ☑ Yes □ No □ Personal □ Medical □ Proprietary □ Classified ☑ Other: Maryland HG 18-201; HG 18-205; COMAR 10.06.01.05 (If Yes, cite Law(s) & Regulation(s) 17. Is an Index System used? If yes, explain briefly and describe requirements □ Yes ☑ No		16. Audit Requirements ⊠ None Internal OIG □ Legislative □ Federal □ Independent 18. Recommended Retention: In Office And In Storage (Each Format) 21F) Retain for TWENTY TWO (22) YEARS from the date of creation, then destroy. With the following exception, If scanned, scan according to State Archives standards and dispose of paper originals. Retain scans for TWENTY TWO (22) YEARS, then destroy.			
WALTER ZERRLAUT	0. Location: 201 WEST PRESTON STREET, B Telephone Number# 410 767-35			21. Date	

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 I 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 (DG 550-1) to the DHMH Records Officer thru your Records Coordinator.	orm ST 7 S	MENT OF GENERAL SERVICES ATE RECORDS CENTER 275 WATERLOO ROAD P.O. BOX 275 SSUP, MARYLAND 20794 (410) 799-1379		
1. Department/Agency MD DEPT OFHEALTH & MENTAL HYGIENE DEFINITION - RECORD SERIES - A group of related records normally filed and u 4. Record Series Title - Bureau Wide 6. Record Series Description (Briefly describe the types of information/documents 21G. Electronic Data Case Registry Records	ADMINISTRATI	AND HEALTH PROMOTION	Respons 5. Earliest Ye	it or Section 5 Disease and Outbreak e Bureau ar/Latest Year <u>to Current</u>
7. Record Series Format(s) List all Paper: Film / tape: Electronic: Letter Size Film/Slides X Kept on Hard Drive (35mm, etc) Legal Size Microfilm/ Legal Size Microfilm/ Computer Tape Microfiche Rolts	8, Record Series Seque	ance 12. File Becomes Inactive After N/A	9. Volume <u>~200</u> Number 10. Annual Au <u>~20</u> Number F Month	File Drawer(s) Microfilm Reel(s) Computer Tape(s) Other (specify) <u>GB Gigabytes</u>
13. Current Location(s) (Bldg., Floor, Room) 201 Preston St, Service Level, BALTIMORE 21201 15. Privacy / Access Restrictions	G 18-201; HG 18-205;	Number 14. Is Record Series Duplicated Elsewhere? Yes INO Agency/ Form 16. Audit Requirements INOne Legislative	at	
COMAR 10.06.01.05 (If Yes, cite Law(s) & Regulation(s) 17. Is an Index System used? If yes, explain briefly and describe requirements Pres Yes No 19. Name and Title of Preparer 20. Location:		18. Recommended Retention: In Office And In Storage (Each Format) 21G) Retain on-site for ONE HUNDRED (100) YEARS or until superseded by updated information, whichever is sooner, then destroy with the following exception: If scanned, scan according to Maryland State Archives standards and dispose of paper originals. Retain scans for ONE HUNDRED (100) YEARS and then destroy.		D (100) YEARS or until hever is sooner, then destroy with according to Maryland State originals. Retain scans for ONE troy.
WALTER ZERRLAUT DHMH RECORDS OFFICER E-mail address: <u>walter.zerrlaut@maryland.gov</u>	201 WEST PRESTON STREET, B Telephone Number# 410 767-35			21. Date

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 for 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.	n ST. 7	MENT OF GENERAL SERVICES ATE RECORDS CENTER 275 WATERLOO ROAD P.O. BOX 275 SSUP, MARYLAND 20794 (410) 799-1379	DHMH RECORDS INVENTORY PAGE _21H_ of	
1. Department/Agency MD DEPT OFHEALTH & MENTAL HYGIENE	2. Office/Administration PREVENTION A ADMINISTRATI	AND HEALTH PROMOTION	3. Division/Uni Infectious Response	Disease and Outbreak
DEFINITION - RECORD SERIES - A group of related records normally filed and use 4. Record Series Title - Bureau Wide	d as a unit for reference as well a	as retention and disposition purposes.	5. Earliest Yea approx. 20	ar/Latest Year 205 to Current
6. Record Series Description (Briefly describe the types of information/documents/fo 21H. Research Projects: Project protocols, Inst other memorandums, consent forms, records fro analysis results, abstracts, presentations and re	itutional Review Bo m which medical in	oard (IRB) applications, Mem		
. Record Series Format(s) List all that apply Paper: Film / tape: Electronic: ⊆ Letter Size Γ Film/Slides (35mm, etc) Ξ Kept on Hard Drive Γ Legal Size Γ Microfilm/ Microfiche Γ Computer Tape Γ Rolls _= Γ Audio Tape Γ Floppy Disk Γ Bound Book Γ Video Tape Γ CD,DVD,etč Γ Card Ξ Other (specify) SQL	8. Record Series Seque E Alphabetical Numerical Chronological Geographical Other (specify)	ance	9. Volume Approx. 4 Number 10. Annual Ac Less than ond Number	Ξ File Drawer(s)□ Microfilm Reel(s)
11. File is Used □ Daily □ Weekly Ξ Monthly □ Annually during the project period			Г Month(s) <u>de</u> Ξ Year(s)	epending on the project period; usually 3 - 5 years
13. Current Location(s) (Bldg., Floor, Room) 201 Preston St, 3 rd Fl., BALTIMORE 21201		14. Is Record Series Duplicated Elsewhere?		agency or office.)
15. Privacy / Access Restrictions ☑ Yes □ No □ Personal □ Medical □ Proprietary □ Classified Ξ Other: Research (If Yes, cite Law(s) & Regulation(s): Health-General 4-101 and 4-102		16. Audit Requirements □ None □ Legislative Ξ	Ξ Internal (IRB Federal □) 🗆 OIG Independent
17. Is an Index System used? If yes, explain briefly and describe requirements □ Yes ☑ No		 Recommended Retention: In Office And In Storage (Each Format) 21H) Retain for TEN (10) YEARS, or until CDC or other funder closes the project and all audit requirements have been met, whichever is sooner, then destroy. 		
WALTER ZERRLAUT	Location: 01 WEST PRESTON STREET, E Telephone Number# 410 767-3			21. Date:

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 fo 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.	m STA 72	IENT OF GENERAL SERVICES ATE RECORDS CENTER 175 WATERLOO ROAD P.O. BOX 275 SUP, MARYLAND 20794 (410) 799-1379		HMH RECORDS INVENTORY
1. Department/Agency MD DEPT OFHEALTH & MENTAL HYGIENE DEFINITION - RECORD SERIES - A group of related records normally filed and us	ADMINISTRATIO	ND HEALTH PROMOTION	3. Division/Uni Infectious Response	Disease and Outbreak
4. Record Series Title - Infectious Disease Surveillance			5. Earliest Yea	r/Latest Year 1 to 2015
6. Record Series Description (Briefly describe the types of information/documents/f 22A) Infectious Disease Surveillance Annual				
7. Record Series Format(s) List all that apply Paper: Film / tape: Electronic: Ξ Letter Size Γ Film/Slides (35mm, etc) Ξ Kept on Hard Drive Ξ Legal Size Γ Microfilm/ Microfiche Γ Computer Tape Γ Rolls Γ Audio Tape Γ Floppy Disk Γ Bound Book Γ Video Tape Γ CD,DVD,etc Γ Card Ξ Other (specify) Pdf format	8. Record Series Seque Alphabetical Numerical Chronological Geographical Other (specify)	nce	9. Volume <u>25</u> Number 10. Annual Ac	File Drawer(s) Microfilm Reel(s) Computer Tape(s) Other (specify) Pages Cumulation File Drawer(s) Microfilm Reel(s) Computer Tape(s) Other (specify) Pages
11. File is Used 🛛 Daily 🗆 Weekly 🗅 Monthly 🖾 Annually		12. File Becomes Inactive After 1 Number	□ Month ⊠ Year(
13. Current Location(s) (Bldg., Floor, Room) 201 Preston St, 3rd Fl, BALTIMORE 21201		14. Is Record Series Duplicated Elsewhere?	l (If yes, specify	agency or office.)
15. Privacy / Access Restrictions □ Yes ⊠ No Γ Personal Γ Medical Γ Proprietary T' Classified Γ 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 Ø No		 Recommended Retention: In Office And 22A) Retain for FIVE (5) YEARS scanned, scan according to the Sta originals. Retain scans for FIVE (, then destroy ate Archives s	with the following exceptions: If tandards and dispose of paper
19. Name and Title of Preparer 2 WALTER ZERRLAUT 2 DHMH RECORDS OFFICER 2 E-mail address: walter.zerrlaut@maryland.gov 2	0, Location: 201 WEST PRESTON STREET, B Telephone Number# 410 767-35			21. Date

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 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 (DG 550-1) to the DHMH Records Officer thru your Records Coordinator.	form STA e 72 3S	MENT OF GENERAL SERVICES ATE RECORDS CENTER 275 WATERLOO ROAD P.O. BOX 275 ISUP, MARYLAND 20794 (410) 799-1379		
1. Department/Agency MD DEPT OFHEALTH & MENTAL HYGIENE	ADMINISTRATI	ND HEALTH PROMOTION	3. Division/Uni Infectious Response	Disease and Outbreak
4. Record Series Title – <u>Infectious Disease Surveillance</u>	used as a unit for reference as well a	is retention and disposition purposes.	5. Earliest Yea 2011 to	
6. Record Series Description (Briefly describe the types of information/documents 22B) Salmonella Typhi Carrier Record		he purpose or function of the series.)		
7. Record Series Format(s) List all that apply Paper: Film / tape: Electronic: Γ Letter Size Γ Film/Slides (35mm, etc) Ξ Kept on Hard Drive Γ Legal Size Γ Microfilm/ Microfiche Γ Computer Tape Γ Rolls _ Γ Audio Tape Γ Floppy Disk Γ Bound Book Γ Video Tape Γ CD,DVD,etc Γ Card _ Ξ Other (specify) SAN Storage Attached Network/Set	8. Record Series Seque	nce	9. Volume 2 Number 10. Annual Ac <	 File Drawer(s) Microfilm Reel(s) Computer Tape(s) Ø Other (specify) <u>Records/ gb</u> scumulation File Drawer(s) Microfilm Reel(s) Computer Tape(s) Ø Other (specify): <u>Records/gb</u>
11. File is Used 🛛 Daily 🗆 Weekly 🗆 Monthly 🖾 Annually		12. File Becomes Inactive After	Г Month(Г Year(s	San and a manager and management
13. Current Location(s) (Bldg., Floor, Room) 201 Preston St, Service Level, BALTIMORE 21201		14. Is Record Series Duplicated Elsewhere?	(If yes, specify	agency or office.)
15. Privacy / Access Restrictions ⊠ Yes No Personal □ Medical □ Proprietary □ Classified □ Other: <u>Maryland H</u> <u>COMAR 10.06.01.05</u> (If Yes, cite Law(s) & Regulation(s)	G 18-201; HG 18-205;	16. Audit Requirements ⊠ None □ Legislative □		□ OIG Independent
17. Is an Index System used? If yes, explain briefly and describe requirements		 18. Recommended Retention: In Office And In Storage (Each Format) 22B) Retain on-site for the LIFE OF THE CARRIER, or for 100 years; whichev is sooner, then destroy. 		
19. Name and Title of Preparer WALTER ZERRLAUT DHMH RECORDS OFFICER E-mail address: walter.zerrlaut@maryland.gov	20, Location: 201 WEST PRESTON STREET, B Telephone Number# 410 767-33			21. Date

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 for 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.	rm STA 72	IENT OF GENERAL SERVICES ITE RECORDS CENTER 175 WATERLOO ROAD P.O. BOX 275 SUP, MARYLAND 20794 (410) 799-1379	DHMH RECORDS INVENTORY	
1. Department/Agency MD DEPT OFHEALTH & MENTAL HYGIENE DEFINITION - RECORD SERIES - A group of related records normally filed and us		ND HEALTH DMINISTRATION	3. Division/Unit or Section Infectious Disease and Outbreak Response Burea	
4. Record Series Title - Center for HIV Surveillance, Epidemiolog			5. Earliest Year/Latest Year 1981 to Current	
6. Record Series Description (Briefly describe the types of information/documents/fe 22C) HIV/AIDS Case Investigation Reports (DHMH, CDC Maryland law mandates the reporting of HIV/AIDS cases investigate and complete case reports (HGA 18.201.1, 18 and protect the public health. Reports include a variety of Reports are entered into an electronic database and pape	c, and other case reports by physicians, certain h 3.202.1, 18.205, 18.207, of paper and electronic c	s or surveillance forms and ealth care facilities, and la 18.215). This information ase reports, surveillance f	boratories and authorizes the Secretary to n is used to measure and control infectious disea forms, and summaries of case investigations.	ase
7. Record Series Format(s) List all that apply Paper: Film / tape: Electronic: Ξ Letter Size Γ Film/Slides (35mm, etc) Ξ Kept on Hard Drive Γ Legal Size Γ Microfilm/ Microfiche Γ Computer Tape Γ Rolls Γ Audio Tape Γ Floppy Disk Γ Bound Book Γ Video Tape Γ CD,DVD,etc Γ Card Ξ Other (specify) pdf format	8. Record Series Seque	nce	9. Volume Γ File Drawer(s) Γ Microfilm Reel(s) 1 Γ Computer Tape(s) Number x Other (specify) Hard Drive/Secured Serve 10. Annual Accumulation Γ File Drawer(s) Γ Microfilm Reel(s) <1 Γ Computer Tape(s) Number x Other (specify) Hard Drive/Secured Serve	
11, File is Used x Daily F Weekly F Monthly F Annually		12. File Becomes Inactive After	_50 r Month(s) Number x Year(s)	
13. Current Location(s) (Bldg., Floor, Room) 500 North Calvert Street, 5 th Fl., Baltimore, MD 21202			Elsewhere? (If yes, specify agency or office.)	
15. Privacy / Access Restrictions x Yes Г No x Personal x Medical Г Proprietary Г Classified ГOther (If Yes, cite Law(s) & Regulation(s) HGA 18.201.1, 18.202.1, 18.205, 18	16. Audit Requirements x None ГInternal ГОІG ГLegistative Г Federal Г Independent			
 Is an Index System used? If yes, explain briefly and describe requirements x Yes Г No Documents are assigned a sequential unique identification r UID). Unique individuals are assigned a sequential unique i (eHARS UID) and confirmed HIV/AIDS cases are assigned case number (State Number). 	22C) Retain on-site for exception: If scanned, s	Office And In Storage (Each Format) r FIFTY (50) YEARS, then destroy with the follow scan according to Maryland State Archives stan riginals. Retain scans for FIFTY (50) YEARS, th	ndards	
WALTER ZERRLAUT	0. Location: 201 WEST PRESTON STREET, B Telephone Number# 410 767-35		21. Date	

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6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) 23A) Outbreak and Outbreak Case Investigation Files (Except for TB investigations)					
7. Record Series Format(s) List all Paper: Film / tape: Electronic: Image: Electronic: Electronic: Image: Electronic: Electronic: Image: Film/Slides (35mm, etc.) Image: Kept on Hard Drive (35mm, etc.) Image: Film/Slides (35mm, etc.) Image: Kept on Hard Drive (35mm, etc.) Image: Film/Slides (35mm, etc.) Image: Kept on Hard Drive (35mm, etc.) Image: Film/Slides (35mm, etc.) Image: Kept on Hard Drive (35mm, etc.) Image: Film/Slides (35mm, etc.) Image: Kept on Hard Drive (35mm, etc.) Image: Film/Slides (35mm, etc.) Image: Kept on Hard Drive (35mm, etc.) Image: Film/Slides (35mm, etc.) Image: Kept on Hard Drive (35mm, etc.) Image: Flood (1mage: Kept on Hard Drive (35mm, etc.) Flood (1mage: Kept on Hard Drive (1mage: Kept on Kept on Kept on Hard Drive (1mage: Kept on Hard Drive (1mage: Kept on Hard Drive (1mage: Kept on K	ner locations privilege 162, and 164); HG 4- -301; GP §4-306 (2016); agreement	Numerical by year 12. File Becomes Inactive After 22 Number 14. Is Record Series Duplicated Elsewhere' Γ Yes I No Agency/ Form 16. Audit Requirements Γ None Elegislative I Is Recommended Retention: In Office And 23A) Retain for TWENTY TWO have been met, then destroy v according to Maryland State A	? (If yes, specify agency or office.) nat 図 Internal 図 OIG * Federal 「 Independent	scan	
WALTER ZERRLAUT	20. Location: 201 WEST PRESTON STREET, B/ Telephone Number# 410 767-3596		21. Date		

DHMH Instructions -Make a list of all files. Determine whether each is non-recor record material or both. Group into Record Series. Prepare a separate inventor for each Record Series identified. All Record Series are to be listed on a Schedu Form. Forward all Records Inventory forms with the proposed Schedule form (D 550-1) to the DHMH Records Officer thru your Records Coordinator.	y form ST ule 7 DGS	MENT OF GENERAL SERVICES ATE RECORDS CENTER 275 WATERLOO ROAD P.O. BOX 275 SSUP, MARYLAND 20794 (410) 799-1379	DHMH RECORDS INVENTORY PAGE 23B OF		
1. Department/Agency MD DEPT OFHEALTH & MENTAL HYGIENE		AND HEALTH DMINISTRATION	22247	action SEASE EPIDEMIOLOGY AND SPONSE BUREAU	
DEFINITION - RECORD SERIES - A group of related records normally filed and	i used as a unit for reference as well	as retention and disposition purposes.			
4. Record Series Title - Outbreak and Outbreak Case I	nvestigation	.4	5. Earliest Year/Late	2725.2 (2884)	
6. Record Series Description (Briefly describe the types of information/documen	ts/forms found in the series. Include	e the purpose or function of the series.)			
23B) Outbreak Final Reports					
7. Record Series Format(s) <i>List all that apply</i> Paper: Film / tape: Electronic: Ξ Letter Size Γ Film/Sildes (35mm, etc) Ξ Kept on Hard Drive	 Record Series Sequ Γ Alphabetical 	ence		I File Drawer(s) Microfilm Reel(s)	
	100		78 г	Computer Tape(s)	
Ξ Legal Size Γ Microfilm/ Microfiche Γ Computer Tape	Numerical		Number 🗵	Other (specify) 5" 3-ring binders	
Г Rolls≘ Г Audio Tape Г Floppy Disk	Chronological				
		024	10. Annual Accumul	Second Second Second	
Γ Bound Book Γ Video Tape Γ CD, DVD, etc	Г Geographical			File Drawer(s) Microfilm Reel(s)	
Card Ξ Other (specify) pdf format	Other (specify)	Numerical by year		Computer Tape(s)	
□ Card	B Other (speciry)	Numerical by year		8 80830	
			Number 🛛	Other (specify) 5" 3-ring binders	
11. File is Used 🗵 Daily ГWeekly Г Monthly Г Annually		12. File Becomes Inactive After 22	F Month(mber I Year(s		
13. Current Location(s) (Bldg., Floor, Room)		14. Is Record Series Duplicated Elsev	vhere? (If ves. specify	agency or office.)	
201 W. Preston Street, 3rd Floor, Baltimore, MD 21201	1 and other locations		In Accel should		
(state storage facility at Jessup, MD)		r Yes 🗷 No Agency/	Format		
(said dividge rasing drossody, MD)					
15. Privacy / Access Restrictions Г Yes IB No Г Personal Г Medical Г Proprietary Г Classified Г Other (If Yes, cite Law(s) & Regulation(s)	16. Audit Requirements F None I Internal I OIG I Legislative F Federal F Independent				
17. Is an Index System used? If yes, explain briefly and describe requirement	s	18. Recommended Retention: In Offic	e And In Storage (Fag	ch Format)	
				from the date of creation, then	
Σ Yes Γ No <u>Numerical by year</u>	destroy with the following	g exception: If s	canned, scan according to		
				in scans for TWENTY TWO	
		(22) YEARS, then destroy	у.		
10. Name and Title of Processor	20 Location:	II			
19. Name and Title of Preparer	20. Location:			21. Date	
WALTER ZERRLAUT	201 WEST PRESTON STREET, B	ALTIMORE MD 21201		1	
DHMH RECORDS OFFICER	Telephone Number# 410 767-3598	3 Room # ROOM LL-5			
E-mail address: walter.zerrlaut@maryland.gov					

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.	STA 72	ENT OF GENERAL SERVICES TE RECORDS CENTER 75 WATERLOO ROAD P.O. BOX 275 SUP, MARYLAND 20794 (410) 799-1379	DHMH RECORDS INVENTORY PAGE 24A OF	
1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE DEFINITION - RECORD SERIES - A group of related records normally filed and used a 4. Record Series Title - Zoonotic and Vectorborne Diseases	ADMINISTRATIC	ND HEALTH PROMOTION	Outbreak F	Disease Epidemiology and Response Bureau
6. Record Series Description (Briefly describe the types of information/documents/form 24A. Maryland Report of Human Postexpo				
7. Record Series Format(s) List all that apply Paper: Film / tape: Electronic: Ξ Letter Size Γ Film/Slides (35mm, etc) Ξ Kept on Hard Drive Γ Legal Size Γ Microfilm/ Microfiche Γ Computer Tape Γ Rolls Ξ Γ Audio Tape Γ Floppy Disk Γ Bound Book Γ Video Tape Γ CD,DVD,etc Γ Card Ξ Other (specify) PDF format 11. File is Used Γ Daily Γ Weekly x Monthly Γ Annually	 8. Record Series Sequer Γ Alphabetical Γ Numerical x Chronological Γ Geographical Γ Other (specify) _ 	12. File Becomes Inactive After _5_	9. Volume5 Number 10. Annual Acco1 Number 1° Month(s	x File Drawer(s) Г Microfilm Reel(s) Г Computer Tape(s) Г Other (specify)
13. Current Location(s) (Bldg., Floor, Room) 201 Preston St, 3 rd Floor, Baltimore, MD 21201		Numbe	? (If yes, specify	agency or office.)
15. Privacy / Access Restrictions x Yes Γ No x Personal x Medical Γ Proprietary Γ Classified Γ Other		 Audit Requirements x None Γ Legislative Γ Recommended Retention: In Office An 24A) Retain for FIVE (5) YH 	Federal Γ d In Storage (Eac	
Г Yes Ξ No		exception: If scanned, scan a standards and dispose of pap YEARS, then destroy.	ccording to I	Maryland State Archives
WALTER ZERRLAUT	Location: 1 WEST PRESTON STREET, B Felephone Number# 410 767-3:			21. Date

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1. Department/Agency MD DEPT OF HEALTH	2. Office/Administration/I PREVENTION A		3. Division/Unit or Section Infectious Disease E	Epidemiology and
& MENTAL HYGIENE	PROMOTION A	DMINISTRATION	Outbreak Response	e Bureau
DEFINITION - RECORD SERIES - A group of related records normally filed and	d used as a unit for reference as well a	s retention and disposition purposes.		
4. Record Series Title - Zoonotic and Vectorborne Diseas			5. Earliest Year/Latest Year _2012_ to _2017	
6. Record Series Description (Briefly describe the types of information/documen 24B. Monthly summary animal bite rep		he purpose or function of the series.)		
7. Record Series Format(s) List all that apply Paper: Film / tape: Electronic: Ξ Letter Size Г Film/Slides (35mm, etc) Ξ Kept on Hard Drive Γ Legal Size Г Microfilm/ Microfiche Γ Computer Tape	8. Record Series Seque Γ Alphabetical Γ Numerical	nce		
Γ Rolls≊ Γ Audio Tape Γ Floppy Disk Γ Bound Book Γ Video Tape Γ CD,DVD,etc Γ Card Ξ Other (specify) <u>PDF format</u>	x Chronological Γ Geographical X Other (specify)	By Jurisdiction	10. Annual Accumulation Γ File Dra Γ Microfiln 1 Γ Compute	wer(s) m Reel(s)
11. File is Used Г Daily Г Weekly x Monthly Г Annually		1004557000000000000000000000000000000000	_5 Γ Month(s) umber x Year(s)	
13. Current Location(s) (Bidg., Floor, Room) 201 Preston St, 3 rd floor, Baltimore, MD 21201		14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) Γ Yes x No Agency/ Format		
15. Privacy / Access Restrictions Г Yes X No Г Personal Г Medical Г Proprietary Г Classified ГOther (If Yes, cite Law(s) & Regulation(s)	16. Audit Requirements x None ГInternal ГОІG ГLegislative Г Federal Г Independent			
17. Is an Index System used? If yes, explain briefly and describe requirement	 Recommended Retention: In Official 24B) Retain for FIVE (5 	Standing and a standard an		
Г Yes Ξ No	15			•.557
19. Name and Title of Preparer WALTER ZERRLAUT DHMH RECORDS OFFICER E-mail address: waiter.zerrlaut@maryland.gov	20. Location: 201 WEST PRESTON STREET, BA Telephone Number# 410 767-35		21. [Date

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 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 (DG: 550-1) to the DHMH Records Officer thru your Records Coordinator.	orm ST. 7. S.	IENT OF GENERAL SERVICES ATE RECORDS CENTER 275 WATERLOO ROAD P.O. BOX 275 SUP, MARYLAND 20794 (410) 799-1379	DHMH RECORDS INVENTORY		
1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE	ADMINISTRATI	ND HEALTH PROMOTION	1 1241 10 12227-027	ection sease Epidemiology and sponse Bureau	
DEFINITION - RECORD SERIES - A group of related records normally filed and us	is retention and disposition purposes.				
4. Record Series Title - Zoonotic and Vectorborne Disease	S		5. Earliest Year/Late 2012 to 2		
24C. Individual animal bite reports (in-state and out-of-state) - We do not routinely get in-state bite reports. We do receive out-of-state bite reports					
7. Record Series Format(s) List all that apply Paper: Film / tape: Electronic: Ξ Letter Size Γ Film/Slides (35mm, etc) Ξ Kept on Hard Drive Γ Legal Size Γ Microfilm/ Microfiche Γ Computer Tape Γ Rolls Γ Audio Tape Γ Floppy Disk Γ Bound Book Γ Video Tape Γ CD,DVD,etc Γ Card Γ Other (specify)	8. Record Series Seque		11 Number I 10. Annual Accumu I 1	 File Drawer(s) Microfilm Reel(s) 	
11. File is Used Г Daily Г Weekly x Monthly Г Annually		12. File Becomes Inactive After5 Number	Г Month(s) Ξ Year(s)		
13. Current Location(s) (Bldg., Floor, Room) 201 Preston St, 3 rd floor, Baltimore, MD 21201	14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) Γ Yes x No Agency/ Format				
15. Privacy / Access Restrictions Г Yes E No Г Personal Г Medical Г Proprietary Г Classified Г Other (If Yes, cite Law(s) & Regulation(s)	16. Audit Requirements x None ГInternal ГОІС ГLegislative Г Federal Г Independent				
17, Is an Index System used? If yes, explain briefly and describe requirements	18. Recommended Retention: In Office And 24D) Retain for FIVE (5) YE				
To: Hand and the errepaid	20. Location: 201 WEST PRESTON STREET, BA Telephone Number# 410 767-3!		21	1. Date	

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1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE		AND HEALTH DMINISTRATION	1 222 X 12 X 222	section sease Epidemiology and sponse Bureau
DEFINITION - RECORD SERIES - A group of related records normally filed and used as 4. Record Series Title - Zoonotic and Vectorborne Diseases	a unit for reference as well a	as retention and disposition purposes.	5. Earliest Year/Lat	
6. Record Series Description (Briefly describe the types of information/documents/forms 24D. CDC Notice of Imported Dog	found in the series. Include t	the purpose or function of the series.)		
7. Record Series Format(s) List all that apply Paper: Film / tape: Electronic: Γ Letter Size Γ Film/Slides (35mm, etc) Ξ Kept on Hard Drive Γ Legal Size Γ Microfilm/ Microfiche Γ Computer Tape Γ Rolls Γ Audio Tape Γ Floppy Disk Γ Bound Book Γ Video Tape Γ CD,DVD,etc Γ Card Γ Other (specify)	8. Record Series Seque F Alphabetical F Numerical x Chronological F Geographical F Other (specify)	ence	17.7 Number 10. Annual Accum	F File Drawer(s) F Microfilm Reel(s) F Computer Tape(s) X Other (specify) MB ulation F File Drawer(s) F Microfilm Reel(s) F Computer Tape(s) K Other (specify) MB
11. File is Used Г Daily Г Weekly x Monthly Г Annually		12. File Becomes Inactive After5 Nu	5 Г Mont mberx Year(s	
13. Current Location(s) (Bldg., Floor, Room) 201 Preston St, 3 rd floor, Baltimore, MD 21201		14. Is Record Series Duplicated Elsew Γ Yes x No Agency/	rhere? (If yes, specify	
15. Privacy / Access Restrictions Γ Yes Ξ No Γ Personal Γ Medical Γ Proprietary Γ Classified Γ Other		 16. Audit Requirements x None Г Internal Г OIG Г Legislative Г Federal Г Independent 18. Recommended Retention: In Office And In Storage (Each Format) 24D) Retain for FIVE (5) YEARS, then destroy. 		Independent :h Format)
WALTER ZERRLAUT 201 W	ocation: IEST PRESTON STREET, B/ ephone Number# 410 767-3			21. Date

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 inventor for each Record Series identified. All Record Series are to be listed on a Scher Form. Forward all Records Inventory forms with the proposed Schedule form (550-1) to the DHMH Records Officer thru your Records Coordinator.	ry form ST. Jule 7 DGS	MENT OF GENERAL SERVICES ATE RECORDS CENTER 275 WATERLOO ROAD P.O. BOX 275 SSUP, MARYLAND 20794 (410) 799-1379		DHMH RECORDS INVENTORY	
1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE	ADMINISTRATI	AND HEALTH PROMOTION	-22 -0 100	iit or Section s Disease Epidemiology and : Response Bureau	
DEFINITION - RECORD SERIES - A group of related records normally filed an	d used as a unit for reference as well a	as retention and disposition purposes.			
4. Record Series Title - Zoonotic and Vectorborne Disea	Ses			ar/Latest Year to 2016	
6. Record Series Description (Briefly describe the types of information/docume	nts/forms found in the series. Include	the purpose or function of the series.)	3		
24E. Exotic Bird permits					
Construit program dans Care Association and a social of the Association of the					
				1	
7. Record Series Format(s) List all that apply	8. Record Series Seque	ence	9. Volume	File Democrack	
Paper: Film / tape: Electronic: E Letter Size [`Film/Slides (35mm, etc) E Kept on Hard Drive	☐ Alphabetical			x File Drawer(s)	
			3	Г Computer Tape(s)	
Γ Legal Size Γ Microfilm/ Microfiche Γ Computer Tape	F Numerical		Number	F Other (specify)	
Г Rolls а Г Audio Tape Г Floppy Disk	x Chronological				
			10. Annual A	ccumulation Γ File Drawer(s)	
Γ Bound Book Γ Video Tape Γ CD,DVD,etc	Г Geographical			Г Microfilm Reel(s)	
and the second second format	x Other (specify)	By Jurisdiction	_1	☐ Computer Tape(s)	
□ Card Ξ Other (specify) pdf format	x Other (specify)	by Junsaiction	Number	X Other (specify) file folder	
11. File is Used Г Daily Г Weekly x Monthly Г Annually		12. File Becomes Inactive After5 Number	. Γ Month ξ Year(s		
13. Current Location(s) (Bldg., Floor, Room) 201 Preston St, 3rd Floor, Baltimore, MD 21201		14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)			
201 Preston St, Std Floor, Baitimore, MD 21201		Г Yes x No Agency/ Format			
15. Privacy / Access Restrictions Г Yes x No Г Personal Г Medical Г Proprietary Г Classified Г Other		16. Audit Requirements x None Г Internal Г OIG Г Legislative Г Federal Г Independent			
(If Yes, cite Law(s) & Regulation(s)		18. Recommended Retention: In Office And	In Storage (Eac	ch Format)	
17. Is an Index System used? If yes, explain briefly and describe requirement	ts	24E) Retain for FIVE (5) YE			
Г Yes x No		exception: If scanned, scan ac			
		standards and dispose of pape YEARS, then destroy.	r originals.	Retain scans for FIVE (5)	
		i EARS, then destroy.			
19. Name and Title of Preparer	20. Location:				
WALTER ZERRLAUT				21. Date	
DHMH RECORDS OFFICER	201 WEST PRESTON STREET, Telephone Number# 410 767-35				
E-mail address: walter.zerrlaut@maryland.gov	Total and the management of the total	and the second second second			
A TRANSPORT OF A					

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 fon 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.	n STA 72	IENT OF GENERAL SERVICES ITE RECORDS CENTER 175 WATERLOO ROAD P.O. BOX 275 SUP, MARYLAND 20794 (410) 799-1379	DHMH RECORDS INVENTORY PAGE _ 24F_ OF		
1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE DEFINITION - RECORD SERIES - A group of related records normally filed and use		ND HEALTH DMINISTRATION	3. Division/Unit or Section Infectious Disease Epidemiology and Outbreak Response Bureau		
4. Record Series Title - Zoonotic and Vectorborne Diseases			5. Earliest Year/Lates 2010 to 2		
6. Record Series Description (Briefly describe the types of information/documents/fo 24F. Other required reports (e.g. Postexpo			abies Vaccinat	ion Tally Sheet, etc.)	
7. Record Series Format(s) List all that apply Paper: Film / tape: Electronic: Ξ Letter Size Γ Film/Slides (35mm, etc) Ξ Kept on Hard Drive Γ Legal Size Γ Microfilm/ Microfiche Γ Computer Tape Γ Rolls Γ Audio Tape Γ Floppy Disk Γ Bound Book Γ Video Tape Γ CD,DVD,etc Γ Card Ξ Other (specify) pdf format	8. Record Series Seque (* Alphabetical (* Numerical (* Chronological (* Geographical (* Other (specify))		Г 6 Г Number X 10. Annual Accumuli Г 1	File Drawer(s) Microfilm Reel(s) Computer Tape(s) Other (specify) <u>file folders</u> ation File Drawer(s) Microfilm Reel(s) Computer Tape(s) Other (specify) <u>file folder</u>	
 File is Used Γ Daily Γ Weekly x Monthly Γ Annually 13. Current Location(s) (Bldg., Floor, Room) 204 Develop Of 2rd floor, Pollimento MD 21/201 			5 C Mont uumber X Year(s where? (if yes, specify	9)	
201 Preston St,3 rd floor, Baltimore, MD 21201 15. Privacy / Access Restrictions Γ Personal Γ Medical Γ Proprietary Γ Classified (If Yes, cite Law(s) & Regulation(s) 17. Is an Index System used? If yes, explain briefly and describe requirements Γ Yes Ξ No	 Γ Yes x No Agency/Format 16. Audit Requirements x None Γ Internal Γ OIG Γ Legislative Γ Federal Γ Independent 18. Recommended Retention: In Office And In Storage (Each Format) 24F) Retain for TEN (10) YEARS, then destroy. With the following exception: If scanned, scan according to Maryland State Archives standards and dispose of paper originals. Retain scans for TEN (10) YEARS, then destroy. 		ndependent Independent In Format) destroy. With the following Maryland State Archives		
WAI TER ZERRI AUT), Location: 201 WEST PRESTON STREET, E Telephone Number# 410 767-33			21. Date	

DHMH Instructions -Make a list of all files. Determine whether each is non-record,	DEPART	IENT OF GENERAL SERVICES	D	HMH RECORDS INVENTORY	
record material or both, Group into Record Series. Prepare a separate inventory fo	1 St.	ATE RECORDS CENTER			
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		P.O. BOX 275		- 240	
550-1) to the DHMH Records Officer thru your Records Coordinator.		SUP, MARYLAND 20794	PAG	E_24G_OF	
		(410) 799-1379			
1. Department/Agency	2. Office/Administration/	Board	3. Division/Uni	t as Santian	
		AND HEALTH PROMOTION	INTERNET ALLER AND A		
MD DEPT OF HEALTH				Disease Epidemiology and	
& MENTAL HYGIENE	ADMINISTRATI	ON	Outbreak	Response Bureau	
DEFINITION - RECORD SERIES - A group of related records normally filed and us	ed as a unit for reference as well a	e retention and disposition numbers			
DEFINITION - RECORD SERIES - A group of related records normally med and us	ed as a drift for reference as well a	a reterition and disposition purposes.			
4. Record Series Title - Zoonotic and Vectorborne Diseases	5		5. Earliest Yea	r/Latest Year	
			2012 to	2016	
6. Record Series Description (Briefly describe the types of information/documents/	orms found in the series. Include	the purpose or function of the series.)			
24C. Questarly reports for mrs. and past	avposure rabies regi	nang			
24G. Quarterly reports for pre- and post-	exposure rables regi	liens			
7. Record Series Format(s) List all that apply	8. Record Series Seque	ance	9. Volume		
Paper: Film / tape: Electronic:	C Alababaliani			X File Drawer(s)	
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Γ Legal Size Γ Microfilm/ Microfiche Γ Computer Tape	r Numerical		Number	Г Computer Tape(s) Г Other (specify)	
			Number		
Γ Rolls ≊ Γ Audio Tape Γ Floppy Disk	x Chronological		10. Annual Ac	cumulation	
Г Bound Book Г Video Tape Г CD, DVD, etc	Γ Geographical			File Drawer(s)	
	a a secondariana		1	E Microfilm Reel(s)	
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· • • • • • • • • • • • • • • • • • • •			Number	X Other (specify) binder	
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11. File is Used Γ Daily Γ Weekly x Monthly Γ Annually		12. File Becomes Inactive After5	_ F Month(10.	
		Number	Ξ Year(s)		
13. Current Location(s) (Bldg., Floor, Room)		14. Is Record Series Duplicated Elsewhere?	? (If yes, specify	agency or office.)	
201 Preston St, 3rd floor, Baltimore, MD 21201					
		Г Yes x No Agency/ Form	at		
15. Privacy / Access Restrictions Γ Yes Ξ No		16. Audit Requirements x None	Γ Internal Γ	OIG	
ΓPersonal ΓMedical ΓProprietary ΓClassified ΓOther		Γ Legislative Γ	Federal C	Independent	
(if Yes, cite Law(s) & Regulation(s)					
		18. Recommended Retention: In Office And	I In Storage (Eac	h Format)	
17. Is an Index System used? If yes, explain briefly and describe requirements		24G) Retain for FIVE (5) YE			
Г Yes E No		exception, If scanned, scan ac			
Г Yes Ξ No		standards and dispose of pape	er originals.	Retain scans for FIVE (5)	
		YEARS, then destroy.			
10. Nome and Title of Property	0. Location:				
	. Loodion.			21. Date	
	201 WEST PRESTON STREET, E	ALTIMORE MD 21201			
DHMH RECORDS OFFICER	Telephone Number# 410 767-3	598 Room # ROOM LL-5			
E-mail address: walter.zerrlaut@maryland.gov					

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1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE	ADMINISTRATI	AND HEALTH PROMOTION	3. Division/Unit or Section Infectious Disease Epidemiology and Outbreak Response Bureau		
DEFINITION - RECORD SERIES - A group of related records normally filed and 4. Record Series Title - Zoonotic and Vectorborne Diseas		is retention and disposition purposes.	5. Earliest Yea	ar/Latest Year o 2017	
6. Record Series Description (Briefly describe the types of information/documen 24H. Rabies Vaccine Delay Requests	ts/forms found in the series. Include t	the purpose or function of the series.)			
7. Record Series Format(s) List all that apply Paper: Film / tape: Electronic: Ξ Letter Size Γ Film/Slides (35mm, etc) Ξ Kept on Hard Drive Γ Legal Size Γ Microfilm/ Microfiche Γ Computer Tape Γ Rolls Γ Audio Tape Γ Floppy Disk Γ Bound Book Γ Video Tape Γ CD,DVD,etc Γ Card Ξ Other (specify) PDF format	8. Record Series Seque Γ Alphabetical Γ Numerical x Chronological Γ Geographical Γ Other (specify)		9. Volume3 Number 10. Annual Ac	X File Drawer(s) F Microfilm Reel(s) F Computer Tape(s) F Other (specify) ccumulation F File Drawer(s) F Microfilm Reel(s) F Computer Tape(s) X Other (specify) <u>file folders</u>	
11. File is Used Г Daily X Weekly Monthly Г Annually		12. File Becomes Inactive After10 Number	Г Mont X Year(s		
13. Current Location(s) (Bldg., Floor, Room) 201 Preston St, 3 rd floor, Baltimore, MD 21201		14. Is Record Series Duplicated Elsewhere? Γ Yes x No Agency/ Format		agency or office.)	
15. Privacy / Access Restrictions Γ Yes X No Γ Personal Γ Medical Γ Proprietary Γ Classified Γ Other	s 20. Location:	ГLegislative Г 18. Recommended Retention: In Office And I 24H) Retain for TEN (10) YE exception: If scanned, scan acc	Federal F n Storage (Eac ARS, then cording to 1	destroy. With the following Maryland State Archive standards ins for TEN (10) YEARS , then	
WALTER ZERRLAUT DHMH RECORDS OFFICER E-mail address: walter.zerrlaut@maryland.gov	201 WEST PRESTON STREET, Telephone Number# 410 767-35			21. Date	

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 for each Record Series identified. All Record Series are to be listed on a Schedul Form. Forward all Records Inventory forms with the proposed Schedule form (DC 550-1) to the DHMH Records Officer thru your Records Coordinator.	form STA e 72 GS	ENT OF GENERAL SERVICES TE RECORDS CENTER 75 WATERLOO ROAD P.O. BOX 275 SUP, MARYLAND 20794 (410) 799-1379	DHMH RECORDS INVENTORY		
1. Department/Agency MD DEPT OFHEALTH & MENTAL HYGIENE DEFINITION - RECORD SERIES - A group of related records normally filed and a	ADMINISTRATIC	ND HEALTH PROMOTION	3. Division/Unit Infectious Response	Disease and Outbreak	
4. Record Series Title Tuberculosis			5. Earliest Yea _2011_ 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.) 25A. Tuberculosis Case/Suspect Report (DHMH 4501) and associated National Electronic Disease Surveillance System (NEDSS) case files that contain laboratory reports and other detailed information on TB					
7. Record Series Format(s) List all that apply Paper: Film / tape: Electronic: ≅ Letter Size Г Film/Slides (35mm, etc) Ξ Kept on Hard Drive Γ Legal Size Γ Microfilm/ Microfiche Γ Computer Tape Γ Rolls _= Γ Audio Tape Γ Floppy Disk Γ Bound Book Γ Video Tape Γ CD,DVD,etc Γ Card Ξ Other (specify) pdf format	8. Record Series Seque F Alphabetical F Numerical x Chronological F Geographical F Other (specify)	nce	9. Volume 7 Number 10. Annual Ac 1 Number	x File Drawer(s) Г Microfilm Reel(s) Г Computer Tape(s) Г Other (specify) :cumulation x File Drawer(s) Г Microfilm Reel(s) Г Computer Tape(s) Г Other (specify)	
11. File is Used Г Daily x Weekly Г Monthly Г Annually		12. File Becomes Inactive After _7 Number	Г Month(s) x Year(s)		
13. Current Location(s) (Bldg., Floor, Room) 500 N Calvert St, 5 th Floor, Baltimore, MD 21202		14. Is Record Series Duplicated Elsewhere? Γ Yes x No Agency/ Forma	(If yes, specify		
15. Privacy / Access Restrictions. x Yes Г No Г Personal Г Medical Г Proprietary Г Classified Г Other (If Yes, cite Law(s) & Regulation(s) HIPAA, PERSONNEL REGS		16. Audit Requirements x None Г Internal Г OIG Г Legislative Г Federal Г Independent			
17. Is an Index System used? If yes, explain briefly and describe requirements	18. Recommended Retention: In Office And In Storage (Each Format) Retain on-site for ONE HUNDRED (100) YEARS, then destroy with the following exception: If scanned, scan according to Maryland State Archiv standards and dispose of paper originals. Retain scans for ONE HUNDR (100) YEARS and then destroy.		YEARS, then destroy with the rding to Maryland State Archives		
19. Name and Title of Preparer WALTER ZERRLAUT DHMH RECORDS OFFICER E-mail address: walter.zerrlau@maryland.gov	20. Location: 201 WEST PRESTON STREET, B. Telephone Number# 410 767-35			21. Date	

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 for each Record Series identified. All Record Series are to be listed on a Schedu	ntory form STATE RECORDS CENTER		D	DHMH RECORDS INVENTORY	
Form. Forward all Records Inventory forms with the proposed Schedule form (D 550-1) to the DHMH Records Officer thru your Records Coordinator.	OGS	P.O. BOX 275 SUP, MARYLAND 20794 (410) 799-1379	PAG	e_25B_ of	
1. Department/Agency MD DEPT OFHEALTH & MENTAL HYGIENE	ADMINISTRATIO	ND HEALTH PROMOTION	3. Division/Uni Infectious Response	Disease and Outbreak	
DEFINITION - RECORD SERIES - A group of related records normally filed and 4. Record Series Title: Tuberculosis	used as a unit for reference as well a	s retention and disposition purposes.	5. Earliest Yea 2011 t	r/Latest Year o 2017	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) 25B) Case files of multiple-drug resistant patients and those incarcerated for noncompliance with TB treatment					
7. Record Series Format(s) List all that apply Paper: Film / tape: Electronic: X Letter Size Γ Film/Slides (35mm, etc) Ξ Kept on Hard Drive Γ Legal Size Γ Microfilm/ Microfiche Γ Computer Tape Γ Rolls _= Γ Audio Tape Γ Floppy Disk Γ Bound Book Γ Video Tape Γ CD,DVD,etc Γ Card Ξ Other (specify) pdf format	8. Record Series Seque	nce	9. Volume 1 Number 10. Annual Ac 1 Number	 x File Drawer(s) Г Microfilm Reel(s) Г Computer Tape(s) Г Other (specify) cumulation x File Drawer(s) Г Microfilm Reel(s) Г Computer Tape(s) Г Other (specify) 	
11. File is Used Г Daily x Weekly Г Monthly Г Annually		12. File Becomes Inactive After _7 Number	Г Month(s) x Year(s)		
13. Current Location(s) (Bldg., Floor, Room) 500 N Calvert St, 5 th Floor, Baltimore, MD 21202		14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) Γ Yes x No Agency/ Format			
15. Privacy / Access Restrictions x Yes Г No Г Personal Г Medical Г Proprietary Г Classified Г Other (If Yes, cite Law(s) & Regulation(s) HIPAA, PERSONNEL REGS	16. Audit Requirements x None Г Internal ГОІG Г Legislative Г Federal Г Independent				
17. Is an Index System used? If yes, explain briefly and describe requirement Γ Yes x No	 Recommended Retention: In Office And In Storage (Each Format) 25B) Retain on-site for ONE HUNDRED (100) YEARS, then destroy with the following exception: If scanned, scan according to Maryland State Archives standards and dispose of paper originals. Retain scans for ONE HUNDRED (100) YEARS and then destroy. 				
19. Name and Title of Preparer WALTER ZERRLAUT DHMH RECORDS OFFICER E-mail address: walter.zerrlaut@maryland.gov	20. Location: 201 WEST PRESTON STREET, B Telephone Number# 410 767-35			21. Date	

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 for each Record Series identified. All Record Series are to be listed on a Schedu Form. Forward all Records Inventory forms with the proposed Schedule form (Dr 550-1) to the DHMH Records Officer thru your Records Coordinator. 1. Department/Agency MD DEPT OFHEALTH & MENTAL HYGIENE DEFINITION - RECORD SERIES - A group of related records normally filed and the	form STJ le 77 SS JES 2. Office/Administration/ PREVENTION A ADMINISTRATI	AND HEALTH PROMOTION	PA 3. Division/Ur Infectious	DEMME RECORDS INVENTORY
4. Record Series Title: Tuberculosis			0 1033553	ar/Latest Year to 1989
6. Record Series Description (Briefly describe the types of information/documents 25C. Verified TB Case Notebooks (1913-1989):				
7. Record Series Format(s) List all that apply Paper: Film / tape: Electronic: Ξ Letter Size Γ Film/Slides (35mm, etc) Ξ Kept on Hard Drive Γ Legal Size Γ Microfilm/ Microfiche Γ Computer Tape Γ Rolls Γ Audio Tape Γ Floppy Disk Ξ Bound Book Γ Video Tape Γ CD,DVD,etc Γ Card ξ Other (specify) Pdf format	 8. Record Series Seque Γ Alphabetical Γ Numerical x Chronological Γ Geographical Γ Other (specify) 	nce	9. Volume 1 Number 10. Annual A <u>0.02</u> Number	x File Drawer(s) ☐ Microfilm Reel(s) ☐ Computer Tape(s) ☐ Other (specify) ccumulation x File Drawer(s) ☐ Microfilm Reel(s) ☐ Computer Tape(s) ☐ Other (specify)
11. File is Used Г Daily Г Weekly x Monthly Г Annually		12. File Becomes Inactive After _100 Number	Г Month(s) x Year(s)	
13. Current Location(s) (Bldg., Floor, Room) 500 N Calvert St, 5 th Floor, Baltimore, MD 21202		14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) Γ Yes x No Agency/ Format		
15. Privacy / Access Restrictions x Yes Г No Г Personal Г Medical Г Proprietary Г Classified ГOther (If Yes, cite Law(s) & Regulation(s) <u>HIPAA, PERSONNEL REGS</u>				° OIG Independent
17. Is an Index System used? If yes, explain briefly and describe requirements Γ Yes x No		following exception: If scanned	UNDRED (, scan acco er originals.	th Format) 100) YEARS, then destroy with the ording to Maryland State Archives Retain scans for ONE HUNDRED
19. Name and Title of Preparer WALTER ZERRLAUT DHMH RECORDS OFFICER E-mail address: walter.zerrlaut@maryland.gov	20. Location: 201 WEST PRESTON STREET, B Telephone Number# 410 767-35			21. Date

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 fo 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.	rm ST. 7	MENT OF GENERAL SERVICES ATE RECORDS CENTER 275 WATERLOO ROAD P.O. BOX 275 SSUP, MARYLAND 20794 (410) 799-1379	DHMH RECORDS INVENTORY PAGE _25D_ OF		
Department/Agency MD DEPT OFHEALTH & MENTAL HYGIENE DEFINITION - RECORD SERIES - A group of related records normally filed and us	ADMINISTRATI	AND HEALTH PROMOTION	3. Division/Un Infectious Response	s Disease and Outbreak	
4. Record Series Title: Tuberculosis			5. Earliest Yea	ar/Latest Year to 2017	
6. Record Series Description (Briefly describe the types of information/documents/ 25D) TB Investigation files: include spec contamination, and significant clusters of	ial investigations, i.e	e., large contact investigations		tions of outbreaks, laboratory	
7. Record Series Format(s) List all that apply Paper: Film / tape: Electronic: Ξ Letter Size Γ Film/Slides (35mm, etc) Ξ Kept on Hard Drive Γ Legal Size Γ Microfilm/ Microfiche Γ Computer Tape Γ Rolls Γ Audio Tape Γ Floppy Disk Γ Bound Book Γ Video Tape Γ CD,DVD,etc Γ Card Ξ Other (specify) pdf format	8. Record Series Seque Alphabetical (pape Numerical (electron X. Chronological Γ. Geographical Γ. Other (specify)	0	9, Volume 2 Number 10. Annual Ad 1 Number Г Month(s)	X File Drawer(s) Γ Microfilm Reel(s) Γ Computer Tape(s) Γ Other (specify) ccumulation x File Drawer(s) Γ Microfilm Reel(s) Γ Computer Tape(s) Γ Other (specify)	
11. File is Used Γ Daily Γ Weekly x Monthly Γ Annually 13. Current Location(s) (Bidg., Floor, Room) 500 N Calvert St, 5 th Floor, Baltimore, MD 21201 15. Privacy / Access Restrictions x Yes Γ No Γ Personal Γ Medical Γ Proprietary Γ Classified FCher (K Yes (Bid Lance)) HIBAA DEPSONNEL DEGS	Number Γ Year(s) 14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) Γ Yes X No Agency/ Format 16. Audit Requirements X X None Γ Legislative Γ Legislative Γ Legislative				
(If Yes, cite Law(s) & Regulation(s) HIPAA, PERSONNEL REGS 17. Is an Index System used? If yes, explain briefly and describe requirements Γ Yes x No	 Recommended Retention: In Office And In Storage (Each Format) 25D) Retain on-site for ONE HUNDRED (100) YEARS, then destroy with the following exception: If scanned, scan according to Maryland Sta Archives standards and dispose of paper originals. Retain scans for ONE HUNDRED (100) YEARS and then destroy. 				
WAI TER ZERRI AUT). Location: 201 WEST PRESTON STREET, B Telephone Number# 410 767-38			21. Date	

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.	ST/ 72	DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379		
1. Department/Agency MD DEPT OFHEALTH & MENTAL HYGIENE	2. Office/Administration/ PREVENTION A ADMINISTRATION	AND HEALTH PROMOTION	3. Division/Uni Infectious Response	Disease and Outbreak
DEFINITION - RECORD SERIES - A group of related records normally filed and used 4. Record Series Title: Tuberculosis	as a unit for reference as well a	as retention and disposition purposes.	5. Earliest Yea 2013 to	16 (L)
6. Record Series Description (Briefly describe the types of information/documents/for 25E. TB Alien Report Forms: forms used to no				
7. Record Series Format(s) List all that apply Paper: Film / tape: Ξ Letter Size F Film/Slides (35mm, etc) Ξ Letter Size Γ Film/Slides (35mm, etc) Γ Legal Size Γ Microfilm/ Microfiche Γ Rolls Γ Rolls Γ Bound Book Γ Video Tape Γ Card	8. Record Series Seque	ence	9. Volume Number 10. Annual Ad1 Number	x File Drawer(s) Г Microfilm Reel(s) Г Computer Tape(s) Г Other (specify) ccumulation X File Drawer(s) Г Microfilm Reel(s) Г Computer Tape(s) Г Other (specify)
11. File is Used Г Daily Г Weekly x Monthly Г Annually		12. File Becomes Inactive After3 Number	Γ Month(s) X Year(s)	
13. Current Location(s) (Bldg., Floor, Room) 500 N Calvert St, 5 th Floor, Baltimore, MD 21202		14. Is Record Series Duplicated Elsewhere? Γ Yes x No Agency/ Form	? (If yes, specify at	agency or office.)
15. Privacy / Access Restrictions x Yes Г No Г Personal Г Medical Г Proprietary Г Classified Г Other (If Yes, cite Law(s) & Regulation(s) <u>HIPAA, PERSONNEL REGS</u>	16. Audit Requirements x None Г Internal Г OIG Г Legislative Г Federal Г Independent			
17. Is an Index System used? If yes, explain briefly and describe requirements Γ Yes x No	with the following exception:	HUNDREI If scanned, se of paper	D (100) YEARS , then destroy scan according to Maryland State originals. Retain scans for ONE	
WALTER ZERRLAUT	Location: 1 WEST PRESTON STREET, E Telephone Number# 410 767-3:			21. Date

DHMH Instructions -Make a list of all files. Determine whether each is non-recommaterial or both. Group into Record Series. Prepare a separate inventory form Record Series identified. All Record Series are to be listed on a Schedule Form. Records Inventory forms with the proposed Schedule form (DGS 550-1) to the Records Officer thru your Records Coordinator.	for each . Forward all	ARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379	DHMH RECORDS INVENTORY PAGE _26A_ OF	
1. Department/Agency MD DEPT OFHEALTH & MENTAL HYGIENE DEFINITION - RECORD SERIES - A group of related records normally filed and	PROMOTIO	N AND HEALTH		or Section DISEASE EPIDEMIOLOGY AND OUTBREAK UREAU—OFFICE OF IMMIGRANT HEALTH
4. Record Series Title - <u>REFUGEE HEALTH</u>			5. Earliest Year 2006 to	
6. Record Series Description (Briefly describe the types of information/documer 26A. Refugee Health Screening Records and as refugees.			other deta	iled information about
7. Record Series Format(s) List all that apply Paper: Film / tape: Electronic: Ξ Letter Size Γ Film/Slides (35mm, etc) Ξ Kept on Hard Drive (sec Γ Legal Size Γ Microfilm/ Microfiche Γ Computer Tape Γ Rolls 3 Γ Audio Tape Γ Floppy Disk Γ Bound Book Γ Video Tape Γ CD,DVD,etc Γ Card Ξ Other (specify) Pdf format	8, Record Series 5 F Alphabetica T Numerical X Chronologi F Geographic T Other (spec	al cal	9. Volume X File Drawer(s) Γ Microfilm Reel(s) 3 Γ Computer Tape(s) Number Γ Other (specify) 10. Annual Accumulation X File Drawer(s) Γ Microfilm Reel(s) 2 Γ Computer Tape(s) Number Γ Other (specify)	
11. File is Used X Daily Г Weekly Г Monthly Г Annually		12. File Becomes Inactive After <u>N/A</u> Number	Г Month(Г Year(s	
13. Current Location(s) (Bldg., Floor, Room) 500 N. Calvert Street, 5 th Floor, Baltimore MD 21202		14, Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) Γ Yes X No Agency/ Format		
15. Privacy / Access Restrictions X Yes Γ No Γ Personal X Medical Γ Proprietary Γ Classified Γ Other (If Yes, cite Law(s) & Regulation(s) HG §18-201, 202, 205 HG 4-301-304 G (2016); GP §4-306 (2016); 45 CFR §400.27	16. Audit Requirements Г None X Internal ГОIG X Legislative Г Federal Г Independent			
17. Is an Index System used? If yes, explain briefly and describe requiremen	18. Recommended Retention: In Office And In S 26A) Retain on-site for ONE HUND requirements are met, then destroy w according to Maryland State Archive Retain scans for ONE HUNDRED (ORED (100 with the follows standards) YEARS and until all audit owing exception: If scanned, scan and dispose of paper originals.	
19. Name and Title of Preparer WALTER ZERRLAUT DHMH RECORDS OFFICER E-mail address: walter.zerrlaut@maryland.gov	20. Location: 201 W. PRESTON STREET, BALT Telephone number # 410-767-3598,			21. Date

DHMH Instructions -Make a list of all files. Determine whether each is non-reco record material or both. Group into Record Series. Prepare a separate inventor for each Record Series identified. All Record Series are to be listed on a Sched Form. Forward all Records Inventory forms with the proposed Schedule form (I 550-1) to the DHMH Records Officer thru your Records Coordinator.	ry form ST lule 7 DGS	MENT OF GENERAL SERVICES ATE RECORDS CENTER 275 WATERLOO ROAD P.O. BOX 275 SSUP, MARYLAND 20794 (410) 799-1379	DHMH RECORDS INVENTORY PAGE _26B_ OF		
Department/Agency MD DEPT OFHEALTH & MENTAL HYGIENE DEFINITION - RECORD SERIES - A group of related records normally filed an	ADMINISTRAT	AND HEALTH PROMOTION	A BALL AND A STATE	nit or Section S DISEASE EPIDEMIOLOGY AND OUTBREAK BUREAU—OFFICE OF IMMIGRANT HEALTH	
4. Record Series Title - <u>REFUGEE HEALTH</u>		as reteniiron and disposition pulposes.	5. Earliest Ye <u>2014</u> to	ar/Latest Year 0 <u>2017</u>	
6. Record Series Description (Briefly describe the types of information/documer 26B. Mental Health Referral Request Forms	nts/forms found in the series. Include	the purpose or function of the series.)			
7. Record Series Format(s) List all that apply Paper: Film / tape: Electronic: Ξ Letter Size Γ Film/Slides (35mm, etc) Γ Kept on Hard Drive Γ Legal Size Γ Microfilm/ Microfiche Γ Computer Tape Γ Rolls Γ Audio Tape Γ Floppy Disk Γ Bound Book Γ Video Tape Γ CD,DVD,etc Γ Card Γ Other (specify)	8. Record Series Seque Γ Alphabetical Γ Numerical X Chronological Γ Geographical Γ Other (specify)	ence	9, Volume <u>1</u> Number 10. Annual Au <u>1</u> Number	 X File Drawer(s) Γ Microfilm Reel(s) Γ Computer Tape(s) Γ Other (specify) commutation X File Drawer(s) Γ Microfilm Reel(s) Γ Computer Tape(s) Γ Other (specify) 	
11. File is Used X Daily Г Weekly Г Monthly Г Annually		12. File Becomes Inactive After <u>N/A</u> Г Month(s) Number Г Year(s)			
13. Current Location(s) (Bldg., Floor, Room) 500 N. Calvert Street, 5 th Floor, Baltimore MD 21202		14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)			
15. Privacy / Access Restrictions X Yes Γ No Γ Personal X Medical Γ Proprietary Γ Classified Γ Other (If Yes, cite Law(s) & Regulation(s) HG §18-201, 202, 205 GP §4-329(b) (20	16); 45 CFR §400.27	16. Audit Requirements Г None X Internal ГОIG Г Legislative Г Federal Г Independent			
17. Is an Index System used? If yes, explain briefly and describe requirement Γ Yes X No	18. Recommended Retention: In Office And In Storage (Each Format) 26B) Retain on-site for ONE HUNDRED (100) YEARS, then destroy with the following exception: If scanned, scan according to Maryland Stat Archives standards and dispose of paper originals. Retain scans for ONE HUNDRED (100) YEARS and then destroy.				
19. Name and Title of Preparer WALTER ZERRLAUT DHMH RECORDS OFFICER E-mail address: waiter.zerrlaut@maryland.gov	20. Location: 201 W. PRESTON STREET, BALTII Telephone number # 410-767-3598,			21. Date	

DHMH Instructions -Make a list of all files. Determine whether each is non-record material or both. Group into Record Series. Prepare a separate inventory form fo Series identified. All Record Series are to be listed on a Schedule Form. Forward Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Rec thru your Records Coordinator. 1. Department/Agency MD DEPT OFHEALTH & MENTAL HYGIENE DEFINITION - RECORD SERIES - A group of related records normally filed and to 4. Record Series Title - <u>REFUGEE HEALTH</u>	or each Record d all Records cords Officer	2. Office/Admin PREVENT PROMOTI	ION AND HEALTH	DHMH RECORDS INVENTORY PAGE _26COF 3. Division/Unit or Section INFECTIOUS DISEASE EPIDEMIOLOGY AND OUTBREAK RESPONSE BUREAU—OFFICE OF IMMIGRANT HEALTH 5. Earliest Year/Latest Year		
				<u>2006</u> t	o <u>2017</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.) 26C. Refugee health files: includes special investigations (e.g. outbreak investigations, contact investigations)						
7. Record Series Format(s) List all that apply Paper: Film / tape: Electronic: Ξ Letter Size Γ Film/Slides (35mm, etc) Ξ Kept on Hard Drive (secu Γ Legal Size Γ Microfilm/ Microfiche Γ Computer Tape Γ Rolls _= Γ Audio Tape Γ Floppy Disk Γ Bound Book Γ Video Tape Γ CD,DVD,etc Γ Card Ξ Other (specify) Pdf format	ired server)	8. Record Series Sequence		9. Volume <u>1</u> Number 10. Annual Ac <u>1</u> Number	X File Drawer(s) Γ Microfilm Reel(s) Γ Computer Tape(s) Γ Other (specify) cumulation X File Drawer(s) Γ Microfilm Reel(s) Γ Computer Tape(s) Γ Other (specify)	
11. File is Used X Daily Г Weekly Г Monthly Г Annually			12. File Becomes Inactive After N/A Number	Г Monthi Г Year(s		
13. Current Location(s) (Bldg., Floor, Room) 500 N. Calvert Street, 5 th Floor, Baltimore MD 21202			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)			
15. Privacy / Access Restrictions X Yes Г No Г Personal X Medical Г Proprietary Г Classified ГOther (If Yes, cite Law(s) & Regulation(s) <u>HG §18-201, 202, 205; GP §4-329(b) (2016); GP §4-301-304;</u> <u>GP §4-344 (2014); GP §4-306 (2016); 45 CFR §400.27</u>			16. Audit Requirements Г None X Internal ГОІG Г Legislative Г Federal Г Independent			
17. Is an Index System used? If yes, explain briefly and describe requirements Г Yes X No		18. Recommended Retention: In Office And In Storage (Each Format) 26C) Retain on-site for ONE HUNDRED (100) YEARS, then destroy with the following exception: If scanned, scan according to Maryland S Archives standards and dispose of paper originals. Retain scans for ON HUNDRED (100) YEARS and then destroy.		D (100) YEARS , then destroy scan according to Maryland State originals. Retain scans for ONE		
19. Name and Title of Preparer WALTER ZERRLAUT DHMH RECORDS OFFICER E-mail address: walter.zerrlaut@maryland.gov	20. Location: 201 W. PRESTON Telephone numbe				21. Date	

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 for 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.	5 ST/ 7:	MENT OF GENERAL SERVICES ATE RECORDS CENTER 275 WATERLOO ROAD P.O. BOX 275 SSUP, MARYLAND 20794 (410) 799-1379	DHMH RECORDS INVENTORY PAGE 27A OF		
1. Department/Agency MD DEPT OFHEALTH & MENTAL HYGIENE	ADMINISTRATI	AND HEALTH PROMOTION	Contraction of the second s	or Section Disease Epidemiology and Response Bureau	
DEFINITION - RECORD SERIES - A group of related records normally filed and use 4. Record Series Title - Immunizations	j as a unit for reference as well a	as retention and disposition purposes.	5. Earliest Yea 2014	r/Latest Year to2016	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) 27A. Vaccine for Children (VFC) Inventory Records – Faxed inventory forms that report number of vaccine doses by vaccine type still in the provider's inventory. These forms were then used to order additional vaccine for the provider.					
7. Record Series Format(s) List all that apply Paper: Film / tape: Electronic: Ξ Letter Size Γ Film/Slides (35mm, etc) Γ Kept on Hard Drive Γ Legal Size Γ Microfilm/ Microfiche Γ Computer Tape Γ Rolls = Γ Audio Tape Γ Floppy Disk Γ Bound Book Γ Video Tape Γ CD,DVD,etc Γ Card Γ Other (specify)	 8. Record Series Seque Γ Alphabetical Γ Numerical x Chronological Γ Geographical Γ Other (specify) 	ence	9. Volume 1 Number 10. Annual Ac 1 Number	 Ξ File Drawer(s) Γ Microfilm Reel(s) Γ Computer Tape(s) Γ Other (specify) cumulation Ξ File Drawer(s) Γ Microfilm Reel(s) Γ Computer Tape(s) Γ Other (specify) 	
11. File is Used Г Daily Г Weekly Ξ Monthly Г Annually		12. File Becomes Inactive After3 Number	Ξ Month Γ Year(s	157//	
13. Current Location(s) (Bldg., Floor, Room) 201 W. Preston Street, 3 rd Floor, Baltimore, MD 21201		14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) Γ Yes x No Agency/ Format			
15. Privacy / Access Restrictions Г Yes Ξ No Г Personal Г Medical Γ Proprietary Γ Classified Г Other (If Yes, cite Law(s) & Regulation(s)	16. Audit Requirements Γ None Ξ Internal Γ OIG Γ Legislative Ξ Federal Γ Independent				
17. Is an Index System used? If yes, explain briefly and describe requirements Ξ Yes Γ Νο <u>Stored by date inventory received</u>	 Recommended Retention: In Office And In Storage (Each Format) 27A. Retain for THREE (3) MONTHS from the date of creation, then destroy. 				
WALTER ZERRLAUT	Location: 01 WEST PRESTON STREET, E Telephone Number# 410 767-3			21. Date	

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 i 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 (DG 550-1) to the DHMH Records Officer thru your Records Coordinator.	form STA 3 72 SS	ENT OF GENERAL SERVICES ITE RECORDS CENTER 75 WATERLOO ROAD P.O. BOX 275 SUP, MARYLAND 20794 (410) 799-1379		E_27B_ OF
1. Department/Agency MD DEPT OFHEALTH & MENTAL HYGIENE	ADMINISTRATIC	ND HEALTH PROMOTION		or Section Disease Epidemiology and Response Bureau
A Record Series Title (Immunizations) Vaccines for Children (VFC) Si	te Visit Reports		5. Earliest Year 2014	r/Latest Year to2016
6. Record Series Description (Briefly describe the types of information/documents 27B. Reports that VFC site reviewers complete				
7. Record Series Format(s) List all that apply Paper: Film / tape: Electronic: Ξ Letter Size Γ Film/Slides (35mm, etc) Γ Kept on Hard Drive Γ Legal Size Γ Microfilm/ Microfiche Γ Computer Tape	8. Record Series Seque Γ Alphabetical Γ Numerical	nce	9. Volume 1 Number	E File Drawer(s) Γ Microfilm Reel(s) Γ Computer Tape(s) Γ Other (specify)
Γ Rolls≊ Γ Audio Tape Γ Floppy Disk Γ Bound Book Γ Video Tape Γ CD,DVD,etc Γ Card Γ Other (specify)	Γ Chronological Γ Geographical Ξ Other (specify)	By Provider PIN #	10, Annual Ac 1 Number	cumulation Ξ File Drawer(s) Γ Microfilm Reel(s) Γ Computer Tape(s) Γ Other (specify)
11. File is Used Г Daily Г Weekly Ξ Monthly Γ Annually		12. File Becomes Inactive After2 Number	_ Г Month Ξ Year(s	
13. Current Location(s) (Bldg., Floor, Room) 201 W. Preston Street, 3 rd Floor, Baltimore, Maryland 2	21201	14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) Γ Yes x No Agency/ Format		
15. Privacy / Access Restrictions Г Yes E No Г Personal Г Medical Г Proprietary Г Classified Г Other (If Yes, cite Law(s) & Regulation(s)	16. Audit Requirements Г None Ξ Internal ΓOIG Γ Legislative Ξ Federal Γ Independent			
17. Is an Index System used? If yes, explain briefly and describe requirements Ξ Yes г No <u>Stored by Provider PIN#</u>	 Recommended Retention: In Office And In Storage (Each Format) 27B. Maintain for TWO (2) YEARS and until all audit requirements are met, then destroy. 			
19. Name and Title of Preparer WALTER ZERRLAUT DHMH RECORDS OFFICER E-mail address: waiter.zerrlaut@maryland.gov	20. Location: 201 WEST PRESTON STREET, B Telephone Number# 410 767-35			21. Date

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.	ST/ 7:	MENT OF GENERAL SERVICES ATE RECORDS CENTER 275 WATERLOO ROAD P.O. BOX 275 SSUP, MARYLAND 20794 (410) 799-1379		
1. Department/Agency MD DEPT OFHEALTH & MENTAL HYGIENE DEFINITION - RECORD SERIES - A group of related records normally filed and used a	ADMINISTRATI	AND HEALTH PROMOTION	1 1000000 XX	t or Section Disease Epidemiology and Response Bureau
4. Record Series Title - Immunizations			5. Earliest Yea 201	rr/Latest Year 4 to2016
6. Record Series Description (Briefly describe the types of information/documents/form 27C. VFC Provider Training Records. This is docum			irements o	f the VFC program.
7. Record Series Format(s) List all that apply Paper: Film / tape: Electronic: Ξ Letter Size Γ Film/Slides (35mm, etc) Γ Kept on Hard Drive Γ Legal Size Γ Microfilm/ Microfiche Γ Computer Tape Γ Rolls Γ Audio Tape Γ Floppy Disk Γ Bound Book Γ Video Tape Γ CD,DVD,etc Γ Card Γ Other (specify)	8. Record Series Seque C Alphabetical C Numerical X Chronological C Geographical E Other (specify)	ence *	9. Volume 1 Number 10. Annual Ac 1 Number	E File Drawer(s) Γ Microfilm Reel(s) Γ Computer Tape(s) Γ Other (specify) comulation E File Drawer(s) Γ Microfilm Reel(s) Γ Computer Tape(s) Γ Other (specify)
11. File is Used Г Daily Г Weekly Ξ Monthly Γ Annually		12. File Becomes Inactive After	Г Month Ξ Year(s	
13. Current Location(s) (Bldg., Floor, Room) 201 W. Preston Street, 3 rd Floor, Baltimore, MD 21201		14. Is Record Series Duplicated Elsewhere' Γ Yes x No Agency/ Form		agency or office.)
15. Privacy / Access Restrictions Г Yes E No Г Personal Г Medical Г Proprietary Г Classified ГOther (If Yes, cite Law(s) & Regulation(s)	16. Audit Requirements Г None Ξ Internal Γ OIG Г Legislative Ξ Federal Γ Independent			
17. Is an Index System used? If yes, explain briefly and describe requirements Ξ Yes Γ No <u>Stored by Provider PIN #</u>		18. Recommended Retention: In Office And In Storage (Each Format) 27C) Retain for TWO (2) YEARS from the date of creation, then destroy.		
WALTER ZERRLAUT	Location: WEST PRESTON STREET, E elephone Number# 410 767-3			21. Date

1

DHMH Instructions -Make a list of all files. Determine whether each is non-recon record material or both. Group into Record Series. Prepare a separate inventory for each Record Series identified. All Record Series are to be listed on a Schedu Form. Forward all Records Inventory forms with the proposed Schedule form (D 550-1) to the DHMH Records Officer thru your Records Coordinator.	r form ST/ Ile 7: GS	MENT OF GENERAL SERVICES ATE RECORDS CENTER 275 WATERLOO ROAD P.O. BOX 275 3SUP, MARYLAND 20794 (410) 799-1379 Board		MH RECORDS INVENTORY _27D_ OF
MD DEPT OFHEALTH		AND HEALTH PROMOTION	1 428 22 2241	Disease Epidemiology and
& MENTAL HYGIENE DEFINITION - RECORD SERIES - A group of related records normally filed and	ADMINISTRATI	N201(A)	Outbreak	
4. Record Series Title - Immunizations	usou es a unit los reference as wen a	a retenuori anu usposinon purposes.	5. Earliest Year/L 2014_	atest Year to2016
6. Record Series Description (Briefly describe the types of information/document	ts/forms found in the series. Include	the purpose or function of the series.)		
27D. Vaccines for Children (VFC) Managed	Care Organization (MCO) Panels. MCO patien	it data subn	nitted by VFC providers
to establish vaccine allocation.		na an a		na na mana anta 2000 🕫 - kata lata ar 🛛 👫 (Maraka) (2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 200
7. Record Series Format(s) List all that apply	7. Record Series Format(s) List all that apply 8. Record Series Sequence			
Paper: Film / tape: Electronic: Ξ Letter Size Γ Film/Slides (35mm, etc) Ξ Kept on Hard Drive	Г Alphabetical		1	Ξ File Drawer(s) Γ Microfilm Reel(s)
Γ Legal Size Γ Microfilm/ Microfiche Γ Computer Tape	Г Numerical		Number	 Γ Microfilm Reel(s) Γ Computer Tape(s) Γ Other (specify)
Γ Rolls≘ Γ Audio Tape Γ Floppy Disk	x Chronological		10. Annual Accu	mulation
L Bound Book L Video Tape L CD,DVD,etc	Г Geographical		1	E File Drawer(s) Γ Microfilm Reel(s)
Г Card Г Other (specify)				Computer Tape(s) Computer Tape(s) Other (specify)
11. File is Used Г Daily Г Weekly Ξ Monthly Γ Annually		12. File Becomes Inactive After3 Number	Ξ Month(s) Γ Year(s)	
13. Current Location(s) (Bldg., Floor, Room) 201 W. Preston Street, 3 rd Floor, Baltimore, MD 21201	14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) Γ Yes x No Agency/ Format			
15. Privacy / Access Restrictions Ξ Yes Γ No Γ Personal Ξ Medical Γ Proprietary Γ Classified ΓOther (If Yes, cite Law(s) & Regulation(s)		16. Audit Requirements Г None Ξ Internal ΓOIG ΓLegislative Ξ Federal Γ Independent		
17. Is an Index System used? If yes, explain briefly and describe requirements Ξ Yes Γ No Stored by Provider PIN #		 Recommended Retention: In Office And In Storage (Each Formal) 27D. Maintain patient data for THREE (3) MONTHS, then destroy. Maintain data cover sheet for FOUR (4) YEARS, then destroy. 		
				5
19. Name and Title of Preparer	20. Location:			21. Date
WALTER ZERRLAUT	201 WEST PRESTON STREET, B	ALTIMORE MD 21201		Annul I summer (197
DHMH RECORDS OFFICER E-mail address: walter.zerrlaut@maryland.gov	Telephone Number# 410 767-35	598 Room # ROOM LL-5		

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 for 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.	rm STA 72	ENT OF GENERAL SERVICES TE RECORDS CENTER 75 WATERLOO ROAD P.O. BOX 275 SUP, MARYLAND 20794 (410) 799-1379		HMH RECORDS INVENTORY
1. Department/Agency MD DEPT OFHEALTH & MENTAL HYGIENE DEFINITION - RECORD SERIES - A group of related records normally filed and use	ADMINISTRATIC	ND HEALTH PROMOTION	11/05/2012/2012/02/2012	t or Section Disease Epidemiology and Response Bureau
4. Record Series Title - (Immunizations) Annual School	Immunization Surv	vey	5. Earliest Yea 2014 to	22/29/20
6. Record Series Description (Briefly describe the types of information/documents/fc 27E. Annual school immunization survey collection			schools.	
7. Record Series Format(s) List all that apply Paper: Film / tape: Electronic: Ξ Letter Size Γ Film/Slides (35mm, etc) Ξ Kept on Hard Drive Γ Legal Size Γ Microfilm/ Microfiche Γ Computer Tape Γ Rolls Γ Audio Tape Γ Floppy Disk Γ Bound Book Γ Video Tape Γ CD,DVD,etc Γ Card Γ Other (specify)	8. Record Series Seque Ξ Alphabetical Γ Numerical Γ Chronological Γ Geographical Γ Other (specify) _	nce	9. Volume 1 Number 10. Annual Ac 1 Number	 Ξ File Drawer(s) Γ Microfilm Reel(s) Γ Computer Tape(s) Γ Other (specify) computation Ξ File Drawer(s) Γ Microfilm Reel(s) Γ Computer Tape(s) Γ Other (specify)
11. File is Used Γ Daily Γ Weekly Ξ Monthly Γ Annually		12. File Becomes Inactive After	Г Month r Ξ Year(s	
13. Current Location(s) (Bldg., Floor, Room) 201 W. Preston Street, 3 rd Floor, Baltimore, MD 21201		14. Is Record Series Duplicated Elsewhere Γ Yes x No Agency/ Form	? (If yes, specify nat	
15. Privacy / Access Restrictions Г Yes ENo Г Personal Г Medical Г Proprietary Г Classified Г Other (If Yes, cite Law(s) & Regulation(s)		16. Audit Requirements Г None ΞInternal ΓΟΙG ΓLegislative Ξ Federal Γ Independent		
17. Is an Index System used? If yes, explain briefly and describe requirements		 Recommended Retention: In Office An 27E) Maintain hard copies for electronic database containin Surveys for TEN (10) YEARS 	r TWO (2) Yl g key elemer	EARS, then destroy; maintain ts from School Immunization
WALTER ZERRLAUT	10. Location: 201 WEST PRESTON STREET, B Telephone Number# 410 767-35			21. Date

	DGS	550-4	(DHMH	Rev.	2002)
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1. Department/Agency MD DEPT OFHEALTH & MENTAL HYGIENE	ADMINISTRATI	AND HEALTH PROMOTION	2011-12-0722 (2019)	it or Section : Disease Epidemiology and Response Bureau
DEFINITION - RECORD SERIES - A group of related records normally filed and a 4. Record Series Title - Immunizations	used as a unit for reference as well a	is retention and disposition purposes.	5. Earliest Yea 2014 to	
6. Record Series Description (Briefly describe the types of information/documents 27F) Immunization Registry (ImmuNet) Records System (ImmuNet) and could be used for future of	- these are electronic		ned in the I	mmunization Information
7. Record Series Format(s) List all that apply. Paper: Film / tape: Electronic: Γ Letter Size Γ Film/Slides (35mm, etc) Ξ Kept on Hard Drive/Server Γ Legal Size Γ Microfilm/ Microfiche Γ Computer Tape Γ Rolls _ Ξ Γ Audio Tape Γ Floppy Disk Γ Bound Book Γ Video Tape Γ CD, DVD, etc Γ Card _ Ξ Other (specify) SQL	Film / tape: Electronic: Г Film/Slides (35mm, etc) E Kept on Hard Drive/Server Г Microfilm/ Microfiche Г Computer Tape Г Audio Tape Г Floppy Disk I Video Tape Г CD, DVD, etc		9. Volume F File Drawer(s) 0 F Kile Drawer(s) 0 F Kile Drawer(s) 0 F Kile Drawer(s) 10. Annual Accumulation F File Drawer(s) 0 F Kile Drawer(s)	
11. File is Used Ξ Daily Г Weekly Г Monthly Г Annually		12. File Becomes Inactive After Contin Number	10	Month(s) Year(s)
13. Current Location(s) (Bldg., Floor, Room) 201 W. Preston Street, Baltimore, MD 21201		14. Is Record Series Duplicated Elsewher Ξ Yes Γ No Agency/ For		agency or office.) server backup at DHMH
15. Privacy / Access Restrictions Ξ Yes Г No Г Personal Ξ Medical Г Proprietary Γ Classified ГOther (If Yes, cite Law(s) & Regulation(s)		16. Audit Requirements Г None Ξ Internal ΓOIG ΓLegislative Ξ Federal Γ Independent		
17. Is an Index System used? If yes, explain briefly and describe requirements Γ Yes Ξ No		18. Recommended Retention: In Office And In Storage (Each Format) 27F) Retain data for ONE-HUNDRED (100) YEARS or until superseded by updated information, whichever is sooner, then destroy.		
19. Name and Title of Preparer WALTER ZERRLAUT DHMH RECORDS OFFICER E-mail address: walter.zerrlaut@maryland.gov	20. Location: 201 WEST PRESTON STREET, B Telephone Number# 410 767-3:			21. Date

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 DEPARTMENT OF GENERAL SERVICES 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 7275 WATERLOO ROAD P.O. BOX 275 900 (000 (000 (000 (000 (000 (000 (000				
1. Department/Agency MD DEPT OFHEALTH & MENTAL HYGIENE	ADMINISTRATIO	ND HEALTH PROMOTION	3. Division/Unit Infectious Services I	Disease Prevention and Health
A. Record Series Title – Bureau Wide	used as a unit for reference as well a	s retention and disposition purposes.	5. Earliest Yea 2007	r/Latest Year to <u>2017</u>
 6. Record Series Description (Briefly describe the types of information/document 28 A. Health Officer memos B. Site Visit Reports C. On-Call Consultation Reports D. Federal Cooperative Agreements and R 		he purpose or function of the series.)		
7. Record Series Format(s) List all that apply Paper: Film / tape: Electronic: Ξ Letter Size Γ Film/Slides (35mm, etc) Ξ Kept on Hard Drive Γ Legal Size Γ Microfilm/ Microfiche Γ Computer Tape Γ Rolls = Γ Audio Tape Γ Floppy Disk Γ Bound Book Γ Video Tape Γ CD,DVD,etc Γ Card Γ Other (specify)	8. Record Series Seque	nce	9, Volume <u>6</u> Number 10, Annual Ac <u>0.5</u> Number	x File Drawer(s) F Microfilm Reel(s) F Computer Tape(s) C Other (specify) cumulation x File Drawer(s) F Microfilm Reel(s) F Computer Tape(s) F Other (specify)
11. File is Used Г Daily Г Weekly x Monthly Г Annually 13. Current Location(s) (Bldg., Floor, Room)		12. File Becomes Inactive After 10 Number 14. Is Record Series Duplicated Elsewhere?	 ☐ Month(s) Ξ Year(s) ? (If yes, specify 	·
500 North Calvert St, 5 th FI, BALTIMORE, MD 21202 15. Privacy / Access Restrictions Γ Yes x No Γ Personal Γ Medical Γ Proprietary Γ Classified Γ Other		Г Yes x No Agency/Form 16. Audit Requirements Ξ None Г Legislative Г	L Internal I	T OIG Independent
(If Yes, cite Law(s) & Regulation(s) 17. Is an Index System used? If yes, explain briefly and describe requirements Γ Yes x No		 Recommended Retention: In Office And In Storage (Each Format) Retain for TEN (10) YEARS, then destroy. If scanned, scan according to Maryland State Archives standards. Retain scans for TEN (10) YEARS from the date of paper origins, then destroy. Retain for TEN (10) YEARS, then destroy. If scanned, scan according to Maryland State Archives standards. Retain scans for TEN (10) YEARS from the date of paper origins, then destroy. Retain for TEN (10) YEARS, then destroy. If scanned, scan according to Maryland State Archives standards. Retain scans for TEN (10) YEARS from the date of paper origins, then destroy. Retain for TEN (10) YEARS, then destroy. If scanned, scan according to Maryland State Archives standards. Retain scans for TEN (10) YEARS from the date paper origins, then destroy. Retain for TEN (10) YEARS after the project period ends, then destroy. Retain for TEN (10) YEARS after the project period ends, then destroy. 		
19. Name and Title of Preparer WALTER ZERRLAUT DHMH RECORDS OFFICER E-mail address: walter.zerrlaut@maryland.gov	20. Location: 201 W. PRESTON STREET, BALTI Telephone number # 410-767-3598			21. Date

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 for each Record Series identified. All Record Series are to be listed on a Schedul Form. Forward all Records Inventory forms with the proposed Schedule form (DC 550-1) to the DHMH Records Officer thru your Records Coordinator.	form STA e 72 GS	ENT OF GENERAL SERVICES NTE RECORDS CENTER 175 WATERLOO ROAD P.O. BOX 275 SUP, MARYLAND 20794 (410) 799-1379	DHMH RECORDS INVENTORY PAGE 29 OF	
1. Department/Agency MD DEPT OFHEALTH & MENTAL HYGIENE	ADMINISTRATIO	ND HEALTH PROMOTION	3. Division/Unit or Section Infectious Disease Prevention and Health Services Bureau	
DEFINITION - RECORD SERIES - A group of related records normally filed and u 4. Record Series Title - <u>Sexually Transmitted Diseases</u>	used as a unit for reference as well a	s retention and disposition purposes.	5. Earliest Year/Latest Year 1995 to 2017	
 B. Record Series Description (Briefly describe the types of information/documents 29 A. Syphilis/HIV case management records B. Syphilis Laboratory Reports from STAT C. Data from statewide electronic surveilla sexually transmitted diseases. All record accurate patient history of reported cond 	from STAT Lab Proje	ect laboratory reports and other	detailed information for reportable, ralized patient registry system to ensure	
7. Record Series Formal(s) List all that apply Paper: Film / tape: Electronic: E Letter Size F Film/Slides (35mm, etc) E Kept on Hard Drive F Legal Size F Microfilm/ Microfiche F Computer Tape F Rolls = F Audio Tape F Floppy Disk F Bound Book F Video Tape F CD,DVD,etc F Card = 2 Other (specify) SQL	 8. Record Series Seque Γ Alphabetical Γ Numerical x Chronological Γ Geographical Γ Other (specify) _ 	nce	9. Volume x File Drawer(s) r Microfilm Reel(s) <u>10</u> r Computer Tape(s) Number <u>E</u> Other (specify) <u>Database-SQL</u> 10. Annual Accumulation x File Drawer(s) r Microfilm Reel(s) <u>3</u> r Computer Tape(s Number <u>E</u> Other (specify) Database-SQL	
11. File is Used X Daily Г Weekly Г Monthly Г Annually		12. File Becomes Inactive After <u>N/A</u> Number	Г Month(s) Г Year(s)	
13. Current Location(s) (Bldg., Floor, Room) 500 N. Calvert St, 5 th Fl, BALTIMORE AND OTHER LOCATIONS 15. Privacy / Access Restrictions X Yes x Personal x Medical		14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) Γ Yes x No Agency/ Format		
(If Yes, cite Law(s) & Regulation(s) HIPAA, COMAR Statutes/Regulation 17. Is an Index System used? If yes, explain briefly and describe requirements Γ Yes X No		 18. Recommended Retention: In Office And in Storage (Each Format) 29A) Retain for TWENTY TWO (22) YEARS, then destroy. If scanned, scan according to Maryland State Archives standards; retain for TWENTY TWO (22) YEARS from the date of paper origins, then destroy. 29B) Retain for THREE (3) YEARS, then destroy. 29C) CONTINUOUS Record. Maintain as a perpetual file for epidemiological purposes by updating when amended or revised and destroying obsolete material. 		
19. Name and Title of Preparer WALTER ZERRLAUT DHMH RECORDS OFFICER E-mail address: walter.zerrlaut@maryland.gov	20. Location: 201 W. PRESTON STREET, BALTI Telephone number # 410-767-3598,		21. Date	

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 for each Record Series identified. All Record Series are to be listed on a Schedul Form. Forward all Records Inventory forms with the proposed Schedule form (Dr 550-1) to the DHMH Records Officer thru your Records Coordinator.	form ST/ le 72 GS	VENT OF GENERAL SERVICES ATE RECORDS CENTER 275 WATERLOO ROAD P.O. BOX 275 SSUP, MARYLAND 20794 (410) 799-1379	DHMH RECORDS INVENTORY PAGE 30 OF	
1. Department/Agency MD DEPT OFHEALTH & MENTAL HYGIENE DEFINITION - RECORD SERIES - A group of related records normally filed and	ADMINISTRATI	BOARD AND HEALTH PROMOTION ON	3. Division/Unit or Section Infectious Disease Prevention and Health Services Bureau	
4. Record Series Title – Maryland AIDS Drug Assistance Progr 6. Record Series Description (Briefly describe the types of information/document		the ourpose or function of the series.)	5. Earliest Year/Latest Year 2011 to 2017	
30. A. Fiscal RecordsB. Client Files	s			
7. Record Series Format(s) List all that apply Paper: Film / tape: Electronic: 2 Letter Size Γ Film/Slides (35mm, etc) Ξ Kept on Hard Drive Γ Legal Size Γ Microfilm/ Microfiche Γ Computer Tape Γ Rolls _ Ξ Γ Audio Tape Γ Floppy Disk Γ Bound Book Γ Video Tape Γ CD,DVD,etc Γ Card Ξ Other (specify)_	8. Record Series Seque X Alphabetical F Numerical F Chronological F Geographical F Other (specify)	ence	9. Volume X File Drawer(s) Г Microfilm Reel(s) <u>136</u> <u>Number</u> 10. Annual Accumulation x File Drawer(s) Г Other (specify) 10. Annual Accumulation x File Drawer(s) Г Microfilm Reel(s) <u>30</u> <u>Г</u> Computer Tape(s) Number <u>Г</u> Other (specify)	
11. File is Used Г Daily Г Weekly x Monthly Г Annually		12. File Becomes Inactive After 5 Numbe	Г Month(s) эг Ξ Year(s)	
13. Current Location(s) (Bldg., Floor, Room) 500 N. Calvert St, 5 th Floor, BALTIMORE, Maryland 21202		14. Is Record Series Duplicated Elsewhere Γ Yes x No Agency/Form		
15. Privacy / Access Restrictions X Yes No X Personal X Medical X Proprietary I Classified I Other (If Yes, cite Law(s) & Regulation(s) HIPAA, PERSONNEL REGS	_	16. Audit Requirements Ξ None Γ Legislative	ГInternal ГОІG ГFederal ГIndependent	
(If Yes, cite Law(s) & Regulation(s) HIPAA, PERSONNEL RESS 17. Is an Index System used? If yes, explain briefly and describe requirements If Yes X No		 Recommended Retention: In Office And In Storage (Each Format) 30A) Retain for FIVE (5) YEARS, then destroy. If scanned, scan according to Maryland State Archives standards. Retain scans for FIVE (5) YEARS from the day of paper origins, then destroy. 30B) Retain for FIVE (5) YEARS, then destroy. 		
19. Name and Title of Preparer WALTER ZERRLAUT DHMH RECORDS OFFICER E-mail address: walter.zerrlaut@maryland.gov	20. Location: 201 W. PRESTON STREET, BALTI Telephone number # 410-767-3598		21. Date	

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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 inventor for each Record Series identified. All Record Series are to be listed on a Scher Form. Forward all Records Inventory forms with the proposed Schedule form 550-1) to the DHMH Records Officer thru your Records Coordinator.	ory form STA dule 72 (DGS	IENT OF GENERAL SERVICES ATE RECORDS CENTER 275 WATERLOO ROAD P.O. BOX 275 ISUP, MARYLAND 20794	DHMH RECORDS INVENTORY PAGE 31 OF
1. Department/Agency MD DEPT OFHEALTH & MENTAL HYGIENE	2. Office/Administration/ PREVENTION A ADMINISTRATIO	ND HEALTH PROMOTION	3. Division/Unit or Section Infectious Disease Prevention and Health Services Bureau
DEFINITION - RECORD SERIES - A group of related records normally filed an	nd used as a unit for reference as well	as retention and disposition purposes.	
4. Record Series Title - HIV Prevention and Health Services			5. Earliest Year/Latest Year 2002 to 2017
 6. Record Series Description (Briefly describe the types of information/docume 31. A. Aggregate contract monitoring data an B. Client-level programmatic data collec C. Client-level programmatic datasets 	d reports		
7. Record Series Format(s) List all that apply 8. Record Series Seque Paper: Film / tape: Electronic: Ξ Letter Size Γ Film/Slides (35mm, etc) Ξ Kept on Hard Drive Γ Alphabetical Γ Legal Size Γ Microfilm/ Microfiche Γ Computer Tape Γ Numerical Γ Rolls Ξ Γ Audio Tape Γ Floppy Disk x Chronological		X File Drawer(s) Γ Microfilm Reel(s) 20 Γ Computer Tape(s) Number Γ Other (specify) 10. Annual Accumulation	
ГBound Book ГVideo Tape ГCD,DVD,etc Г Geographical ГCard Ξ Other (specify) SQL Γ Other (specify)			X File Drawer(s) Γ Microfilm Reel(s) <u>10</u> Γ Computer Tape(s) Number Γ Other (specify)
11. File is Used x Daily ГWeekly x Monthly ГAnnually		12. File Becomes Inactive After 10 Number	Г Month(s) Ξ Year(s)
13. Current Location(s) (Bldg., Floor, Room) 500 N. Calvert St, 5 th Fl, BALTIMORE, MD 21202		14. Is Record Series Duplicated Elsewhere ² Γ Yes x No Agency/ Forma	
15. Privacy / Access Restrictions x Yes Г No x Personal x Medical Г Proprietary Г Classified ГOther (If Yes, cite Law(s) & Regulation(s) HIPAA, COMAR Statutes/Regulations		16. Audit Requirements Ξ None Γ Internal Γ OIG Γ Legistative Γ Federal Γ Independent	
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