

RECORDS RETENTION AND DISPOSAL SCHEDULE

DEPARTMENT OF HEALTH & MENTAL HYGIENE

PUBLIC HEALTH SERVICES

PREVENTION AND HEALTH PROMOTION ADMINISTRATION

SECRETARIAT

OFFICE / ADMINISTRATION / BOARD

This schedule supersedes schedules 856A, 950, 1141, 1419, 1419-A1, 1420, 1760, 1759, 1958, 2263 and 2331.

Item No.	Description of Records Series (from Inventory Form)	Authorized Retention Period & Instructions
1.	<p><u>MATERNAL AND CHILD HEALTH BUREAU</u></p> <p><u>OFFICE OF THE MARYLAND WOMEN, INFANTS AND CHILDREN (WIC) PROGRAM</u></p> <p>A. WIC Program Vendor Files</p> <p>B. WIC Vendor Revalidated Checks</p> <p>C. WIC Fiscal Records</p>	<p>1A) Retain for at least THREE (3) YEARS following the date of filing the final closeout report for the period to which the report pertains, then destroy.</p> <p>1B) Retain for at least THREE (3) YEARS following the date of filing the final closeout report for the period to which the report pertains, then destroy.</p> <p>1C) Retain for at least THREE (3) YEARS following the date of filing the final closeout for the period to which the report pertains, then destroy.</p>
2.	<p><u>OFFICE FOR GENETICS AND PEOPLE WITH SPECIAL NEEDS</u></p> <p>A. Metabolic Nutrition Program Patient Files</p> <p>B. Sickle Cell Disease Program Parent Consent Forms</p> <p>C. Infant Hearing Program Test Results</p> <p>D. Children's Medical Services Patient Charts</p>	<p>2A) Retain for THREE (3) YEARS after the age of majority or FIVE (5) YEARS after the record is made - whichever is longer, then destroy.</p> <p>2B) Retain for THREE (3) YEARS after the age of majority or FIVE (5) YEARS after the record is made - whichever is longer, then destroy.</p> <p>2C) Retain for THREE (3) YEARS after the age of majority or FIVE (5) YEARS after the record is made - whichever is longer, then destroy.</p> <p>2D) 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.</p>

APPROVED BY: (DHMH Official)

AUTHORIZED BY: (MD STATE ARCHIVES)

DATE:

5/15/17

DATE:

7-18-17

SIGNATURE:

[Signature]

SIGNATURE:

[Signature]NAME/TITLE: Donna Gugel - DirectorNAME/TITLE: TIMOTHY D. BAKER, STATE ARCHIVIST

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3.	E. Children's Medical Services Fiscal Records F. Birth Defects Reporting and Surveillance Forms	2E) Retain for FIVE (5) YEARS , then destroy. 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
	<p><u>PRIMARY CARE & COMMUNITY HEALTH BUREAU</u></p> <p><u>CENTER FOR CANCER PREVENTION AND CONTROL</u></p> A. Breast and Cervical Cancer Diagnosis and Treatment Program <ol style="list-style-type: none"> 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 <i>Screening Component – for Local Health Departments</i> <ol style="list-style-type: none"> 1. Client applications, screening and diagnostic test results and other reimbursement records related to prescribed screening, diagnosis, and treatment C. Colorectal Cancer Control Program <i>Screening Component – for Local Health Departments</i> <ol style="list-style-type: none"> 1. Client applications, screening and diagnostic test results and other reimbursement records related to prescribed screening, diagnosis, and treatment. D. Maryland Cancer Fund (MCF) <ol style="list-style-type: none"> 1. MCF Treatment Grant files including program applications (Maryland Health Insurance Program (MHIP) and non-MHIP), proof of residency, proof of income, physician's diagnosis letter, treatment plan 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) <ol style="list-style-type: none"> 1. Hard copy tumor abstract reports submitted to the MCR containing patient information on reportable tumors including data on demographics, diagnosis, staging, treatment, vital status, cause of death. 	3A) Retain for SEVEN (7) YEARS after the last date of service, then destroy. 3B) Retain for TEN (10) YEARS , after the last date of service, then destroy. 3C) Retain for TWELVE (12) YEARS , after the last date of service, then destroy. 3D) Retain in office for FIVE (5) YEARS following completion of grant and until audit requirements are met, then transfer to State Records Center. Retain at the State Records Center for TEN (10) YEARS after award period completion, then destroy. 3E1) Retain records submitted in for ONE (1) YEAR after finalizing incidence year, then destroy.

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	<p>2. Processed electronic MCR master tumor database of tumor abstract reports and of the consolidated tumor records.</p> <p>3. Original electronic abstract reports submitted to MCR or to MCR contractor for Quality Assurance and Data Management.</p> <p>4. Death Certificates; National Death Index Data; Social Security Death Index data</p> <p>5. Records of requests for MCR data:</p> <p style="padding-left: 20px;">a. Hard copy data, notes, MOU/Agreement for data release, confidentiality agreements.</p> <p style="padding-left: 20px;">b. Electronic records of data requests such as spreadsheets and linkage data.</p>	<p>3E2) Retain PERMANENTLY. Transfer to Maryland State Archives every FIVE (5) YEARS.</p> <p>3E3) Retain PERMANENTLY. Transfer to Maryland State Archives every FIVE (5) YEARS.</p> <p>3E4) Retain for ONE (1) YEAR after death information has been entered into the consolidated tumor records (Item 3E2), then destroy.</p> <p>3E5a) Retain for FIVE (5) YEARS after the study for which the records were requested for are completed, then destroy.</p> <p>3E5b) Retain for TEN (10) YEARS after the study for which the records were requested for are completed, then destroy.</p>
4.	<p><u>CIGARETTE RESITUTION FUND PROGRAMS UNIT</u></p> <p>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)</p> <p>B. Grant Applications, Grant Awards and Contracts (for local health departments, academic centers, sub-vendors, hospitals, private grantees)</p>	<p>4A) CRFP Unit to screen annually, discarding material that is no longer needed and moving inactive records to State Records Center. State Records Center to retain inactive records for FIVE (5) YEARS after completion of fiscal year, then destroy.</p> <p>4B) Retain grant applications, grant awards and contracts for FIVE (5) YEARS after completion of fiscal year and until audit requirements are met, then destroy.</p>

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	<p>C. Financial Records (Budgets, Invoices, Budget Modifications, and other budget-related documents)</p> <p>D. Reports (Site Visit Reports, Progress Reports, and Data Reports)</p> <p>E. Annual and Final Reports (End of Year Expenditures Reports (440-440A), Annual Cancer Reports)</p> <p>F. Program Correspondence (CRFPU correspondence to programs, Coalition meeting minutes)</p> <p>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)</p>	<p>4C) Retain for FIVE (5) YEARS after completion of fiscal year and until all audit requirements are met, then destroy.</p> <p>4D) Retain for FIVE (5) YEARS and until all audit requirements are met, then destroy.</p> <p>4E) Retain PERMANENTLY, transferring to Maryland State Archives when no longer needed.</p> <p>4F) Retain for FIVE (5) YEARS after completion of fiscal year, then destroy.</p> <p>4G) Retain for TWELVE (12) YEARS, after the last date of service, then destroy.</p>

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<u>ENVIRONMENTAL HEALTH BUREAU</u>		
5.	Campground Files (program ended 07/01/2009) A. Applications B. Inspection Reports C. Facility Plans D. Correspondence	5A - D) Retain for THREE (3) YEARS , then destroy.
6.	Migrant Labor Camp Files (program ended 07/01/2009) A. Applications B. Inspection Reports C. Facility Plans D. Correspondence	6A - D) Retain for THREE (3) YEARS , then destroy.
7.	Mobile Home Park Files (program ended 07/01/2009) A. Applications B. Inspection Reports C. Facility Plans D. Correspondence	7A - D) Retain for THREE (3) YEARS , then destroy.
8.	Outdoor Music Festival Files (program ended 07/01/2009) A. Applications B. Inspection Reports C. Facility Plans D. Correspondence	8A - D) Retain for THREE (3) YEARS , then destroy.
9.	Aquatic Facility and Venue Files A. Applications B. Construction Permits C. Alteration Permits D. Replacement Permits E. Plans and Equipment Specifications F. Inspection Reports G. Correspondence	9A - G) Retain for THREE (3) YEARS , then destroy.

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10.	<p>Youth Camp Files</p> <ul style="list-style-type: none"> 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 THREE (3) YEARS , then destroy.
11.	<p>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.)</p>	11) This is a CONTINUOUSLY updated electronic record. A copy of the record will be provided to the Maryland State Archives every THREE (3) YEARS .
12.	<p>Environmental Health Complaints</p> <ul style="list-style-type: none"> A. Clean Indoor Air Act Complaints B. Consumer Product-Related Complaints C. Complaints related to General Environmental/Housing Conditions 	12A - C) Retain for THREE (3) YEARS , then destroy.
13.	<p><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.</p>	13) Retain for THREE (3) YEARS , then destroy.

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14.	<p data-bbox="257 511 847 541"><u>Environmental/Occupational Disease and Surveillance</u></p> <p data-bbox="309 574 847 631">A. Statistical Reports for US Centers for Disease Control and Prevention (Office of Record)</p> <p data-bbox="309 696 932 753">B. Confidential Reports of Environmental/ Occupational Disease</p> <p data-bbox="309 819 889 875">C. Case Investigation Reports (includes surveillance forms and summaries of case investigations)</p> <p data-bbox="309 912 915 1371">D. Environmental Public Health Tracking Project</p> <p data-bbox="411 978 915 1035">a. Health Services Cost Review Commission hospitalization data</p> <p data-bbox="411 1072 838 1102">b. Vital Statistics Administration data</p> <p data-bbox="411 1131 898 1188">c. Birth Defects Reporting and Information System birth defects data</p> <p data-bbox="411 1218 915 1319">d. Maryland Department of the Environment Lead Poisoning Prevention Program childhood blood lead data</p> <p data-bbox="411 1349 881 1380">e. Maryland Cancer Registry cancer data</p>	<p data-bbox="946 570 1530 626">14A) Retain for TEN (10) YEARS and until all audit requirements have been met, then destroy.</p> <p data-bbox="946 692 1530 749">14B) Retain for TEN (10) YEARS and until all audit requirements have been met, then destroy.</p> <p data-bbox="946 814 1530 871">14C) Retain for TEN (10) YEARS and until all audit requirements have been met, then destroy.</p> <p data-bbox="946 908 1547 1061">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.</p>

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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. B. Final reports of Local Health Departments program evaluation.	15A) Retain for FIVE (5) YEARS from the date of creation, then destroy. 15B) Retain final reports for TEN (10) YEARS , then destroy.
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 (5) YEARS from the date of creation, and until all audit requirements have been met, then destroy.

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17.	<p>Electronic Licensing, Permitting, Inspection and Enforcement Database for Food</p> <ul style="list-style-type: none"> 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 <p><u>CENTER FOR INJURY AND SEXUAL ASSAULT PREVENTION</u></p>	<p>17A - L) These are CONTINUOUSLY updated records. Record will be provided to the Maryland State Archives every THREE (3) YEARS.</p>
18.	<p>Kids in Safety Seats</p> <ul style="list-style-type: none"> A. Car Seat Checkup Event Form <ul style="list-style-type: none"> 1. This form contains caregiver information, including: name, address and phone number. 2. This form possibly contains child information, including name, age, weight and height. B. Special Needs Car Seat Loaner Program Form <ul style="list-style-type: none"> 1. This form contains caregiver information, including: name, address and phone number. 2. This form possibly contains child information, including name, age, weight and height and Date of Birth. 	<p>18A) Retain for SIX (6) YEARS, then destroy.</p> <p>18B) Retain for FIVE (5) YEARS, then destroy.</p>

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19.	<p>Sexual Assault Reimbursement Unit</p> <p>A. These files contain non-record copies of hospital, physician office, and laboratory invoices for reimbursement for sexual assault medical forensic examinations.</p> <p>B. Sexual Assault Data System (Electronic Master Database).</p> <p><u>CENTER FOR INJURY EPIDEMIOLOGY</u></p>	<p>19A) Retain for FIVE (5) YEARS, then destroy.</p> <p>19B) This is a CONTINUOUSLY updated electronic record. Record will be provided to the Maryland State Archives every FIVE (5) YEARS.</p>
20.	<p>Maryland Violent Death Reporting System</p> <p>A. Hard copies of Death Certificates</p> <p>B. Police Reports</p> <p>C. Supplementary Homicide Reports (SHR)</p>	<p>20A) Retain for TEN (10) YEARS from date of death, then destroy.</p> <p>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.</p> <p>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.</p>

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21.	<p><u>INFECTIOUS DISEASE AND OUTBREAK RESPONSE BUREAU</u></p> <p><u>BUREAU WIDE</u></p> <p>A. Health Officer memos</p> <p>B. Site Visit Reports</p> <p>C. On-Call Consultation Reports</p> <p>D. Federal Cooperative Agreements and related reports</p> <p>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.</p> <p>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</p> <p>G. Electronic Data Case Registry Records</p>	<p>21A) Retain for TEN (10) years, then destroy.</p> <p>21B) Retain for TEN (10) YEARS, then destroy.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>

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	<p>H. 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.</p>	<p>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.</p>
22.	<p><u>INFECTIOUS DISEASE SURVEILLANCE</u></p> <p>A. Infectious Disease Surveillance Annual Summary Reports to CDC</p> <p>B. Salmonella Typhi Carrier Record</p> <p>C. HIV/AIDS Case Investigation Reports (DHMH, CDC, and other case report or surveillance forms and other summaries of case investigations)</p> <p><u>OUTBREAK AND OUTBREAK CASE INVESTIGATION</u></p>	<p>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.</p> <p>22C) Retain on-site for the LIFE OF THE CARRIER, or for 100 years, whichever is sooner, then destroy.</p> <p>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.</p>
23.	<p>A. Outbreak and Outbreak Case Investigation Files (Except for TB investigations)</p> <p>B. Outbreak final reports</p>	<p>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.</p> <p>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.</p>

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24.	<p><u>ZOONOTIC AND VECTORBORNE DISEASES</u></p> <p>A. Maryland Report of Human Postexposure Rabies Prophylaxis</p> <p>B. Monthly summary animal bite reports</p> <p>C. Individual animal bite reports (in-state and out-of-state)</p> <p>D. CDC Notice of Imported Dog</p> <p>E. Exotic Bird permits</p> <p>F. Other required reports (e.g. Postexposure Visit Record and Consent Form, Anti-Rabies Vaccination Tally Sheet, etc.)</p> <p>G. Quarterly reports for pre- and post-exposure rabies regimens</p> <p>H. Rabies Vaccine Delay Requests</p>	<p>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.</p> <p>24B) Retain for FIVE (5) YEARS, then destroy.</p> <p>24C) Retain for FIVE (5) YEARS, then destroy.</p> <p>24D) Retain for FIVE (5) YEARS, then destroy.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>

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25.	<p><u>TUBERCULOSIS</u></p> <p>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</p> <p>B. Case files of multiple-drug resistant patients and those incarcerated for noncompliance with TB treatment</p> <p>C. Verified TB Case Notebooks (1913-1989): Contains lists of reported TB Cases</p> <p>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</p> <p>E. TB Alien Report Forms: forms used to notify states about aliens entering with TB</p>	<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>

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26.	<p><u>REFUGEE HEALTH</u></p> <p>A. Refugee Health Screening Records and associated case files that contain laboratory reports and other detailed information about refugees.</p> <p>B. Mental Health Referral Request Forms</p> <p>C. Refugee health files: includes special investigations (e.g. outbreak investigations, contact investigations)</p>	<p>26A) Retain on-site for ONE HUNDRED (100) YEARS and until all audit requirements are met, 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.</p> <p>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.</p> <p>26C) 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.</p>
27.	<p><u>IMMUNIZATIONS</u></p> <p>A. Vaccine For Children (VFC) Inventory Records</p> <p>B. VFC Site Visit Reports</p> <p>C. VFC Provider Training Records</p> <p>D. Vaccines for Children (VFC) Managed Care Organization (MCO) Panels. These are patient data files submitted by VFC providers to establish vaccine allocation</p>	<p>27A) Retain for THREE (3) MONTHS from the date of creation, then destroy.</p> <p>27B) Maintain for TWO (2) YEARS and until all audit requirements are met, then destroy.</p> <p>27C) Retain for TWO (2) YEARS from the date of creation, then destroy.</p> <p>27D) Maintain patient data for THREE (3) MONTHS, then destroy. Maintain data cover sheet for FOUR (4) YEARS, then destroy.</p>

RECORDS RETENTION AND DISPOSAL SCHEDULE**DEPARTMENT OF HEALTH & MENTAL HYGIENE**PUBLIC HEALTH SERVICES
SECRETARIATPREVENTION AND HEALTH PROMOTION ADMINISTRATION
OFFICE /ADMINISTRATION/BOARD

Item No.	Description of Records Series (from Inventory Form)	Authorized Retention Period & Instructions
	<p>E. School Immunization Surveys</p> <p>F. Immunization Registry (ImmuNet) Records</p> <p><u>INFECTIOUS DISEASE PREVENTION AND HEALTH SERVICES BUREAU</u></p> <p><u>BUREAU WIDE</u></p>	<p>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.</p> <p>27F) Retain data for ONE-HUNDRED (100) YEARS or until superseded by updated information, whichever is sooner, then destroy.</p>
28.	<p>A. Health Officer memos</p> <p>B. Site Visit Reports</p> <p>C. On-Call Consultation Reports</p> <p>D. Federal Cooperative Agreements and Related Reports</p>	<p>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.</p> <p>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.</p> <p>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.</p> <p>28D) Retain for TEN (10) YEARS after the project period ends, then destroy.</p>

RECORDS RETENTION AND DISPOSAL SCHEDULE**DEPARTMENT OF HEALTH & MENTAL HYGIENE**PUBLIC HEALTH SERVICES
SECRETARIATPREVENTION AND HEALTH PROMOTION ADMINISTRATION
OFFICE / ADMINISTRATION / BOARD

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

DHMH Instructions -Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.		DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379		DHMH RECORDS INVENTORY PAGE <u>1</u> OF <u> </u>	
1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE		2. Office/Administration/Board PREVENTION AND HEALTH PROMOTION ADMINISTRATION		3. Division/Unit or Section Maternal and Child 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 OFFICE OF THE MARYLAND WOMEN, INFANTS AND CHILDREN (WIC) PROGRAM				5. Earliest Year/Latest Year <u>2012 to Current</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.) 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) <i>List all that apply</i> Paper: <input type="checkbox"/> Letter Size <input type="checkbox"/> Legal Size <input type="checkbox"/> Rolls <input type="checkbox"/> Bound Book <input type="checkbox"/> Card Film / tape: <input type="checkbox"/> Film/Slides (35mm, etc) <input type="checkbox"/> Microfilm/ Microfiche <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____ Electronic: <input type="checkbox"/> Kept on Hard Drive <input type="checkbox"/> Computer Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> CD,DVD,etc		8. Record Series Sequence <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____		9. Volume <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) 10. Annual Accumulation <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify)	
11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Annually			12. File Becomes Inactive After <u>3</u> <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s)		
13. Current Location(s) (Bldg., Floor, Room) 201 Preston St, 1st Fl, BALTIMORE AND OTHER LOCATIONS			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/ Format _____		
15. Privacy / Access Restrictions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Personal <input type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other _____ (If Yes, cite Law(s) & Regulation(s))			16. Audit Requirements: <input checked="" type="checkbox"/> None <input type="checkbox"/> Internal <input type="checkbox"/> OIG <input type="checkbox"/> Legislative <input type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____			18. Recommended Retention: In Office And In Storage (Each Format) Retain for THREE (3) YEARS following the date of filing the final closeout report for the period to which the report pertains, then destroy.		
19. Name and Title of Preparer WALTER ZERLAUT DHMH RECORDS OFFICER E-mail address: walter.zerlaut@maryland.gov		20. Location: 201 WEST PRESTON STREET, BALTIMORE MD 21201 Telephone Number# 410 767-3598. 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.		DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379		DHMH RECORDS INVENTORY PAGE <u>2</u> OF <u> </u>			
1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE		2. Office/Administration/Board PREVENTION AND HEALTH PROMOTION ADMINISTRATION		3. Division/Unit or Section Maternal and Child 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 OFFICE FOR GENETICS AND PEOPLE WITH SPECIAL NEEDS				5. Earliest Year/Latest Year <u>1976</u> to <u>2004</u>			
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)							
<table border="0"> <tr> <td style="vertical-align: top;"> 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 </td> <td style="vertical-align: top;"> F. Birth Defects Reporting and Surveillance Forms 1. Reporting and Surveillance Forms </td> </tr> </table>						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	F. Birth Defects Reporting and Surveillance Forms 1. Reporting and Surveillance Forms
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	F. Birth Defects Reporting and Surveillance Forms 1. Reporting and Surveillance Forms						
7. Record Series Format(s) <i>List all that apply</i> Paper: <input type="checkbox"/> Letter Size <input type="checkbox"/> Legal Size <input type="checkbox"/> Rolls <input type="checkbox"/> Bound Book <input type="checkbox"/> Card Film / tape: <input type="checkbox"/> Film/Slides (35mm, etc) <input type="checkbox"/> Microfilm/ Microfiche <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____ Electronic: <input type="checkbox"/> Kept on Hard Drive <input type="checkbox"/> Computer Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> CD, DVD, etc		8. Record Series Sequence <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____		9. Volume <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) Number <u>N/A</u> 10. Annual Accumulation <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) Number <u>N/A</u>			
11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Annually			12. File Becomes Inactive After <u>Varies</u> <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s)				
13. Current Location(s) (Bldg., Floor, Room) 201 Preston St., 4th fl., Rm. 424, Baltimore, MD 21201			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/ Format _____				
15. Privacy / Access Restrictions <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Personal <input type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other _____ (If Yes, cite Law(s) & Regulation(s) HIPAA, PERSONNEL REGS			16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> Internal <input type="checkbox"/> OIG <input type="checkbox"/> Legislative <input type="checkbox"/> Federal <input type="checkbox"/> Independent				
17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input type="checkbox"/> No _____			18. Recommended Retention: In Office And In Storage (Each Format) 2A) Retain for THREE (3) YEARS after the age of majority or FIVE (5) YEARS after the record is made - whichever is longer, then destroy. 2B) Retain for THREE (3) YEARS after the age of majority or FIVE (5) YEARS after the record is made - whichever is longer, then destroy. 2C) Retain for THREE (3) YEARS after the age of majority or FIVE (5) YEARS after the record is made - whichever is longer, then destroy. 2D) 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. 2E) Retain for FIVE (5) YEARS , then destroy. 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.				
19. Name and Title of Preparer WALTER ZERRLAUT DHMH RECORDS OFFICER E-mail address: walter.zerrlaut@maryland.gov		20. Location: 201 WEST PRESTON STREET, BALTIMORE MD 21201 Telephone Number# 410 767-3598 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.		DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379		DHMH RECORDS INVENTORY PAGE <u>3A</u> OF ____	
1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE		2. Office/Administration/Board PREVENTION AND HEALTH PROMOTION ADMINISTRATION		3. Division/Unit or Section Primary Care & Community 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 Center for Cancer Prevention and Control				5. Earliest Year/Latest Year <u>2004</u> to <u>Current</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.) A. Breast and Cervical Cancer Diagnosis and Treatment Program 1. Client applications, biopsy results, operative results, mammograms, clinical breast examinations and other reimbursement records related to prescribed screening, diagnosis and treatment.					
7. Record Series Format(s) <i>List all that apply</i> Paper: <input type="checkbox"/> Letter Size <input type="checkbox"/> Legal Size <input type="checkbox"/> Rolls <input type="checkbox"/> Bound Book <input type="checkbox"/> Card Film / tape: <input type="checkbox"/> Film/Slides (35mm, etc) <input type="checkbox"/> Microfilm/ Microfiche <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____ Electronic: <input type="checkbox"/> Kept on Hard Drive <input type="checkbox"/> Computer Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> CD,DVD,etc		8. Record Series Sequence <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____		9. Volume <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input checked="" type="checkbox"/> Other (specify) <u>storage boxes</u> Number <u>300</u>	
		10. Annual Accumulation <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input checked="" type="checkbox"/> Other (specify) <u>storage boxes</u> Number <u>30 - 150</u>			
11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Annually			12. File Becomes Inactive After <u>Varies</u> <input type="checkbox"/> Month(s) Number <input checked="" type="checkbox"/> 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 yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/ Format _____		
15. Privacy / Access Restrictions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Personal <input type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other _____ (If Yes, cite Law(s) & Regulation(s) HIPAA			16. Audit Requirements <input type="checkbox"/> None <input type="checkbox"/> Internal <input checked="" type="checkbox"/> OIG <input checked="" type="checkbox"/> Legislative <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input type="checkbox"/> No _____			18. Recommended Retention: In Office And In Storage (Each Format) 3A) Retain for SEVEN (7) YEARS after 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, BALTIMORE MD 21201 Telephone Number# 410 767-3598 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.		DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379		DHMH RECORDS INVENTORY PAGE <u>3B</u> OF ____	
1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE		2. Office/Administration/Board PREVENTION AND HEALTH PROMOTION ADMINISTRATION		3. Division/Unit or Section Primary Care & Community 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 Center for Cancer Prevention and Control				5. Earliest Year/Latest Year <u>2004</u> to <u>Current</u>	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) B. Breast and Cervical Cancer Screening Program <i>Screening Component – for Local Health Departments</i> I. Client applications, screening and diagnostic test results and other reimbursement records related to prescribed screening, diagnosis, and treatment					
7. Record Series Format(s) <i>List all that apply</i> Paper: <input type="checkbox"/> Letter Size <input type="checkbox"/> Legal Size <input type="checkbox"/> Rolls <input type="checkbox"/> Bound Book <input type="checkbox"/> Card Film / tape: <input type="checkbox"/> Film/Slides (35mm, etc) <input type="checkbox"/> Microfilm/ Microfiche <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____ Electronic: <input type="checkbox"/> Kept on Hard Drive <input type="checkbox"/> Computer Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> CD,DVD,etc		8. Record Series Sequence <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____		9. Volume <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input checked="" type="checkbox"/> Other (specify) <u>storage boxes</u> 300 Number	
11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Annually		12. File Becomes Inactive After <u>Varies</u> <input type="checkbox"/> Month(s) Number <input checked="" type="checkbox"/> 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.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/ Format _____			
15. Privacy / Access Restrictions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Personal <input type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other _____ (If Yes, cite Law(s) & Regulation(s) HIPAA		16. Audit Requirements <input type="checkbox"/> None <input type="checkbox"/> Internal <input checked="" type="checkbox"/> OIG <input checked="" type="checkbox"/> Legislative <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Independent			
17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input type="checkbox"/> No _____		18. Recommended Retention: In Office And In Storage (Each Format) 3B) Retain for TEN (10) YEARS, after the last date of service, then destroy.			
19. Name and Title of Preparer WALTER ZERRLAUT DHMH RECORDS OFFICER E-mail address: <u>walter.zerrlaut@maryland.gov</u>		20. Location: 201 WEST PRESTON STREET, BALTIMORE MD 21201 Telephone Number# 410 767-3598 Room # ROOM LL-5		21. Date	

<p>DHMH Instructions -Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.</p>		<p>DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379</p>		<p>DHMH RECORDS INVENTORY</p> <p>PAGE <u>3C</u> OF <u> </u></p>	
<p>1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE</p>		<p>2. Office/Administration/Board PREVENTION AND HEALTH PROMOTION ADMINISTRATION</p>		<p>3. Division/Unit or Section Primary Care & Community Health Bureau</p>	
<p>DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>					
<p>4. Record Series Title Center for Cancer Prevention and Control</p>				<p>5. Earliest Year/Latest Year <u>2004</u> to <u>Current</u></p>	
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)</p> <p>C. Colorectal Cancer Control Program <i>Screening Component – for Local Health Departments</i></p> <p>1. Client applications, screening and diagnostic test results and other reimbursement records related to prescribed screening, diagnosis, and treatment.</p>					
<p>7. Record Series Format(s) <i>List all that apply</i></p> <p>Paper: <input type="checkbox"/> Letter Size <input type="checkbox"/> Legal Size <input type="checkbox"/> Rolls <input type="checkbox"/> Bound Book <input type="checkbox"/> Card</p> <p>Film / tape: <input type="checkbox"/> Film/Slides (35mm, etc) <input type="checkbox"/> Microfilm/ Microfiche <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____</p> <p>Electronic: <input type="checkbox"/> Kept on Hard Drive <input type="checkbox"/> Computer Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> CD,DVD,etc</p>			<p>8. Record Series Sequence</p> <p><input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____</p>		<p>9. Volume</p> <p><u>300</u> <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input checked="" type="checkbox"/> Other (specify) <u>storage boxes</u></p>
<p>10. Annual Accumulation</p> <p><u>30 - 150</u> <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input checked="" type="checkbox"/> Other (specify) <u>storage boxes</u></p>					
<p>11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Annually</p>			<p>12. File Becomes Inactive After <u>Varies</u> <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)</p> <p style="text-align: center;">Number</p>		
<p>13. Current Location(s) (Bldg., Floor, Room) 201 W. Preston Street, Baltimore, MD 21201, 3rd Floor</p>			<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/ Format _____</p>		
<p>15. Privacy / Access Restrictions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Personal <input type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other _____</p> <p>(If Yes, cite Law(s) & Regulation(s) HIPAA</p>			<p>16. Audit Requirements <input type="checkbox"/> None <input type="checkbox"/> Internal <input checked="" type="checkbox"/> OIG</p> <p><input checked="" type="checkbox"/> Legislative <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Independent</p>		
<p>17. Is an Index System used? If yes, explain briefly and describe requirements</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No _____</p>			<p>18. Recommended Retention: In Office And In Storage (Each Format)</p> <p>3C) Retain for TWELVE (12) YEARS, after the last date of service, then destroy.</p>		
<p>19. Name and Title of Preparer WALTER ZERRLAUT DHMH RECORDS OFFICER E-mail address: walter.zerrlaut@maryland.gov</p>		<p>20. Location: 201 WEST PRESTON STREET, BALTIMORE MD 21201 Telephone Number# 410 767-3598 Room # ROOM LL-5</p>		<p>21. Date</p>	

DHMH Instructions -Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.		DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379		DHMH RECORDS INVENTORY PAGE <u>3D</u> OF <u> </u>	
1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE		2. Office/Administration/Board PREVENTION AND HEALTH PROMOTION ADMINISTRATION		3. Division/Unit or Section Primary Care & Community 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 Center for Cancer Prevention and Control				5. Earliest Year/Latest Year <u>2004</u> to <u>Current</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.) D. Maryland Cancer Fund (MCF) 1. MCF Treatment Grant files including program applications (Maryland Health Insurance Program (MHIP) and non-MHIP), proof of residency, proof of income, physician's diagnosis letter, treatment plan 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.					
7. Record Series Format(s) <i>List all that apply</i> Paper: <input type="checkbox"/> Letter Size <input type="checkbox"/> Legal Size <input type="checkbox"/> Rolls <input type="checkbox"/> Bound Book <input type="checkbox"/> Card Film / tape: <input type="checkbox"/> Film/Slides (35mm, etc) <input type="checkbox"/> Microfilm/ Microfiche <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____ Electronic: <input type="checkbox"/> Kept on Hard Drive <input type="checkbox"/> Computer Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> CD,DVD,etc		8. Record Series Sequence <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____		9. Volume <u>300</u> <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input checked="" type="checkbox"/> Other (specify) <u>storage boxes</u> 10. Annual Accumulation <u>30 - 150</u> <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input checked="" type="checkbox"/> Other (specify) <u>storage boxes</u>	
11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Annually			12. File Becomes Inactive After <u>Varies</u> <input type="checkbox"/> Month(s) Number <input checked="" type="checkbox"/> 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 yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/ Format _____		
15. Privacy / Access Restrictions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Personal <input type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other _____ (If Yes, cite Law(s) & Regulation(s) HIPAA			16. Audit Requirements <input type="checkbox"/> None <input type="checkbox"/> Internal <input checked="" type="checkbox"/> OIG <input checked="" type="checkbox"/> Legislative <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input type="checkbox"/> No _____			18. Recommended Retention: In Office And In Storage (Each Format) 3D) Retain in office for FIVE (5) YEARS following completion of grant and until audit requirements are met, then transfer to State Records Center. Retain at the State Records Center for TEN (10) YEARS after award 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, BALTIMORE MD 21201 Telephone Number# 410 767-3598 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.		DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379		DHMH RECORDS INVENTORY PAGE <u>3E</u> OF <u> </u>	
1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE		2. Office/Administration/Board PREVENTION AND HEALTH PROMOTION ADMINISTRATION		3. Division/Unit or Section Primary Care & Community 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 Center for Cancer Prevention and Control				5. Earliest Year/Latest Year <u>2004</u> to <u>Current</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.) E. Maryland Cancer Registry (MCR) (As per the Maryland statute (see page 705-06 at this link, http://mgaleg.maryland.gov/2017RS/Statute_Web/ghg/ghg.pdf), "The Secretary, in accordance with § 2-1246 of the State Government Article, shall submit an annual report to the Governor and General Assembly on the activities of the cancer registry, including utilization of cancer registry data." This report contains trend analysis, which requires all historical data . . . and thus all records must be retained for those purposes.) 1. Hard copy tumor abstract reports submitted to the MCR containing patient information on reportable tumors including data on demographics, diagnosis, staging, treatment, vital status, cause of death. 2. Processed electronic MCR master tumor database of tumor abstract reports and of the consolidated tumor records. 3. Original electronic abstract reports submitted to MCR or to MCR contractor for Quality Assurance and Data Management. 4. Death Certificates; National Death Index Data; Social Security Death Index data 5. Records of requests for MCR data: a. Hard copy data, notes, MOU/Agreement for data release, confidentiality agreements. b. Electronic records of data requests such as spreadsheets and linkage data.					
7. Record Series Format(s) <i>List all that apply</i> Paper: <input type="checkbox"/> Film / tape: <input type="checkbox"/> Electronic: <input type="checkbox"/> <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Film/Slides (35mm, etc) <input checked="" type="checkbox"/> Kept on Hard Drive <input type="checkbox"/> Legal Size <input type="checkbox"/> Microfilm/ Microfiche <input type="checkbox"/> Computer Tape <input type="checkbox"/> Rolls <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> CD,DVD,etc <input type="checkbox"/> Card <input type="checkbox"/> Other (specify) <u>SQL</u>		8. Record Series Sequence <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____		9. Volume <input type="checkbox"/> File Drawer(s) <u>300</u> <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) Number <input checked="" type="checkbox"/> Other (specify) <u>storage boxes/37 gb SQL</u> 10. Annual Accumulation <input type="checkbox"/> File Drawer(s) <u>30 - 150</u> <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) Number <input checked="" type="checkbox"/> Other (specify) <u>storage boxes/37 gb SQL</u>	
11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Annually			12. File Becomes Inactive After <u>Varies</u> <input type="checkbox"/> Month(s) Number <input checked="" type="checkbox"/> 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 yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/ Format _____		
15. Privacy / Access Restrictions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Personal <input type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other _____ (If Yes, cite Law(s) & Regulation(s) HIPAA			16. Audit Requirements <input type="checkbox"/> None <input type="checkbox"/> Internal <input checked="" type="checkbox"/> OIG <input checked="" type="checkbox"/> Legislative <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____			18. Recommended Retention: In Office And In Storage (Each Format) 3E1) Retain records submitted in for ONE (1) YEAR after finalizing incidence year, then destroy. 3E2) Retain PERMANENTLY . Transfer to Maryland State Archives every FIVE (5) YEARS . 3E3) Retain PERMANENTLY . Transfer to Maryland State Archives every FIVE (5) YEARS . 3E4) Retain for ONE (1) YEAR after death information has been entered into the consolidated tumor records (Item 3E2), then destroy. 3E5a) Retain for FIVE (5) YEARS after the study for which the records were requested for are completed, then destroy. 3E5b) Retain for TEN (10) YEARS after the study for which the records were requested for are completed, 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, BALTIMORE MD 21201 Telephone Number# 410 767-3598 Room # ROOM LL-5		21. Date	

<p>DHMH Instructions -Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.</p>	<p>DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379</p>	<p>DHMH RECORDS INVENTORY</p> <p>PAGE <u>4</u> OF ___</p>
<p>1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE</p>	<p>2. Office/Administration/Board PREVENTION AND HEALTH PROMOTION ADMINISTRATION</p>	<p>3. Division/Unit or Section Primary Care & Community Health Bureau</p>
<p>DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>		
<p>4. Record Series Title CIGARETTE RESITUTION FUND PROGRAMS UNIT - CANCER PREVENTION, EDUCATION, SCREENING AND TREATMENT</p>	<p>5. Earliest Year/Latest Year 2002 to 2015</p>	
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) 4) The Cigarette Restitution Fund Program Unit (CRFPU) Cancer Prevention, Education, Screening, and Treatment Program (CPEST) provides and administers grants to local health departments, private vendors, hospitals and academic centers to reduce cancer mortality and cancer disparities in Maryland by providing cancer screening, diagnostic and treatment related services and research related activities. 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) B. Grant Applications, Grant Awards and Contracts (For local health department, academic centers, sub-vendors, hospitals, private grantees) C. Financial Records (Budgets, invoices, budget modifications, and other budget related documents) D. Reports (Site Visit Reports, Progress Reports, and Data Reports) E. Annual and Final Reports (End of Year Expenditures Reports (440-440A), Annual Cancer Reports) F. Program Correspondence (CRFPU correspondence to programs, Coalition meeting minutes) 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)</p>		
<p>7. Record Series Format(s) <i>List all that apply</i></p> <p>Paper: Film / tape: Electronic:</p> <p><input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Film/Slides (35mm, etc) <input type="checkbox"/> Kept on Hard Drive</p> <p><input type="checkbox"/> Legal Size <input type="checkbox"/> Microfilm/ Microfiche <input type="checkbox"/> Computer Tape</p> <p><input type="checkbox"/> Rolls _____ <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk</p> <p><input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> CD, DVD, etc</p> <p><input type="checkbox"/> Card _____ <input type="checkbox"/> Other (specify) _____</p>	<p>8. Record Series Sequence</p> <p><input type="checkbox"/> Alphabetical</p> <p><input type="checkbox"/> Numerical</p> <p><input checked="" type="checkbox"/> Chronological</p> <p><input type="checkbox"/> Geographical</p> <p><input type="checkbox"/> Other (specify) _____</p>	<p>9. Volume</p> <p><input type="checkbox"/> File Drawer(s)</p> <p><input type="checkbox"/> Microfilm Reel(s)</p> <p><input type="checkbox"/> Computer Tape(s)</p> <p><input checked="" type="checkbox"/> Other (specify) Storage boxes</p> <p><u>~ 400</u> Number</p> <hr/> <p>10. Annual Accumulation</p> <p><input type="checkbox"/> File Drawer(s)</p> <p><input type="checkbox"/> Microfilm Reel(s)</p> <p><input type="checkbox"/> Computer Tape(s)</p> <p><input checked="" type="checkbox"/> Other (specify) Storage boxes</p> <p><u>~ 50-100</u> Number</p>
<p>11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Annually</p>	<p>12. File Becomes Inactive After <u>12</u> <input type="checkbox"/> Month(s)</p> <p style="text-align: center;">Number <input checked="" type="checkbox"/> Year(s)</p>	
<p>13. Current Location(s) (Bldg., Floor, Room)</p> <p>201 W. Preston St, 4th Fl, BALTIMORE AND OTHER LOCATIONS</p>	<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/ Format _____</p>	
<p>15. Privacy / Access Restrictions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Personal <input checked="" type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other _____</p> <p>(If Yes, cite Law(s) & Regulation(s) HIPAA, PERSONNEL REGS)</p>	<p>16. Audit Requirements <input type="checkbox"/> None <input type="checkbox"/> Internal <input type="checkbox"/> OIG</p> <p style="text-align: center;"><input checked="" type="checkbox"/> Legislative <input type="checkbox"/> Federal <input type="checkbox"/> Independent</p>	
<p>17. Is an Index System used? If yes, explain briefly and describe requirements</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____</p>	<p>18. Recommended Retention: In Office And In Storage (Each Format)</p> <p>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.</p> <p>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.</p> <p>C) Retain for FIVE (5) YEARS after completion of fiscal year and until all audit requirements are met, then destroy.</p> <p>D) Retain for FIVE (5) YEARS, and until all audit requirements are met, and until all audit requirements are met, then destroy.</p> <p>E) Retain PERMANENTLY, transferring to State Records Center when no longer needed.</p> <p>F) Retain for FIVE (5) YEARS after completion of fiscal year, then destroy.</p> <p>G) Retain for TWELVE (12) YEARS, after the last date of service, then destroy.</p>	
<p>19. Name and Title of Preparer</p> <p>WALTER ZERRLAUT DHMH RECORDS OFFICER</p> <p>E-mail address: walter.zerrlaut@maryland.gov</p>	<p>20. Location:</p> <p>201 WEST PRESTON STREET, BALTIMORE MD 21201 Telephone Number# 410 767-3598 Room # ROOM LL-5</p>	<p>21. Date</p>

<p>DHMH Instructions - Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.</p>	<p>DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379</p>	<p>DHMH RECORDS INVENTORY</p> <p>PAGE <u>5</u> OF <u> </u></p>
<p>1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE</p>	<p>2. Office/Administration/Board PREVENTION AND HEALTH PROMOTION ADMINISTRATION</p>	<p>3. Division/Unit or Section Environmental Health Bureau</p>
<p>DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>		
<p>4. Record Series Title — Campground Files (program ended 07/01/2009)</p>	<p>5. Earliest Year/Latest Year <u>N/A</u> to <u> </u></p>	
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)</p> <p>A. Applications B. Inspection Reports C. Facility Plans D. Correspondence</p>		
<p>7. Record Series Format(s) <i>List all that apply</i></p> <p>Paper: Film / tape: Electronic: X Letter Size <input type="checkbox"/> Film/Slides (35mm, etc) <input type="checkbox"/> Kept on Hard Drive <input type="checkbox"/> Legal Size <input type="checkbox"/> Microfilm/ Microfiche <input type="checkbox"/> Computer Tape <input type="checkbox"/> Rolls <u> </u> <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> CD,DVD,etc <input type="checkbox"/> Card <u> </u> <input type="checkbox"/> Other (specify) <u> </u></p>	<p>8. Record Series Sequence</p> <p><input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) <u> </u></p>	<p>9. Volume</p> <p><input type="checkbox"/> File Drawer(s) N/A <input type="checkbox"/> Microfilm Reel(s) <u> </u> <input type="checkbox"/> Computer Tape(s) Number <input type="checkbox"/> Other (specify) <u> </u></p> <p>10. Annual Accumulation</p> <p><input type="checkbox"/> File Drawer(s) N/A <input type="checkbox"/> Microfilm Reel(s) <u> </u> <input type="checkbox"/> Computer Tape(s) Number <input type="checkbox"/> Other (specify) <u> </u></p>
<p>11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Annually</p>	<p>12. File Becomes Inactive After <u>3</u> <input type="checkbox"/> Month(s) Number <input checked="" type="checkbox"/> Year(s)</p>	
<p>13. Current Location(s) (Bldg., Floor, Room) 201 Preston St, 3rd Fl, BALTIMORE AND OTHER LOCATIONS</p>	<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/ Format <u> </u></p>	
<p>15. Privacy / Access Restrictions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Personal <input type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other <u> </u> (If Yes, cite Law(s) & Regulation(s))</p>	<p>16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> Internal <input type="checkbox"/> OIG <input type="checkbox"/> Legislative <input type="checkbox"/> Federal <input type="checkbox"/> Independent</p>	
<p>17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u> </u></p>	<p>18. Recommended Retention: In Office And In Storage (Each Format) 5A, 5B, 5C, and 5D) Retain for THREE (3) YEARS, then destroy.</p>	
<p>19. Name and Title of Preparer WALTER ZERRLAUT DHMH RECORDS OFFICER E-mail address: walter.zerrlaut@maryland.gov</p>	<p>20. Location: 201 WEST PRESTON STREET, BALTIMORE MD 21201 Telephone Number# 410 767-3598 Room # ROOM LL-5</p>	<p>21. Date</p>

<p>DHMH Instructions -Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.</p>	<p>DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379</p>	<p>DHMH RECORDS INVENTORY</p> <p>PAGE <u>6</u> OF <u> </u></p>
<p>1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE</p>	<p>2. Office/Administration/Board PREVENTION AND HEALTH PROMOTION ADMINISTRATION</p>	<p>3. Division/Unit or Section Environmental Health Bureau</p>
<p>DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>		
<p>4. Record Series Title -- Migrant Labor Camp Files (program ended 07/01/2009)</p>	<p>5. Earliest Year/Latest Year <u>N/A</u> to <u> </u></p>	
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)</p> <p>A. Applications B. Inspection Reports C. Facility Plans D. Correspondence</p>		
<p>7. Record Series Format(s) <i>List all that apply</i></p> <p>Paper: <input type="checkbox"/> Film / tape: <input type="checkbox"/> Electronic: <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Film/Slides (35mm, etc) <input type="checkbox"/> Kept on Hard Drive</p> <p><input type="checkbox"/> Legal Size <input type="checkbox"/> Microfilm/ Microfiche <input type="checkbox"/> Computer Tape</p> <p><input type="checkbox"/> Rolls <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk</p> <p><input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> CD,DVD,etc</p> <p><input type="checkbox"/> Card <input type="checkbox"/> Other (specify) _____</p>	<p>8. Record Series Sequence</p> <p><input type="checkbox"/> Alphabetical</p> <p><input type="checkbox"/> Numerical</p> <p><input checked="" type="checkbox"/> Chronological</p> <p><input type="checkbox"/> Geographical</p> <p><input type="checkbox"/> Other (specify) _____</p>	<p>9. Volume</p> <p><input type="checkbox"/> File Drawer(s)</p> <p><u>N/A</u> <input type="checkbox"/> Microfilm Reel(s)</p> <p><input type="checkbox"/> Computer Tape(s)</p> <p>Number <input type="checkbox"/> Other (specify) _____</p> <p>10. Annual Accumulation</p> <p><input type="checkbox"/> File Drawer(s)</p> <p><u>N/A</u> <input type="checkbox"/> Microfilm Reel(s)</p> <p><input type="checkbox"/> Computer Tape(s)</p> <p>Number <input type="checkbox"/> Other (specify) _____</p>
<p>11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Annually</p>	<p>12. File Becomes Inactive After <u>3</u> <input type="checkbox"/> Month(s) Number <input type="checkbox"/> Year(s)</p>	
<p>13. Current Location(s) (Bldg., Floor, Room) 201 Preston St, 3rd Fl, BALTIMORE AND OTHER LOCATIONS</p>	<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/ Format _____</p>	
<p>15. Privacy / Access Restrictions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Personal <input type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other _____</p> <p>(If Yes, cite Law(s) & Regulation(s))</p>	<p>16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> Internal <input type="checkbox"/> OIG</p> <p><input type="checkbox"/> Legislative <input type="checkbox"/> Federal <input type="checkbox"/> Independent</p>	
<p>17. Is an Index System used? If yes, explain briefly and describe requirements</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____</p>	<p>18. Recommended Retention: In Office And In Storage (Each Format)</p> <p>6A, 6B, 6C, and 6D) Retain for THREE (3) YEARS, then destroy.</p>	
<p>19. Name and Title of Preparer WALTER ZERRLAUT DHMH RECORDS OFFICER E-mail address: walter.zerrlaut@maryland.gov</p>	<p>20. Location: 201 WEST PRESTON STREET, BALTIMORE MD 21201 Telephone Number# 410 767-3598 Room # ROOM LL-5</p>	<p>21. Date</p>

DHMH Instructions -Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.		DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379		DHMH RECORDS INVENTORY PAGE <u>7</u> OF ____	
1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE		2. Office/Administration/Board PREVENTION AND HEALTH PROMOTION ADMINISTRATION		3. Division/Unit or Section Environmental 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 — Mobile Home Park Files (program ended 07/01/2009)				5. Earliest Year/Latest Year <u>N/A</u> 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.) 7. A. Applications B. Inspection Reports C. Facility Plans D. Correspondence					
7. Record Series Format(s) <i>List all that apply</i> Paper: <input type="checkbox"/> Film / tape: <input type="checkbox"/> Electronic: <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Film/Slides (35mm, etc) <input type="checkbox"/> Kept on Hard Drive <input type="checkbox"/> Legal Size <input type="checkbox"/> Microfilm/ Microfiche <input type="checkbox"/> Computer Tape <input type="checkbox"/> Rolls ____ <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> CD,DVD,etc <input type="checkbox"/> Card ____ <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____		9. Volume <input type="checkbox"/> File Drawer(s) N/A <input type="checkbox"/> Microfilm Reel(s) _____ <input type="checkbox"/> Computer Tape(s) Number <input type="checkbox"/> Other (specify) _____ 10. Annual Accumulation <input type="checkbox"/> File Drawer(s) N/A <input type="checkbox"/> Microfilm Reel(s) _____ <input type="checkbox"/> Computer Tape(s) Number <input type="checkbox"/> Other (specify) _____	
11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Annually			12. File Becomes Inactive After <u>3</u> <input type="checkbox"/> Month(s) Number <input checked="" type="checkbox"/> Year(s)		
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.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/ Format _____		
15. Privacy / Access Restrictions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Personal <input type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other _____ (If Yes, cite Law(s) & Regulation(s))			16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> Internal <input type="checkbox"/> OIG <input type="checkbox"/> Legislative <input type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____			18. Recommended Retention: In Office And In Storage (Each Format) 7A, 7B, 7C, and 7D) Retain for THREE (3) YEARS, then destroy.		
19. Name and Title of Preparer WALTER ZERLAUT DHMH RECORDS OFFICER E-mail address: walter.zerlaut@maryland.gov		20. Location: 201 WEST PRESTON STREET, BALTIMORE MD 21201 Telephone Number# 410 767-3598 Room # ROOM LL-5		21. Date	

<p>DHMH Instructions - Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.</p>		<p>DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379</p>		<p>DHMH RECORDS INVENTORY</p> <p>PAGE <u>8</u> OF <u> </u></p>	
<p>1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE</p>		<p>2. Office/Administration/Board PREVENTION AND HEALTH PROMOTION ADMINISTRATION</p>		<p>3. Division/Unit or Section Environmental Health Bureau</p>	
<p>DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>					
<p>4. Record Series Title — Outdoor Music Festival Files (program ended 07/01/2009)</p>				<p>5. Earliest Year/Latest Year <u> </u> N/A <u> </u> to <u> </u></p>	
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)</p> <p>A. Applications B. Inspection Reports C. Facility Plans D. Correspondence</p>					
<p>7. Record Series Format(s) <i>List all that apply</i></p> <p>Paper: Film / tape: Electronic:</p> <p>X Letter Size <input type="checkbox"/> Film/Slides (35mm, etc) <input type="checkbox"/> Kept on Hard Drive</p> <p><input type="checkbox"/> Legal Size <input type="checkbox"/> Microfilm/ Microfiche <input type="checkbox"/> Computer Tape</p> <p><input type="checkbox"/> Rolls <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk</p> <p><input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> CD,DVD,etc</p> <p><input type="checkbox"/> Card <input type="checkbox"/> Other (specify) _____</p>		<p>8. Record Series Sequence</p> <p><input type="checkbox"/> Alphabetical</p> <p><input type="checkbox"/> Numerical</p> <p>x Chronological</p> <p><input type="checkbox"/> Geographical</p> <p><input type="checkbox"/> Other (specify) _____</p>		<p>9. Volume</p> <p>N/A <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) Number <input type="checkbox"/> Other (specify)</p> <p>10. Annual Accumulation</p> <p>N/A <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) Number <input type="checkbox"/> Other (specify)</p>	
<p>11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly x Monthly <input type="checkbox"/> Annually</p>			<p>12. File Becomes Inactive After <u> 3 </u> <input type="checkbox"/> Month(s) Number ξ Year(s)</p>		
<p>13. Current Location(s) (Bldg., Floor, Room) 201 Preston St, 3RD Fl, BALTIMORE AND OTHER LOCATIONS</p>			<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)</p> <p><input type="checkbox"/> Yes x No Agency/ Format _____</p>		
<p>15. Privacy / Access Restrictions <input type="checkbox"/> Yes ξ No <input type="checkbox"/> Personal <input type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other _____ (If Yes, cite Law(s) & Regulation(s))</p>			<p>16. Audit Requirements x None <input type="checkbox"/> Internal <input type="checkbox"/> OIG <input type="checkbox"/> Legislative <input type="checkbox"/> Federal <input type="checkbox"/> Independent</p>		
<p>17. Is an Index System used? If yes, explain briefly and describe requirements</p> <p><input type="checkbox"/> Yes ξ No _____</p>			<p>18. Recommended Retention: In Office And In Storage (Each Format) 8A, 8B, 8C, 8D) Retain hard copy for THREE (3) YEARS, then destroy.</p>		
<p>19. Name and Title of Preparer WALTER ZERRLAUT DHMH RECORDS OFFICER E-mail address: walter.zerrlaut@maryland.gov</p>		<p>20. Location: 201 WEST PRESTON STREET, BALTIMORE MD 21201 Telephone Number# 410 767-3598 Room # ROOM LL-5</p>		<p>21. Date</p>	

DHMH Instructions - Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.		DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379		DHMH RECORDS INVENTORY PAGE <u>9</u> OF <u> </u>	
1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE		2. Office/Administration/Board PREVENTION AND HEALTH PROMOTION ADMINISTRATION		3. Division/Unit or Section Environmental 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 — Aquatic Facility and Venue Files				5. Earliest Year/Latest Year 2014 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.) A. Applications B. Construction Permits C. Alteration Permits D. Replacement Permits E. Plans and Equipment Specifications F. Inspection Reports G. Correspondence					
7. Record Series Format(s) <i>List all that apply</i> Paper: <input type="checkbox"/> Letter Size <input type="checkbox"/> Legal Size <input type="checkbox"/> Rolls <input type="checkbox"/> Bound Book <input type="checkbox"/> Card Film / tape: <input type="checkbox"/> Film/Slides (35mm, etc) <input type="checkbox"/> Microfilm/ Microfiche <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____ Electronic: <input type="checkbox"/> Kept on Hard Drive <input type="checkbox"/> Computer Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> CD,DVD,etc		8. Record Series Sequence <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____		9. Volume <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) 10. Annual Accumulation <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify)	
11. File is Used <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually			12. File Becomes Inactive After <u>3</u> <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s) Number		
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.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/ Format _____		
15. Privacy / Access Restrictions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Personal <input type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other _____ (If Yes, cite Law(s) & Regulation(s))			16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> Internal <input type="checkbox"/> OIG <input type="checkbox"/> Legislative <input type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____			18. Recommended Retention: In Office And in Storage (Each Format) 9A - G) Retain hard copy for THREE (3) 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, BALTIMORE MD 21201 Telephone Number# 410 767-3598 Room # ROOM LL-5		21. Date	

<p>DHMH Instructions - Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.</p>		<p>DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379</p>		<p>DHMH RECORDS INVENTORY</p> <p>PAGE <u>10</u> OF <u> </u></p>	
<p>1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE</p>		<p>2. Office/Administration/Board PREVENTION AND HEALTH PROMOTION ADMINISTRATION</p>		<p>3. Division/Unit or Section Environmental Health Bureau</p>	
<p>DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>					
<p>4. Record Series Title - Youth Camp Files</p>				<p>5. Earliest Year/Latest Year 2014 to Current</p>	
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)</p> <p>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</p>					
<p>7. Record Series Format(s) <i>List all that apply</i></p> <p>Paper: <input type="checkbox"/> Film / tape: <input type="checkbox"/> Electronic: <input type="checkbox"/></p> <p>X Letter Size <input type="checkbox"/> Film/Slides (35mm, etc) <input type="checkbox"/> Kept on Hard Drive</p> <p><input type="checkbox"/> Legal Size <input type="checkbox"/> Microfilm/ Microfiche <input type="checkbox"/> Computer Tape</p> <p><input type="checkbox"/> Rolls <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk</p> <p><input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> CD,DVD,etc</p> <p><input type="checkbox"/> Card <input type="checkbox"/> Other (specify) _____</p>		<p>8. Record Series Sequence</p> <p><input type="checkbox"/> Alphabetical</p> <p><input type="checkbox"/> Numerical</p> <p><input checked="" type="checkbox"/> Chronological</p> <p><input type="checkbox"/> Geographical</p> <p><input type="checkbox"/> Other (specify) _____</p>		<p>9. Volume</p> <p><input type="checkbox"/> File Drawer(s)</p> <p>5 <input type="checkbox"/> Microfilm Reel(s)</p> <p>_____ <input type="checkbox"/> Computer Tape(s)</p> <p>Number <input type="checkbox"/> Other (specify)</p> <hr/> <p>10. Annual Accumulation</p> <p><input type="checkbox"/> File Drawer(s)</p> <p>15 <input type="checkbox"/> Microfilm Reel(s)</p> <p>_____ <input type="checkbox"/> Computer Tape(s)</p> <p>Number <input type="checkbox"/> Other (specify)</p>	
<p>11. File is Used <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually</p>			<p>12. File Becomes Inactive After <u>3</u> <input type="checkbox"/> Month(s)</p> <p>Number <input checked="" type="checkbox"/> Year(s)</p>		
<p>13. Current Location(s) (Bldg., Floor, Room) 201 Preston St, 3rd Fl, BALTIMORE AND OTHER LOCATIONS</p>			<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/ Format _____</p>		
<p>15. Privacy / Access Restrictions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Personal <input type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other _____</p> <p>(If Yes, cite Law(s) & Regulation(s))</p>			<p>16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> Internal <input type="checkbox"/> OIG</p> <p><input type="checkbox"/> Legislative <input type="checkbox"/> Federal <input type="checkbox"/> Independent</p>		
<p>17. Is an Index System used? If yes, explain briefly and describe requirements</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____</p>			<p>18. Recommended Retention: In Office And In Storage (Each Format)</p> <p>10A - G) Retain hard copy for THREE (3) YEARS, then destroy.</p>		
<p>19. Name and Title of Preparer WALTER ZERRLAUT DHMH RECORDS OFFICER E-mail address: walter.zerrlaut@maryland.gov</p>		<p>20. Location: 201 WEST PRESTON STREET, BALTIMORE MD 21201 Telephone Number# 410 767-3598 Room # ROOM LL-5</p>		<p>21. Date</p>	

DHHM 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 DHHM 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		DHHM RECORDS INVENTORY PAGE <u>11</u> OF <u> </u>	
1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE		2. Office/Administration/Board PREVENTION AND HEALTH PROMOTION ADMINISTRATION		3. Division/Unit or Section Environmental 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 -- Electronic Licensing, Permitting and Inspection Database				5. Earliest Year/Latest Year 2008 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 music festivals. (This database contains data on each licensed facility, including applicant location, application information, fees and permits or 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 other issues associated with the licensed facility.					
7. Record Series Format(s) <i>List all that apply</i> Paper: Film / tape: Electronic: X Letter Size <input type="checkbox"/> Film/Slides (35mm, etc) <input type="checkbox"/> Kept on Hard Drive <input type="checkbox"/> Legal Size <input type="checkbox"/> Microfilm/ Microfiche <input type="checkbox"/> Computer Tape <input type="checkbox"/> Rolls <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> CD,DVD,etc <input type="checkbox"/> Card <input type="checkbox"/> Other (specify) <u>SQL</u>		8. Record Series Sequence <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) <u> </u>		9. Volume <input type="checkbox"/> File Drawer(s) <u>22</u> <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) Number <input checked="" type="checkbox"/> Other (specify) <u>GB - SQL</u>	
11. File is Used <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually		12. File Becomes Inactive After <u> N/A </u> <input type="checkbox"/> Month(s) Number <input type="checkbox"/> Year(s)			
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.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/ Format <u> </u>			
15. Privacy / Access Restrictions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Personal <input type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other <u> </u> (If Yes, cite Law(s) & Regulation(s))		16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> Internal <input type="checkbox"/> OIG <input type="checkbox"/> Legislative <input type="checkbox"/> Federal <input type="checkbox"/> Independent			
17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u> </u>		18. Recommended Retention: In Office And In Storage. (Each Format) 12) This is a CONTINUOUSLY updated electronic record. A copy of the record will be provided to the Maryland State Archives every THREE (3) YEARS.			
19. Name and Title of Preparer WALTER ZERRLAUT DHHM RECORDS OFFICER E-mail address: <u>walter.zerrlaut@maryland.gov</u>		20. Location: 201 WEST PRESTON STREET, BALTIMORE MD 21201 Telephone Number# 410 767-3598 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.		DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379		DHMH RECORDS INVENTORY PAGE <u>12</u> OF <u> </u>	
1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE		2. Office/Administration/Board PREVENTION AND HEALTH PROMOTION ADMINISTRATION		3. Division/Unit or Section Environmental 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 — Environmental Health Complaints				5. Earliest Year/Latest Year 2006 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.) A. Clean Indoor Air Act Complaints B. Consumer Product-Related Complaints C. Complaints related to General Environmental/Housing Conditions					
7. Record Series Format(s) <i>List all that apply</i> Paper: <input type="checkbox"/> Film / tape: <input type="checkbox"/> Electronic: <input type="checkbox"/> <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Film/Slides (35mm, etc) <input type="checkbox"/> Kept on Hard Drive <input type="checkbox"/> Legal Size <input type="checkbox"/> Microfilm/ Microfiche <input type="checkbox"/> Computer Tape <input type="checkbox"/> Rolls <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> CD,DVD,etc <input type="checkbox"/> Card <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____		9. Volume <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) 1 Number	
		10. Annual Accumulation <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) 0.02 Number			
11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Annually			12. File Becomes Inactive After <u>6</u> <input checked="" type="checkbox"/> Month(s) Number <input type="checkbox"/> Year(s)		
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.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/ Format _____		
15. Privacy / Access Restrictions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Personal <input type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other _____ (If Yes, cite Law(s) & Regulation(s))			16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> Internal <input type="checkbox"/> OIG <input type="checkbox"/> Legislative <input type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is an Index System used? If yes, explain briefly and describe requirements. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____			18. Recommended Retention: In Office And In Storage (Each Format) 12A- C) Retain hard copy for THREE (3) 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, BALTIMORE MD 21201 Telephone Number# 410 767-3598 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.		DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379		DHMH RECORDS INVENTORY PAGE <u>13</u> OF <u> </u>	
1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE		2. Office/Administration/Board PREVENTION AND HEALTH PROMOTION ADMINISTRATION		3. Division/Unit or Section Environmental 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 - Product Safety Administrative Correspondence				5. Earliest Year/Latest Year 2015 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.) 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) <i>List all that apply</i> Paper: <input type="checkbox"/> Film / tape: <input type="checkbox"/> Electronic: <input type="checkbox"/> <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Film/Slides (35mm, etc) <input type="checkbox"/> Kept on Hard Drive <input type="checkbox"/> Legal Size <input type="checkbox"/> Microfilm/ Microfiche <input type="checkbox"/> Computer Tape <input type="checkbox"/> Rolls <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> CD,DVD,etc <input type="checkbox"/> Card <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____		9. Volume <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) 10. Annual Accumulation <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify)	
11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Annually			12. File Becomes Inactive After <u>3</u> <input type="checkbox"/> Month(s) Number <input type="checkbox"/> Year(s)		
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.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/ Format _____		
15. Privacy / Access Restrictions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Personal <input type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other _____ (If Yes, cite Law(s) & Regulation(s))			16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> Internal <input type="checkbox"/> OIG <input type="checkbox"/> Legislative <input type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 ZERLAUT DHMH RECORDS OFFICER E-mail address: walter.zerlaut@maryland.gov		20. Location: 201 WEST PRESTON STREET, BALTIMORE MD 21201 Telephone Number# 410 767-3598 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.		DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379		DHMH RECORDS INVENTORY PAGE <u>14</u> OF <u> </u>	
1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE		2. Office/Administration/Board PREVENTION AND HEALTH PROMOTION ADMINISTRATION		3. Division/Unit or Section Environmental 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 - Environmental/Occupational Disease and Surveillance				5. Earliest Year/Latest Year 2000 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.) A. Statistical Reports for US Centers for Disease Control and Prevention (Office of Record) B. Confidential Reports of Environmental/ Occupational Disease C. Case Investigation Reports (includes surveillance forms and summaries of case investigations) D. Environmental Public Health Trading Project a. Health Services Cost Review Commission hospitalization data 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					
7. Record Series Format(s) <i>List all that apply</i> Paper: <input type="checkbox"/> Film / tape: <input type="checkbox"/> Electronic: <input type="checkbox"/> <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Film/Slides (35mm, etc) <input type="checkbox"/> Kept on Hard Drive <input type="checkbox"/> Legal Size <input type="checkbox"/> Microfilm/ Microfiche <input type="checkbox"/> Computer Tape <input type="checkbox"/> Rolls <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> CD,DVD,etc <input type="checkbox"/> Card <input type="checkbox"/> Other (specify) <u>SQL</u>		8. Record Series Sequence <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____		9. Volume <input type="checkbox"/> File Drawer(s) 60 <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) Number <input checked="" type="checkbox"/> Other (specify) <u>GB - SQL</u>	
				10. Annual Accumulation <input type="checkbox"/> File Drawer(s) 10 <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) Number <input checked="" type="checkbox"/> Other (specify) <u>GB - SQL</u>	
11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Annually			12. File Becomes Inactive After <u>10</u> <input type="checkbox"/> Month(s) Number <input checked="" type="checkbox"/> Year(s)		
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.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/ Format _____		
15. Privacy / Access Restrictions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Personal <input type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other _____ (If Yes, cite Law(s) & Regulation(s) HIPAA			16. Audit Requirements <input type="checkbox"/> None <input type="checkbox"/> Internal <input type="checkbox"/> OIG <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is an Index System used? If yes, explain briefly and describe requirements: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____			18. Recommended Retention: In Office And In Storage. (Each Format) 14A) Retain hard copy for TEN (10) YEARS and until all audit requirements have been met, then destroy. 14B) Retain for TEN (10) YEARS and until all audit requirements have been met, then destroy. 14C) Retain hard copy for TEN (10) YEARS and until all audit requirements have been met, then destroy. 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.		
19. Name and Title of Preparer WALTER ZERRLAUT DHMH RECORDS OFFICER E-mail address: walter.zerrlaut@maryland.gov		20. Location: 201 WEST PRESTON STREET, BALTIMORE MD 21201 Telephone Number# 410 767-3598 Room # ROOM LL-5		21. Date	

<p>DHMH Instructions -Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.</p>	<p>DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379</p>	<p>DHMH RECORDS INVENTORY</p> <p>PAGE <u>15</u> OF <u> </u></p>
<p>1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE</p>	<p>2. Office/Administration/Board PREVENTION AND HEALTH PROMOTION ADMINISTRATION</p>	<p>3. Division/Unit or Section Environmental Health Bureau</p>
<p>DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>		
<p>4. Record Series Title - Retail Food Program Standardization and Evaluation</p>	<p>5. Earliest Year/Latest Year 2014 to Current</p>	
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)</p> <p>A. Correspondence, inspection forms and score sheets used during standardization of Local Health Department staff correspondence, baseline data forms.</p> <p>B. Final reports of Local Health Departments program evaluation.</p>		
<p>7. Record Series Format(s) <i>List all that apply.</i></p> <p>Paper: <input type="checkbox"/> Film / tape: <input type="checkbox"/> Electronic: <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Film/Slides (35mm, etc) <input type="checkbox"/> Kept on Hard Drive</p> <p><input type="checkbox"/> Legal Size <input type="checkbox"/> Microfilm/ Microfiche <input type="checkbox"/> Computer Tape</p> <p><input type="checkbox"/> Rolls <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk</p> <p><input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> CD,DVD,etc</p> <p><input type="checkbox"/> Card <input type="checkbox"/> Other (specify) _____</p>	<p>8. Record Series Sequence</p> <p><input type="checkbox"/> Alphabetical</p> <p><input type="checkbox"/> Numerical</p> <p><input checked="" type="checkbox"/> Chronological</p> <p><input type="checkbox"/> Geographical</p> <p><input type="checkbox"/> Other (specify) _____</p>	<p>9. Volume</p> <p><input type="checkbox"/> File Drawer(s)</p> <p>1 <input type="checkbox"/> Microfilm Reel(s)</p> <p>_____ <input type="checkbox"/> Computer Tape(s)</p> <p>Number <input type="checkbox"/> Other (specify)</p> <hr/> <p>10. Annual Accumulation</p> <p><input type="checkbox"/> File Drawer(s)</p> <p>0.1 <input type="checkbox"/> Microfilm Reel(s)</p> <p>_____ <input type="checkbox"/> Computer Tape(s)</p> <p>Number <input type="checkbox"/> Other (specify)</p>
<p>11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Annually</p>	<p>12. File Becomes Inactive After <u>10</u> <input type="checkbox"/> Month(s)</p> <p>Number <input type="checkbox"/> Year(s)</p>	
<p>13. Current Location(s) (Bldg., Floor, Room)</p> <p>201 Preston St, 3rd Fl, BALTIMORE AND OTHER LOCATIONS</p>	<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/ Format _____</p>	
<p>15. Privacy / Access Restrictions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Personal <input type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other _____</p> <p>(If Yes, cite Law(s) & Regulation(s))</p>	<p>16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> Internal <input type="checkbox"/> OIG</p> <p><input type="checkbox"/> Legislative <input type="checkbox"/> Federal <input type="checkbox"/> Independent</p>	
<p>17. Is an Index System used? If yes, explain briefly and describe requirements</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____</p>	<p>18. Recommended Retention: In Office And In Storage (Each Format)</p> <p>15A) Retain for FIVE (5) YEARS from the date of creation, then destroy.</p> <p>15B) Retain final reports for TEN (10) YEARS, then destroy.</p>	
<p>19. Name and Title of Preparer</p> <p>WALTER ZERRLAUT DHMH RECORDS OFFICER</p> <p>E-mail address: walter.zerrlaut@maryland.gov</p>	<p>20. Location:</p> <p>201 WEST PRESTON STREET, BALTIMORE MD 21201 Telephone Number# 410 767-3598 Room # ROOM LL-5</p>	<p>21. Date</p>

DHMH Instructions - Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.		DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379		DHMH RECORDS INVENTORY PAGE <u>16</u> OF <u> </u>	
1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE		2. Office/Administration/Board PREVENTION AND HEALTH PROMOTION ADMINISTRATION		3. Division/Unit or Section Environmental 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 - All Office of Food Protection Plan Review, Licensing, Permitting, Inspection and Enforcement Records				5. Earliest Year/Latest Year <u>2012 to Current</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.) 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. Correspondence					
7. Record Series Format(s) <i>List all that apply</i> Paper: <input type="checkbox"/> Letter Size <input type="checkbox"/> Legal Size <input type="checkbox"/> Rolls <input type="checkbox"/> Bound Book <input type="checkbox"/> Card Film / tape: <input type="checkbox"/> Film/Slides (35mm, etc) <input type="checkbox"/> Microfilm/ Microfiche <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____ Electronic: <input type="checkbox"/> Kept on Hard Drive <input type="checkbox"/> Computer Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> CD,DVD,etc		8. Record Series Sequence <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____		9. Volume <input type="checkbox"/> File Drawer(s) <u>10</u> <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) 10. Annual Accumulation <input type="checkbox"/> File Drawer(s) <u>2</u> <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify)	
11. File is Used <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually			12. File Becomes Inactive After <u>5</u> <input type="checkbox"/> Month(s) Number <input checked="" type="checkbox"/> Year(s)		
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.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/ Format _____		
15. Privacy / Access Restrictions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Personal <input type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other _____ (If Yes, cite Law(s) & Regulation(s))			16. Audit Requirements <input type="checkbox"/> None <input checked="" type="checkbox"/> Internal <input type="checkbox"/> OIG <input checked="" type="checkbox"/> Legislative <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____			18. Recommended Retention: In Office And In Storage (Each Format) 17A - L) Retain for FIVE (5) YEARS from the date of creation, and until all audit requirements have been met, 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, BALTIMORE MD 21201 Telephone Number# 410 767-3598 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.		DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379		DHMH RECORDS INVENTORY PAGE <u>17</u> OF <u> </u>	
1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE		2. Office/Administration/Board PREVENTION AND HEALTH PROMOTION ADMINISTRATION		3. Division/Unit or Section Environmental 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 — Electronic Licensing, Permitting, Inspection and Enforcement Database for Food				5. Earliest Year/Latest Year 2014 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.) 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) <i>List all that apply.</i> Paper: <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Legal Size <input type="checkbox"/> Rolls <u> </u> <input type="checkbox"/> Bound Book <input type="checkbox"/> Card <u> </u> Film / tape: <input type="checkbox"/> Film/Slides (35mm, etc) <input type="checkbox"/> Microfilm/ Microfiche <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) <u>SQL</u> Electronic: <input type="checkbox"/> Kept on Hard Drive <input type="checkbox"/> Computer Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> CD,DVD,etc <input type="checkbox"/> Other (specify) <u>SQL</u>		8. Record Series Sequence <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) <u> </u>		9. Volume <u>5</u> <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) Number <input type="checkbox"/> Other (specify) <u>2 GB - SQL</u> 10. Annual Accumulation <u>15</u> <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) Number <input type="checkbox"/> Other (specify) <u>1 MB - SQL</u>	
11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually			12. File Becomes Inactive After <u>3</u> <input type="checkbox"/> Month(s) Number <input type="checkbox"/> Year(s)		
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.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/ Format <u> </u>		
15. Privacy / Access Restrictions <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Personal <input type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other <u> </u> (If Yes, cite Law(s) & Regulation(s))			16. Audit Requirements <input type="checkbox"/> None <input type="checkbox"/> Internal <input type="checkbox"/> OIG <input type="checkbox"/> Legislative <input type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input type="checkbox"/> No <u> </u>			18. Recommended Retention: In Office And in Storage (Each Format) 17A - L) These are CONTINUOUSLY updated records. A copy of the record will be provided to the Maryland State Archives every THREE (3) 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, BALTIMORE MD 21201 Telephone Number# 410 767-3598 Room # ROOM LL-5		21. Date	

<p>DHMH Instructions -Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.</p>	<p>DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379</p>	<p>DHMH RECORDS INVENTORY</p> <p>PAGE <u>18</u> OF <u> </u></p>
<p>1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE</p>	<p>2. Office/Administration/Board PREVENTION AND HEALTH PROMOTION ADMINISTRATION</p>	<p>3. Division/Unit or Section Environmental Health Bureau</p>
<p>DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>		
<p>4. Record Series Title -- Center for Injury and Sexual Assault Prevention</p>	<p>5. Earliest Year/Latest Year 2011 to Current</p>	
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) Kids in Safety Seats A. Car Seat Checkup Event Form 1. This form contains caregiver information, including: name, address and phone number. 2. This form possibly contains child information, including name, age, weight and height. B. Special Needs Car Seat Loaner Program Form 1. This form contains caregiver information, including: name, address and phone number. 2. This form possibly contains child information, including name, age, weight and height and Date of Birth.</p>		
<p>7. Record Series Format(s) <i>List all that apply</i></p> <p>Paper: <input type="checkbox"/> Film / tape: <input type="checkbox"/> Electronic: <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Film/Slides (35mm, etc) <input type="checkbox"/> Kept on Hard Drive</p> <p><input type="checkbox"/> Legal Size <input type="checkbox"/> Microfilm/ Microfiche <input type="checkbox"/> Computer Tape</p> <p><input type="checkbox"/> Rolls <input checked="" type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk</p> <p><input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> CD, DVD, etc</p> <p><input type="checkbox"/> Card <input type="checkbox"/> Other (specify) _____</p>	<p>8. Record Series Sequence</p> <p><input type="checkbox"/> Alphabetical</p> <p><input type="checkbox"/> Numerical</p> <p><input checked="" type="checkbox"/> Chronological</p> <p><input type="checkbox"/> Geographical</p> <p><input type="checkbox"/> Other (specify) _____</p>	<p>9. Volume</p> <p><input checked="" type="checkbox"/> File Drawer(s)</p> <p><input type="checkbox"/> Microfilm Reel(s)</p> <p><input type="checkbox"/> Computer Tape(s)</p> <p><input type="checkbox"/> Other (specify)</p> <p>10. Annual Accumulation</p> <p><input checked="" type="checkbox"/> File Drawer(s)</p> <p><input type="checkbox"/> Microfilm Reel(s)</p> <p><input type="checkbox"/> Computer Tape(s)</p> <p><input type="checkbox"/> Other (specify)</p>
<p>11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Annually</p>	<p>12. File Becomes Inactive After <u>6</u> <input type="checkbox"/> Month(s) Number <input checked="" type="checkbox"/> Year(s)</p>	
<p>13. Current Location(s) (Bldg., Floor, Room) 201 Preston St, 3rd Fl, BALTIMORE AND OTHER LOCATIONS</p>	<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/ Format _____</p>	
<p>15. Privacy / Access Restrictions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Personal <input type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other _____ (If Yes, cite Law(s) & Regulation(s))</p>	<p>16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> Internal <input type="checkbox"/> OIG <input type="checkbox"/> Legislative <input type="checkbox"/> Federal <input type="checkbox"/> Independent</p>	
<p>17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____</p>	<p>18. Recommended Retention: In Office And In Storage (Each Format) 18A) Retain for SIX (6) YEARS, then destroy. 18B) Retain for FIVE (5) YEARS, then destroy.</p>	
<p>19. Name and Title of Preparer WALTER ZERRLAUT DHMH RECORDS OFFICER E-mail address: walter.zerrlaut@maryland.gov</p>	<p>20. Location: 201 WEST PRESTON STREET, BALTIMORE MD 21201 Telephone Number# 410 767-3598 Room # ROOM LL-5</p>	<p>21. Date</p>

<p>DHMH Instructions -Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.</p>	<p>DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379</p>	<p>DHMH RECORDS INVENTORY</p> <p>PAGE <u>19</u> OF <u> </u></p>
<p>1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE</p>	<p>2. Office/Administration/Board PREVENTION AND HEALTH PROMOTION ADMINISTRATION</p>	<p>3. Division/Unit or Section Environmental Health Bureau</p>
<p>DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>		
<p>4. Record Series Title – Sexual Assault Reimbursement Unit</p>	<p>5. Earliest Year/Latest Year 1998 to Current</p>	
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)</p> <p>A. These files contain non-record copies of hospital, physician office, and laboratory invoices for reimbursement for sexual assault medical forensic examinations.</p> <p>B. Sexual Assault Data System (Electronic Master Database). (This database contains the only permanent record of rape, sexual assault and child sexual abuse invoices reimbursed by DHMH in a singular location. The database also contains patient demographic data (including name, address, age, date of birth, sex, race, etc.), vendor identification data, police identification numbers, county of assault, data of service, invoice tracking data, and charges of all services provided).</p>		
<p>7. Record Series Format(s) <i>List all that apply</i></p> <p>Paper: Film / tape: Electronic: <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Film/Slides (35mm, etc) <input checked="" type="checkbox"/> Kept on Hard Drive <input type="checkbox"/> Legal Size <input type="checkbox"/> Microfilm/ Microfiche <input type="checkbox"/> Computer Tape <input type="checkbox"/> Rolls <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> CD,DVD,etc <input type="checkbox"/> Card <input checked="" type="checkbox"/> Other (specify) <u>SQL</u></p>	<p>8. Record Series Sequence</p> <p><input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____</p>	<p>9. Volume</p> <p>40 <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) Number <input checked="" type="checkbox"/> Other (specify) 3 GB - SQL</p> <hr/> <p>10. Annual Accumulation</p> <p>20 <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) Number <input checked="" type="checkbox"/> Other (specify) 1.5 GB - SQL</p>
<p>11. File is Used <input type="checkbox"/> Daily <input checked="" type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually</p>	<p>12. File Becomes Inactive After <u>Continuous</u> <input checked="" type="checkbox"/> Month(s) Number <input type="checkbox"/> Year(s)</p>	
<p>13. Current Location(s) (Bldg., Floor, Room) 201 Preston St, 3rd Fl, BALTIMORE AND OTHER LOCATIONS</p>	<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/ Format _____</p>	
<p>15. Privacy / Access Restrictions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Personal <input checked="" type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input checked="" type="checkbox"/> Classified <input type="checkbox"/> Other _____ (If Yes, cite Law(s) & Regulation(s) <u>HIPAA, PERSONNEL REGS</u></p>	<p>16. Audit Requirements <input type="checkbox"/> None <input checked="" type="checkbox"/> Internal <input type="checkbox"/> OIG <input checked="" type="checkbox"/> Legislative <input type="checkbox"/> Federal <input type="checkbox"/> Independent</p>	
<p>17. Is an Index System used? If yes, explain briefly and describe requirements.</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____</p>	<p>18. Recommended Retention: In Office And In Storage (Each Format)</p> <p>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.</p>	
<p>19. Name and Title of Preparer WALTER ZERRLAUT DHMH RECORDS OFFICER E-mail address: <u>walter.zerrlaut@maryland.gov</u></p>	<p>20. Location: 201 WEST PRESTON STREET, BALTIMORE MD 21201 Telephone Number# 410 767-3598 Room # ROOM LL-5</p>	<p>21. Date</p>

<p>DHMH Instructions - Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.</p>		<p>DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379</p>		<p>DHMH RECORDS INVENTORY</p> <p>PAGE <u>20</u> OF <u> </u></p>	
<p>1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE</p>		<p>2. Office/Administration/Board PREVENTION AND HEALTH PROMOTION ADMINISTRATION</p>		<p>3. Division/Unit or Section Environmental Health Bureau</p>	
<p>DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>					
<p>4. Record Series Title - CENTER FOR INJURY EPIDEMIOLOGY – Maryland Violent Death Reporting System</p>				<p>5. Earliest Year/Latest Year 2007 to Current</p>	
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)</p> <p>A. Hard copies of Death Certificates B. Police Reports C. Supplementary Homicide Reports (SHR)</p>					
<p>7. Record Series Format(s) <i>List all that apply</i></p> <p>Paper: <input type="checkbox"/> Film / tape: <input type="checkbox"/> Electronic: <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Film/Slides (35mm, etc) <input type="checkbox"/> Kept on Hard Drive</p> <p><input type="checkbox"/> Legal Size <input type="checkbox"/> Microfilm/ Microfiche <input type="checkbox"/> Computer Tape</p> <p><input type="checkbox"/> Rolls <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk</p> <p><input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> CD,DVD,etc</p> <p><input type="checkbox"/> Card <input type="checkbox"/> Other (specify) _____</p>			<p>8. Record Series Sequence</p> <p><input type="checkbox"/> Alphabetical</p> <p><input type="checkbox"/> Numerical</p> <p><input checked="" type="checkbox"/> Chronological</p> <p><input type="checkbox"/> Geographical</p> <p><input type="checkbox"/> Other (specify) _____</p>		<p>9. Volume</p> <p><input type="checkbox"/> File Drawer(s)</p> <p>25 <input type="checkbox"/> Microfilm Reel(s)</p> <p>Number <input type="checkbox"/> Computer Tape(s)</p> <p><input type="checkbox"/> Other (specify)</p>
<p>11. File is Used <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually</p>			<p>12. File Becomes Inactive After <u>10</u> <input type="checkbox"/> Month(s)</p> <p>Number <input type="checkbox"/> Year(s)</p>		
<p>13. Current Location(s) (Bldg., Floor, Room) 201 Preston St, 3rd Fl, BALTIMORE AND OTHER LOCATIONS</p>			<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/ Format _____</p>		
<p>15. Privacy / Access Restrictions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Personal <input type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other _____</p> <p>(If Yes, cite Law(s) & Regulation(s) <u>HIPAA</u>)</p>			<p>16. Audit Requirements <input type="checkbox"/> None <input type="checkbox"/> Internal <input type="checkbox"/> OIG</p> <p><input type="checkbox"/> Legislative <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Independent</p>		
<p>17. Is an Index System used? If yes, explain briefly and describe requirements</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____</p>			<p>18. Recommended Retention: In Office And In Storage (Each Format)</p> <p>20A) Retain for TEN (10) YEARS from date of death, then destroy.</p> <p>20B) Information from police reports is entered into the National Violent Death Reporting System, a web based system maintained by CDC. Retain of police reports for TEN (10) YEARS from death year, then destroy.</p> <p>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.</p>		
<p>19. Name and Title of Preparer WALTER ZERRLAUT DHMH RECORDS OFFICER E-mail address: walter.zerrlaut@maryland.gov</p>		<p>20. Location: 201 WEST PRESTON STREET, BALTIMORE MD 21201 Telephone Number# 410 767-3598 Room # ROOM LL-5</p>		<p>21. Date</p>	

<p>DHMH Instructions -Make a list of all files, Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.</p>	<p>DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379</p>	<p>DHMH RECORDS INVENTORY</p> <p>PAGE <u>21A</u> OF <u> </u></p>
<p>1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE</p>	<p>2. Office/Administration/Board PREVENTION AND HEALTH PROMOTION ADMINISTRATION</p>	<p>3. Division/Unit or Section Infectious Disease and Outbreak Response Bureau</p>
<p>DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>		
<p>4. Record Series Title - <u>Bureau Wide</u></p>	<p>5. Earliest Year/Latest Year <u>1995 to Current</u></p>	
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) 21A. Health Officer memos – Communications to local health departments providing information and/or recommendations about a range of infectious disease topics.</p>		
<p>7. Record Series Format(s) <i>List all that apply</i></p> <p>Paper: <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Legal Size <input type="checkbox"/> Rolls <input type="checkbox"/> Bound Book <input type="checkbox"/> Card</p> <p>Film / tape: <input type="checkbox"/> Film/Slides (35mm, etc) <input type="checkbox"/> Microfilm/ Microfiche <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____</p> <p>Electronic: <input checked="" type="checkbox"/> Kept on Hard Drive <input type="checkbox"/> Computer Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> CD,DVD,etc</p>	<p>8. Record Series Sequence</p> <p><input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____</p>	<p>9. Volume</p> <p><input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify)</p> <p><u>Approx. 2</u> Number</p> <p>10. Annual Accumulation</p> <p><input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify)</p> <p><u>Less than 1</u> Number</p>
<p>11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Annually</p>	<p>12. File Becomes Inactive After varies: <u>approx. 5</u> <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s) Number</p>	
<p>13. Current Location(s) (Bldg., Floor, Room) 201 W. Preston Street, 3rd Fl., Baltimore, MD 21201</p>	<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/ Format _____</p>	
<p>15. Privacy / Access Restrictions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - <u>generally, but information that might identify and individual or other confidential information might be redacted before allowing access</u> <input type="checkbox"/> Personal <input type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other _____ (If Yes, cite Law(s) & Regulation(s))</p>	<p>16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> Internal <input type="checkbox"/> OIG <input type="checkbox"/> Legislative <input type="checkbox"/> Federal <input type="checkbox"/> Independent</p>	
<p>17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____</p>	<p>18. Recommended Retention: In Office And In Storage (Each Format) 21A) Retain for TEN (10) YEARS, then destroy.</p>	
<p>19. Name and Title of Preparer WALTER ZERRLAUT DHMH RECORDS OFFICER E-mail address: walter.zerrlaut@maryland.gov</p>	<p>20. Location: 201 WEST PRESTON STREET, BALTIMORE MD 21201 Telephone Number# 410 767-3598 Room # ROOM LL-5</p>	<p>21. Date:</p>

DHMH Instructions -Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.		DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379		DHMH RECORDS INVENTORY PAGE <u>21B</u> OF ____	
1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE		2. Office/Administration/Board PREVENTION AND HEALTH PROMOTION ADMINISTRATION		3. Division/Unit or Section Infectious Disease and Outbreak Response 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 - <u>Bureau Wide</u>				5. Earliest Year/Latest Year <u>Approx. 2005 to Current</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.) 21B. Site Visit Reports – summary information about site visits to local health department communicable disease programs					
7. Record Series Format(s) <i>List all that apply</i> Paper: <input type="checkbox"/> Letter Size <input type="checkbox"/> Legal Size <input type="checkbox"/> Rolls <input type="checkbox"/> Bound Book <input type="checkbox"/> Card Film / tape: <input type="checkbox"/> Film/Slides (35mm, etc) <input type="checkbox"/> Microfilm/ Microfiche <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____ Electronic: <input type="checkbox"/> Kept on Hard Drive <input type="checkbox"/> Computer Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> CD,DVD,etc		8. Record Series Sequence <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) <u>Alphabetical by year</u>		9. Volume <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) 10. Annual Accumulation <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify)	
11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Annually			12. File Becomes Inactive After <input checked="" type="checkbox"/> Month(s) <u>Generally becomes inactive 4 -6 months after visit; reviewed prior to subsequent visits</u> Number <input type="checkbox"/> 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.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/ Format _____		
15. Privacy / Access Restrictions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Personal <input type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other _____ (If Yes, cite Law(s) & Regulation(s))			16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> Internal <input type="checkbox"/> OIG <input type="checkbox"/> Legislative <input type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is an Index System used? If yes, explain briefly and describe requirements. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____			18. Recommended Retention; In Office And In Storage (Each Format) 21B) Retain for TEN (10) YEARS, then destroy.		
19. Name and Title of Preparer WALTER ZERLAUT DHMH RECORDS OFFICER E-mail address: walter.zerlaut@maryland.gov		20. Location: 201 WEST PRESTON STREET, BALTIMORE MD 21201 Telephone Number# 410 767-3598 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.		DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379		DHMH RECORDS INVENTORY PAGE <u>21C</u> OF ____	
1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE		2. Office/Administration/Board PREVENTION AND HEALTH PROMOTION ADMINISTRATION		3. Division/Unit or Section Infectious Disease and Outbreak Response 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- <u>Bureau Wide</u>				5. Earliest Year/Latest Year <u>Approx. 2005 to Current</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.) 21C. On-Call Consultation Reports - record of information and direction provided regarding infectious diseases and outbreaks in response to calls from the public, providers, local health departments, and laboratories.					
7. Record Series Format(s) <i>List all that apply</i> Paper: <input type="checkbox"/> Letter Size <input type="checkbox"/> Legal Size <input type="checkbox"/> Rolls <input type="checkbox"/> Bound Book <input type="checkbox"/> Card Film / tape: <input type="checkbox"/> Film/Slides (35mm, etc) <input type="checkbox"/> Microfilm/ Microfiche <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape Electronic: <input type="checkbox"/> Kept on Hard Drive <input type="checkbox"/> Computer Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> CD,DVD,etc <input type="checkbox"/> Other (specify) <u>pdf format</u>		8. Record Series Sequence: <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____		9. Volume <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) <u>Approx. 2</u> Number	
11. File is Used <input type="checkbox"/> Daily <input checked="" type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually		12. File Becomes Inactive After <u>10</u> <input type="checkbox"/> Month(s) Number <input checked="" type="checkbox"/> 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.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/ Format _____			
15. Privacy / Access Restrictions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Personal <input type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other _____ Might contain Protected Health Information and/or Personally Identifiable Information (If Yes, cite Law(s) & Regulation(s) <u>Health-General 18-201, 18-202, 18-205 and COMAR 10.06.01</u>)		16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> Internal <input type="checkbox"/> OIG <input type="checkbox"/> Legislative <input type="checkbox"/> Federal <input type="checkbox"/> Independent			
17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____		18. 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 destroy.			
19. Name and Title of Preparer WALTER ZERRLAUT DHMH RECORDS OFFICER E-mail address: <u>walter.zerrlaut@maryland.gov</u>		20. Location: 201 WEST PRESTON STREET, BALTIMORE MD 21201 Telephone Number# 410 767-3598 Room # ROOM LL-5		21. Date	

<p>DHMH Instructions -Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.</p>		<p>DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379</p>		<p>DHMH RECORDS INVENTORY</p> <p>PAGE <u>21D</u> OF <u> </u></p>	
<p>1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE</p>		<p>2. Office/Administration/Board PREVENTION AND HEALTH PROMOTION ADMINISTRATION</p>		<p>3. Division/Unit or Section Infectious Disease and Outbreak Response Bureau</p>	
<p>DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>					
<p>4. Record Series Title - <u>Bureau Wide</u></p>				<p>5. Earliest Year/Latest Year <u>Approx. 2005 to Current</u></p>	
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)</p> <p>21D. Federal Cooperative Agreements and related reports – includes applications, Notices of Awards, budgets, progress reports, and other associated documents</p>					
<p>7. Record Series Format(s) <i>List all that apply</i></p> <p>Paper: Film / tape: Electronic:</p> <p><input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Film/Slides (35mm, etc) <input checked="" type="checkbox"/> Kept on Hard Drive</p> <p><input type="checkbox"/> Legal Size <input type="checkbox"/> Microfilm/ Microfiche <input type="checkbox"/> Computer Tape</p> <p><input type="checkbox"/> Rolls <u> </u> <input checked="" type="checkbox"/> <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk</p> <p><input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> CD,DVD,etc</p> <p><input type="checkbox"/> Card <u> </u> <input type="checkbox"/> Other (specify) <u> </u></p>		<p>8. Record Series Sequence</p> <p><input checked="" type="checkbox"/> Alphabetical</p> <p><input type="checkbox"/> Numerical</p> <p><input type="checkbox"/> Chronological</p> <p><input type="checkbox"/> Geographical</p> <p><input type="checkbox"/> Other (specify) <u> </u></p>		<p>9. Volume</p> <p><input checked="" type="checkbox"/> File Drawer(s)</p> <p><input type="checkbox"/> Microfilm Reel(s)</p> <p><u>Approx. 3</u> <input type="checkbox"/> Computer Tape(s)</p> <p>Number <input type="checkbox"/> Other (specify)</p> <p>10. Annual Accumulation</p> <p><input checked="" type="checkbox"/> File Drawer(s)</p> <p><input type="checkbox"/> Microfilm Reel(s)</p> <p><u>Less than 1</u> <input type="checkbox"/> Computer Tape(s)</p> <p>Number <input type="checkbox"/> Other (specify)</p>	
<p>11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually</p> <p><u>Varies; as often as daily early in project period; less frequently later</u></p>			<p>12. File Becomes Inactive After <u>varies</u> <input type="checkbox"/> Month(s) <u>after end of project period and FFRs</u></p> <p><u>and other required reports completed; usually 3 – 5 years</u></p> <p>Number <input checked="" type="checkbox"/> Year(s)</p>		
<p>13. Current Location(s) (Bldg., Floor, Room)</p> <p><u>201 W. Preston Street, 3rd Fl., Baltimore, MD 21201</u></p>			<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/ Format <u> </u></p>		
<p>15. Privacy / Access Restrictions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Personal <input type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other <u> </u></p> <p>(If Yes, cite Law(s) & Regulation(s))</p>			<p>16. Audit Requirements <input type="checkbox"/> None <input type="checkbox"/> Internal <input checked="" type="checkbox"/> OIG</p> <p><input checked="" type="checkbox"/> Legislative <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Independent</p>		
<p>17. Is an Index System used? If yes, explain briefly and describe requirements</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u> </u></p>			<p>18. Recommended Retention: In Office And In Storage (Each Format)</p> <p>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.</p>		
<p>19. Name and Title of Preparer</p> <p>WALTER ZERLAUT DHMH RECORDS OFFICER E-mail address: <u>walter.zerlaut@maryland.gov</u></p>		<p>20. Location:</p> <p>201 WEST PRESTON STREET, BALTIMORE MD 21201 Telephone Number# 410 767-3598 Room # ROOM LL-5</p>		<p>21. Date</p>	

DHMH Instructions -Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.		DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379		DHMH RECORDS INVENTORY PAGE <u>21E</u> OF <u> </u>	
1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE		2. Office/Administration/Board PREVENTION AND HEALTH PROMOTION ADMINISTRATION		3. Division/Unit or Section Infectious Disease and Outbreak Response 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 - <u>Bureau Wide</u>				5. Earliest Year/Latest Year <u>2016 to Current</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.) 21E. Communicable Disease Surveillance-Laboratory reports collected for the purpose of identifying gaps between manual and electronic submissions, both paper and electronic. (DHMH 1281 "Laboratory Evidence of Certain Communicable Disease) and HIV/AIDS (DHMH 4492 "State of MD HIV/CD4 Laboratory Reporting Form")					
7. Record Series Format(s) <i>List all that apply</i> Paper: <input type="checkbox"/> Letter Size Film / tape: <input type="checkbox"/> Film/Slides (35mm, etc) Electronic: <input type="checkbox"/> Kept on Hard Drive <input type="checkbox"/> Legal Size <input type="checkbox"/> Microfilm/ Microfiche <input type="checkbox"/> Computer Tape <input type="checkbox"/> Rolls <u> </u> <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> CD,DVD,etc <input type="checkbox"/> Card <u> </u> <input checked="" type="checkbox"/> Other (specify) <u>electronic copy on SAN Storage Attached Network</u>		8. Record Series Sequence <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) <u> </u>		9. Volume <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input checked="" type="checkbox"/> Other: <u>10 Boxes (paper)</u> <u> </u> ~ 10 GB (Electronic) 10. Annual Accumulation <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input checked="" type="checkbox"/> Other (specify) <u>10 Boxes / ~10GB</u>	
11. File is Used <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually			12. File Becomes Inactive After <u>~1</u> <input checked="" type="checkbox"/> Month(s) Number <input type="checkbox"/> Year(s)		
13. Current Location(s) (Bldg., Floor, Room) 201 Preston St, 3rd Fl, BALTIMORE 21201			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/ Format <u> </u>		
15. Privacy / Access Restrictions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Personal <input type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input checked="" type="checkbox"/> Other: <u>Maryland HG 18-201; HG 18-205;</u> <u>COMAR 10.06.01.05</u> (If Yes, cite Law(s) & Regulation(s))			16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> Internal <input type="checkbox"/> OIG <input type="checkbox"/> Legislative <input type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u> </u>			18. Recommended Retention: In Office And In Storage (Each Format) 21E) 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: <u>walter.zerrlaut@maryland.gov</u>		20. Location: 201 WEST PRESTON STREET, BALTIMORE MD 21201 Telephone Number# 410 767-3598 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.		DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379		DHMH RECORDS INVENTORY PAGE <u>21F</u> OF <u> </u>	
1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE		2. Office/Administration/Board PREVENTION AND HEALTH PROMOTION ADMINISTRATION		3. Division/Unit or Section Infectious Disease and Outbreak Response 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 - <u>Bureau Wide</u>				5. Earliest Year/Latest Year <u>2006 to Current</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.) 21F. 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					
7. Record Series Format(s) <i>List all that apply</i> Paper: <input checked="" type="checkbox"/> Letter Size Film / tape: <input type="checkbox"/> Film/Slides (35mm, etc) Electronic: <input checked="" type="checkbox"/> Kept on Hard Drive <input type="checkbox"/> Legal Size <input type="checkbox"/> Microfilm/ Microfiche <input type="checkbox"/> Computer Tape <input type="checkbox"/> Rolls <u> </u> <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> CD,DVD,etc <input type="checkbox"/> Card <u> </u> <input checked="" type="checkbox"/> Other (specify) <u>PDF Format</u>			8. Record Series Sequence <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input checked="" type="checkbox"/> Other (specify) <u>By Condition</u>		9. Volume <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <u>15</u> Number <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify)
			10. Annual Accumulation <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <u>~2</u> Number <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify)		
11. File is Used <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually			12. File Becomes Inactive After <u>~3</u> <input type="checkbox"/> Month(s) Number <input checked="" type="checkbox"/> Year(s)		
13. Current Location(s) (Bldg., Floor, Room) 201 Preston St, 3rd Fl, BALTIMORE 21201			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/ Format <u> </u>		
15. Privacy / Access Restrictions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Personal <input type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input checked="" type="checkbox"/> Other: <u>Maryland HG 18-201; HG 18-205;</u> <u>COMAR 10.06.01.05</u> (If Yes, cite Law(s) & Regulation(s))			16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> Internal <input type="checkbox"/> OIG <input type="checkbox"/> Legislative <input type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u> </u>			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.		
19. Name and Title of Preparer WALTER ZERLAUT DHMH RECORDS OFFICER E-mail address: <u>walter.zerlaut@maryland.gov</u>		20. Location: 201 WEST PRESTON STREET, BALTIMORE MD 21201 Telephone Number# 410 767-3598 Room # ROOM LL-5		21. Date	

<p>DHMH Instructions -Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.</p>		<p>DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379</p>		<p>DHMH RECORDS INVENTORY</p> <p>PAGE <u>21G</u> OF <u> </u></p>	
<p>1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE</p>		<p>2. Office/Administration/Board PREVENTION AND HEALTH PROMOTION ADMINISTRATION</p>		<p>3. Division/Unit or Section Infectious Disease and Outbreak Response Bureau</p>	
<p>DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>					
<p>4. Record Series Title - <u>Bureau Wide</u></p>				<p>5. Earliest Year/Latest Year <u>2006 to Current</u></p>	
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)</p> <p>21G. Electronic Data Case Registry Records</p>					
<p>7. Record Series Format(s) List all</p> <p>Paper: <input type="checkbox"/> Letter Size <input type="checkbox"/> Legal Size <input type="checkbox"/> Rolls <input type="checkbox"/> Bound Book <input type="checkbox"/> Card</p> <p>Film / tape: <input type="checkbox"/> Film/Slides (35mm, etc) <input type="checkbox"/> Microfilm/ Microfiche <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape</p> <p>Electronic: <input checked="" type="checkbox"/> Kept on Hard Drive <input type="checkbox"/> Computer Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> CD,DVD,etc <input checked="" type="checkbox"/> Other (specify) <u>SAN - Storage Area Network</u></p>			<p>8. Record Series Sequence</p> <p><input checked="" type="checkbox"/> Alphabetical <input checked="" type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____</p>		<p>9. Volume</p> <p><u>~200</u> Number <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input checked="" type="checkbox"/> Other (specify) <u>GB Gigabytes</u></p>
<p>11. File is Used <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually</p>			<p>12. File Becomes Inactive After <u>N/A</u> <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s)</p>		
<p>13. Current Location(s) (Bldg., Floor, Room) <u>201 Preston St, Service Level, BALTIMORE 21201</u></p>			<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/ Format _____</p>		
<p>15. Privacy / Access Restrictions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Personal <input type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input checked="" type="checkbox"/> Other: <u>Maryland HG 18-201; HG 18-205;</u> <u>COMAR 10.06.01.05</u> (If Yes, cite Law(s) & Regulation(s))</p>			<p>16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> Internal <input type="checkbox"/> OIG <input type="checkbox"/> Legislative <input type="checkbox"/> Federal <input type="checkbox"/> Independent</p>		
<p>17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____</p>			<p>18. Recommended Retention: In Office And In Storage (Each Format) 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.</p>		
<p>19. Name and Title of Preparer WALTER ZERRLAUT DHMH RECORDS OFFICER E-mail address: <u>walter.zerrlaut@maryland.gov</u></p>		<p>20. Location: <u>201 WEST PRESTON STREET, BALTIMORE MD 21201</u> Telephone Number# <u>410 767-3598</u> Room # <u>ROOM LL-5</u></p>		<p>21. Date</p>	

<p>DHMH Instructions - Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.</p>		<p>DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379</p>		<p>DHMH RECORDS INVENTORY</p> <p>PAGE <u>21H</u> OF <u> </u></p>	
<p>1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE</p>		<p>2. Office/Administration/Board PREVENTION AND HEALTH PROMOTION ADMINISTRATION</p>		<p>3. Division/Unit or Section Infectious Disease and Outbreak Response Bureau</p>	
<p>DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>					
<p>4. Record Series Title - <u>Bureau Wide</u></p>				<p>5. Earliest Year/Latest Year <u>approx. 2005 to Current</u></p>	
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)</p> <p>21H. 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.</p>					
<p>7. Record Series Format(s) <i>List all that apply</i></p> <p>Paper: <input type="checkbox"/> Letter Size <input type="checkbox"/> Legal Size <input type="checkbox"/> Rolls <input type="checkbox"/> Bound Book <input type="checkbox"/> Card</p> <p>Film / tape: <input type="checkbox"/> Film/Slides (35mm, etc) <input type="checkbox"/> Microfilm/ Microfiche <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape</p> <p>Electronic: <input checked="" type="checkbox"/> Kept on Hard Drive <input type="checkbox"/> Computer Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> CD,DVD,etc <input checked="" type="checkbox"/> Other (specify) <u>SQL</u></p>		<p>8. Record Series Sequence</p> <p><input checked="" type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____</p>		<p>9. Volume</p> <p><input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input checked="" type="checkbox"/> Other (specify) <u>2 gb - SQL</u></p> <p>Approx. 4 Number</p> <p>10. Annual Accumulation</p> <p><input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input checked="" type="checkbox"/> Other (specify) <u>1 gb - SQL</u></p> <p>Less than one Number</p>	
<p>11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Annually <u>during the project period</u></p>			<p>12. File Becomes Inactive After <u>varies</u> <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s) <u>depending on the project period; usually 3 - 5 years</u></p>		
<p>13. Current Location(s) (Bldg., Floor, Room) 201 Preston St, 3rd Fl., BALTIMORE 21201</p>			<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/ Format _____</p>		
<p>15. Privacy / Access Restrictions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Personal <input type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input checked="" type="checkbox"/> Other: Research (If Yes, cite Law(s) & Regulation(s): <u>Health-General 4-101 and 4-102</u>)</p>			<p>16. Audit Requirements <input type="checkbox"/> None <input checked="" type="checkbox"/> Internal (IRB) <input type="checkbox"/> OIG <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Independent</p>		
<p>17. Is an Index System used? If yes, explain briefly and describe requirements</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____</p>			<p>18. Recommended Retention: In Office And In Storage (Each Format)</p> <p>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.</p>		
<p>19. Name and Title of Preparer WALTER ZERLAUT DHMH RECORDS OFFICER E-mail address: <u>walter.zerlaut@maryland.gov</u></p>		<p>20. Location: 201 WEST PRESTON STREET, BALTIMORE MD 21201 Telephone Number# 410 767-3598 Room # ROOM LL-5</p>		<p>21. Date:</p>	

DHMH Instructions - Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.		DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379		DHMH RECORDS INVENTORY PAGE <u>22A</u> OF ____	
1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE		2. Office/Administration/Board PREVENTION AND HEALTH PROMOTION ADMINISTRATION		3. Division/Unit or Section Infectious Disease and Outbreak Response 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 - <u>Infectious Disease Surveillance</u>				5. Earliest Year/Latest Year <u>2011 to 2015</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.) <p style="text-align: center;">22A) Infectious Disease Surveillance Annual Summary Reports to CDC</p>					
7. Record Series Format(s) <i>List all that apply</i> Paper: <input type="checkbox"/> Letter Size <input type="checkbox"/> Legal Size <input type="checkbox"/> Rolls <input type="checkbox"/> Bound Book <input type="checkbox"/> Card Film / tape: <input type="checkbox"/> Film/Slides (35mm, etc) <input type="checkbox"/> Microfilm/ Microfiche <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape Electronic: <input type="checkbox"/> Kept on Hard Drive <input type="checkbox"/> Computer Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> CD,DVD,etc <input type="checkbox"/> Other (specify) <u>pdf format</u>		8. Record Series Sequence <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____		9. Volume <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input checked="" type="checkbox"/> Other (specify) <u>Pages</u> <u>25</u> Number	
		10. Annual Accumulation <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) <u>Pages</u> <u>5</u> Number			
11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Annually			12. File Becomes Inactive After <u>1</u> <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s) Number		
13. Current Location(s) (Bldg., Floor, Room) 201 Preston St, 3rd Fl, BALTIMORE 21201			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/ Format _____		
15. Privacy / Access Restrictions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Personal <input type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other _____ (If Yes, cite Law(s) & Regulation(s))			16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> Internal <input type="checkbox"/> OIG <input type="checkbox"/> Legislative <input type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____			18. Recommended Retention: In Office And In Storage (Each Format) 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.		
19. Name and Title of Preparer WALTER ZERRLAUT DHMH RECORDS OFFICER E-mail address: walter.zerrlaut@maryland.gov		20. Location: 201 WEST PRESTON STREET, BALTIMORE MD 21201 Telephone Number# 410 767-3598 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.		DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379		DHMH RECORDS INVENTORY PAGE <u>22B</u> OF ____	
1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE		2. Office/Administration/Board PREVENTION AND HEALTH PROMOTION ADMINISTRATION		3. Division/Unit or Section Infectious Disease and Outbreak Response 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 - <u>Infectious Disease Surveillance</u>				5. Earliest Year/Latest Year <u>2011 to Current</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.) 22B) Salmonella Typhi Carrier Record					
7. Record Series Format(s) <i>List all that apply</i> Paper: <input type="checkbox"/> Letter Size <input type="checkbox"/> Legal Size <input type="checkbox"/> Rolls <input type="checkbox"/> Bound Book <input type="checkbox"/> Card Film / tape: <input type="checkbox"/> Film/Slides (35mm, etc) <input type="checkbox"/> Microfilm/ Microfiche <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape Electronic: <input checked="" type="checkbox"/> Kept on Hard Drive <input type="checkbox"/> Computer Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> CD,DVD,etc <input checked="" type="checkbox"/> Other (specify) <u>SAN Storage Attached Network/Server</u>		8. Record Series Sequence <input checked="" type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____		9. Volume <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input checked="" type="checkbox"/> Other (specify) <u>Records/ gb</u> 10. Annual Accumulation <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input checked="" type="checkbox"/> Other (specify): <u>Records/gb</u>	
11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Annually			12. File Becomes Inactive After _____ Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s) At death of carrier		
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.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/ Format _____		
15. Privacy / Access Restrictions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Personal <input type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other: <u>Maryland HG 18-201; HG 18-205;</u> <u>COMAR 10.06.01.05</u> (If Yes, cite Law(s) & Regulation(s))			16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> Internal <input type="checkbox"/> OIG <input type="checkbox"/> Legislative <input type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____			18. Recommended Retention: In Office And In Storage (Each Format) 22B) Retain on-site for the LIFE OF THE CARRIER, or for 100 years; whichever is sooner, then destroy.		
19. Name and Title of Preparer WALTER ZERRLAUT DHMH RECORDS OFFICER E-mail address: <u>walter_zerrlaut@maryland.gov</u>		20. Location: 201 WEST PRESTON STREET, BALTIMORE MD 21201 Telephone Number# 410 767-3598 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.		DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379		DHMH RECORDS INVENTORY PAGE <u>22C</u> OF <u> </u>	
1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE		2. Office/Administration/Board PREVENTION AND HEALTH PROMOTION ADMINISTRATION		3. Division/Unit or Section Infectious Disease and Outbreak Response 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 - Center for HIV Surveillance, Epidemiology and Evaluation				5. Earliest Year/Latest Year 1981 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.) 22C) HIV/AIDS Case Investigation Reports (DHMH, CDC, and other case reports or surveillance forms and other summaries of case investigations) Maryland law mandates the reporting of HIV/AIDS cases by physicians, certain health care facilities, and laboratories and authorizes the Secretary to investigate and complete case reports (HGA 18.201.1, 18.202.1, 18.205, 18.207, 18.215). This information is used to measure and control infectious disease and protect the public health. Reports include a variety of paper and electronic case reports, surveillance forms, and summaries of case investigations. Reports are entered into an electronic database and paper reports are scanned and kept with the electronic database.					
7. Record Series Format(s) <i>List all that apply</i> Paper: <input type="checkbox"/> Letter Size <input type="checkbox"/> Legal Size <input type="checkbox"/> Rolls <input type="checkbox"/> Bound Book <input type="checkbox"/> Card Film / tape: <input type="checkbox"/> Film/Slides (35mm, etc) <input type="checkbox"/> Microfilm/ Microfiche <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape Electronic: <input type="checkbox"/> Kept on Hard Drive <input type="checkbox"/> Computer Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> CD,DVD,etc <input type="checkbox"/> Other (specify) <u>pdf format</u>		8. Record Series Sequence <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____		9. Volume <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <u>1</u> <input type="checkbox"/> Computer Tape(s) Number <input checked="" type="checkbox"/> Other (specify) <u>Hard Drive/Secured Server</u> 10. Annual Accumulation <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <u><1</u> <input type="checkbox"/> Computer Tape(s) Number <input checked="" type="checkbox"/> Other (specify) <u>Hard Drive/Secured Server</u>	
11. File is Used <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually			12. File Becomes Inactive After <u>50</u> <input type="checkbox"/> Month(s) Number <input checked="" type="checkbox"/> Year(s)		
13. Current Location(s) (Bldg., Floor, Room) 500 North Calvert Street, 5th Fl., Baltimore, MD 21202			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/ Format _____		
15. Privacy / Access Restrictions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Personal <input checked="" type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other _____ (If Yes, cite Law(s) & Regulation(s) <u>HGA 18.201.1, 18.202.1, 18.205, 18.207, 18.215</u>)			16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> Internal <input type="checkbox"/> OIG <input type="checkbox"/> Legislative <input type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is an Index System used? If yes, explain briefly and describe requirements <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Documents are assigned a sequential unique identification number (Document UID). Unique individuals are assigned a sequential unique identification number (eHARS UID) and confirmed HIV/AIDS cases are assigned a sequential unique case number (State Number).			18. Recommended Retention: In Office And In Storage (Each Format) 22C) 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.		
19. Name and Title of Preparer WALTER ZERRLAUT DHMH RECORDS OFFICER E-mail address: <u>walter.zerrlaut@maryland.gov</u>		20. Location: 201 WEST PRESTON STREET, BALTIMORE MD 21201 Telephone Number# 410 767-3598 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.		DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379		DHMH RECORDS INVENTORY PAGE <u>23A</u> OF	
1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE		2. Office/Administration/Board PREVENTION AND HEALTH PROMOTION ADMINISTRATION		3. Division/Unit or Section INFECTIOUS DISEASE EPIDEMIOLOGY AND OUTBREAK RESPONSE 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 - Division of Outbreak Investigation				5. Earliest Year/Latest Year <u>1996 to (present)</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.) 23A) Outbreak and Outbreak Case Investigation Files (Except for TB investigations)					
7. Record Series Format(s) List all Paper: <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Legal Size <input type="checkbox"/> Rolls <input type="checkbox"/> Bound Book <input type="checkbox"/> Card Film / tape: <input type="checkbox"/> Film/Slides (35mm, etc.) <input type="checkbox"/> Microfilm / Microfiche <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape Electronic: <input checked="" type="checkbox"/> Kept on Hard Drive <input type="checkbox"/> Computer Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> CD,DVD,etc		8. Record Series Sequence <input type="checkbox"/> Alphabetical <input checked="" type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input checked="" type="checkbox"/> Other (specify) <u>Numerical by year</u>		9. Volume <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) <u>30</u> Number	
				10. Annual Accumulation <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) <u>2</u> Number	
11. File is Used <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually			12. File Becomes Inactive After <u>22</u> <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)		
13. Current Location(s) (Bldg., Floor, Room) 201 W. Preston Street, 3 rd Floor, Baltimore, MD 21201 and other locations (state storage facility at Jessup, MD)			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/ Format _____		
15. Privacy / Access Restrictions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Personal <input checked="" type="checkbox"/> Medical <input checked="" type="checkbox"/> Proprietary <input checked="" type="checkbox"/> Classified <input checked="" type="checkbox"/> Other Executive privilege (If Yes, cite Law(s) & Regulation(s) <u>HIPAA (45 C.F.R. Parts 160, 162, and 164); HG 4-301-304; HG §18-201, 202, 205; GP §4-329 (2016); GP §4-301; GP §4-306 (2016); GP § 4-335; GP § 4-344 (2016); 21 C.F.R Part 20; § 20.88 agreement</u>			16. Audit Requirements <input type="checkbox"/> None <input checked="" type="checkbox"/> Internal <input checked="" type="checkbox"/> OIG <input checked="" type="checkbox"/> Legislative <input type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is an Index System used? If yes, explain briefly and describe requirements <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No By: <u>Numerical by year</u>			18. Recommended Retention: In Office And In Storage (Each Format) 23A) Retain for TWENTY TWO (22) years and until all audit requirements have been met, 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 and then destroy.		
19. Name and Title of Preparer WALTER ZERRLAUT DHMH RECORDS OFFICER E-mail address: <u>walter.zerriaut@maryland.gov</u>		20. Location: 201 WEST PRESTON STREET, BALTIMORE MD 21201 Telephone Number# 410 767-3598 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.		DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379		DHMH RECORDS INVENTORY PAGE 23B OF	
1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE		2. Office/Administration/Board PREVENTION AND HEALTH PROMOTION ADMINISTRATION		3. Division/Unit or Section INFECTIOUS DISEASE EPIDEMIOLOGY AND OUTBREAK RESPONSE 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 - Outbreak and Outbreak Case Investigation				5. Earliest Year/Latest Year <u>1996 to (present)</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.) 23B) Outbreak Final Reports					
7. Record Series Format(s) <i>List all that apply</i> Paper: <input type="checkbox"/> Letter Size <input type="checkbox"/> Legal Size <input type="checkbox"/> Rolls <input type="checkbox"/> Bound Book <input type="checkbox"/> Card Film / tape: <input type="checkbox"/> Film/Slides (35mm, etc) <input type="checkbox"/> Microfilm/ Microfiche <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape Electronic: <input type="checkbox"/> Kept on Hard Drive <input type="checkbox"/> Computer Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> CD,DVD,etc <input checked="" type="checkbox"/> Other (specify) <u>pdf format</u>		8. Record Series Sequence <input type="checkbox"/> Alphabetical <input checked="" type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input checked="" type="checkbox"/> Other (specify) <u>Numerical by year</u>		9. Volume <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input checked="" type="checkbox"/> Other (specify) <u>5" 3-ring binders</u> Number <u>78</u>	
				10. Annual Accumulation <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input checked="" type="checkbox"/> Other (specify) <u>5" 3-ring binders</u> Number <u>3</u>	
11. File is Used <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually			12. File Becomes Inactive After <u>22</u> <input type="checkbox"/> Month(s) Number <input checked="" type="checkbox"/> Year(s)		
13. Current Location(s) (Bldg., Floor, Room) 201 W. Preston Street, 3rd Floor, Baltimore, MD 21201 and other locations (state storage facility at Jessup, MD)			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/ Format _____		
15. Privacy / Access Restrictions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Personal <input type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other _____ (If Yes, cite Law(s) & Regulation(s))			16. Audit Requirements <input type="checkbox"/> None <input checked="" type="checkbox"/> Internal <input checked="" type="checkbox"/> OIG <input checked="" type="checkbox"/> Legislative <input type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is an Index System used? If yes, explain briefly and describe requirements <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>Numerical by year</u>			18. Recommended Retention: In Office And In Storage (Each Format) 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.		
19. Name and Title of Preparer WALTER ZERRLAUT DHMH RECORDS OFFICER E-mail address: <u>walter.zerlaut@maryland.gov</u>		20. Location: 201 WEST PRESTON STREET, BALTIMORE MD 21201 Telephone Number# 410 767-3598 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.		DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379		DHMH RECORDS INVENTORY PAGE <u>24A</u> OF ____	
1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE		2. Office/Administration/Board PREVENTION AND HEALTH PROMOTION ADMINISTRATION		3. Division/Unit or Section Infectious Disease Epidemiology and Outbreak Response 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 - <u>Zoonotic and Vectorborne Diseases</u>				5. Earliest Year/Latest Year <u>2007 to 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.) <p style="text-align: center;">24A. Maryland Report of Human Postexposure Rabies Prophylaxis</p>					
7. Record Series Format(s) <i>List all that apply</i> Paper: <input type="checkbox"/> Letter Size <input type="checkbox"/> Legal Size <input type="checkbox"/> Rolls <input type="checkbox"/> Bound Book <input type="checkbox"/> Card Film / tape: <input type="checkbox"/> Film/Slides (35mm, etc) <input type="checkbox"/> Microfilm/ Microfiche <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape Electronic: <input checked="" type="checkbox"/> Kept on Hard Drive <input type="checkbox"/> Computer Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> CD,DVD,etc <input type="checkbox"/> Other (specify) <u>PDF format</u>		8. Record Series Sequence <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____		9. Volume <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <u>5</u> <input type="checkbox"/> Computer Tape(s) Number <input type="checkbox"/> Other (specify) _____ 10. Annual Accumulation <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <u>1</u> <input type="checkbox"/> Computer Tape(s) Number <input type="checkbox"/> Other (specify) _____	
11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Annually			12. File Becomes Inactive After <u>5</u> <input type="checkbox"/> Month(s) Number <input checked="" type="checkbox"/> 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.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/ Format _____		
15. Privacy / Access Restrictions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Personal <input checked="" type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other _____ (If Yes, cite Law(s) & Regulation(s))			16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> Internal <input type="checkbox"/> OIG <input type="checkbox"/> Legislative <input type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____			18. Recommended Retention: In Office And In Storage (Each Format) 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.		
19. Name and Title of Preparer WALTER ZERLAUT DHMH RECORDS OFFICER E-mail address: <u>walter.zerlaut@maryland.gov</u>		20. Location: 201 WEST PRESTON STREET, BALTIMORE MD 21201 Telephone Number# 410 767-3598 Room # ROOM LL-5		21. Date	

<p>DHMH Instructions -Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.</p>	<p>DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379</p>	<p>DHMH RECORDS INVENTORY</p> <p>PAGE <u>24B</u> OF <u> </u></p>
<p>1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE</p>	<p>2. Office/Administration/Board PREVENTION AND HEALTH PROMOTION ADMINISTRATION</p>	<p>3. Division/Unit or Section Infectious Disease Epidemiology and Outbreak Response Bureau</p>
<p>DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>		
<p>4. Record Series Title - <u>Zoonotic and Vectorborne Diseases</u></p>	<p>5. Earliest Year/Latest Year <u>2012</u> to <u>2017</u></p>	
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) 24B. Monthly summary animal bite reports</p>		
<p>7. Record Series Format(s) <i>List all that apply</i></p> <p>Paper: <input type="checkbox"/> Letter Size <input type="checkbox"/> Legal Size <input type="checkbox"/> Rolls <input type="checkbox"/> Bound Book <input type="checkbox"/> Card <input type="checkbox"/> Other (specify) <u>PDF format</u></p> <p>Film / tape: <input type="checkbox"/> Film/Slides (35mm, etc) <input type="checkbox"/> Microfilm/ Microfiche <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape</p> <p>Electronic: <input type="checkbox"/> Kept on Hard Drive <input type="checkbox"/> Computer Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> CD,DVD,etc</p>	<p>8. Record Series Sequence</p> <p><input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input checked="" type="checkbox"/> Other (specify) <u>By Jurisdiction</u></p>	<p>9. Volume</p> <p><input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <u>5</u> <input type="checkbox"/> Computer Tape(s) Number <input checked="" type="checkbox"/> Other (specify) <u>Binders</u></p> <p>10. Annual Accumulation</p> <p><input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <u>1</u> <input type="checkbox"/> Computer Tape(s) Number <input checked="" type="checkbox"/> Other (specify) <u>Binder</u></p>
<p>11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Annually</p>	<p>12. File Becomes Inactive After <u>5</u> <input type="checkbox"/> Month(s) Number <input checked="" type="checkbox"/> Year(s)</p>	
<p>13. Current Location(s) (Bldg., Floor, Room) 201 Preston St, 3rd floor, Baltimore, MD 21201</p>	<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/ Format _____</p>	
<p>15. Privacy / Access Restrictions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Personal <input type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other _____ (If Yes, cite Law(s) & Regulation(s))</p>	<p>16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> Internal <input type="checkbox"/> OIG <input type="checkbox"/> Legislative <input type="checkbox"/> Federal <input type="checkbox"/> Independent</p>	
<p>17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____</p>	<p>18. Recommended Retention: In Office And In Storage (Each Format) 24B) Retain for FIVE (5) YEARS, then destroy.</p>	
<p>19. Name and Title of Preparer WALTER ZERRLAUT DHMH RECORDS OFFICER E-mail address: walter.zerrlaut@maryland.gov</p>	<p>20. Location: 201 WEST PRESTON STREET, BALTIMORE MD 21201 Telephone Number# 410 767-3598 Room # ROOM LL-5</p>	<p>21. Date</p>

DHMH Instructions - Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.		DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379		DHMH RECORDS INVENTORY PAGE <u>24C</u> OF ____	
1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE		2. Office/Administration/Board PREVENTION AND HEALTH PROMOTION ADMINISTRATION		3. Division/Unit or Section Infectious Disease Epidemiology and Outbreak Response 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 - <u>Zoonotic and Vectorborne Diseases</u>				5. Earliest Year/Latest Year <u>2012 to 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.) 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) <i>List all that apply</i> Paper: <input type="checkbox"/> Letter Size <input type="checkbox"/> Legal Size <input type="checkbox"/> Rolls <input type="checkbox"/> Bound Book <input type="checkbox"/> Card Film / tape: <input type="checkbox"/> Film/Slides (35mm, etc) <input type="checkbox"/> Microfilm/ Microfiche <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____ Electronic: <input type="checkbox"/> Kept on Hard Drive <input type="checkbox"/> Computer Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> CD,DVD,etc		8. Record Series Sequence <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) <u>by Jurisdiction</u>		9. Volume <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____ 10. Annual Accumulation <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input checked="" type="checkbox"/> Other (specify) <u>file folder</u>	
11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Annually			12. File Becomes Inactive After <u>5</u> <input type="checkbox"/> Month(s) Number <input checked="" type="checkbox"/> 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.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/ Format _____		
15. Privacy / Access Restrictions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Personal <input type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other _____ (If Yes, cite Law(s) & Regulation(s))			16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> Internal <input type="checkbox"/> OIG <input type="checkbox"/> Legislative <input type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____			18. Recommended Retention: In Office And In Storage (Each Format) 24D) Retain for FIVE (5) YEARS, then destroy.		
19. Name and Title of Preparer WALTER ZERLAUT DHMH RECORDS OFFICER E-mail address: walter.zerlaut@maryland.gov		20. Location: 201 WEST PRESTON STREET, BALTIMORE MD 21201 Telephone Number# 410 767-3598 Room # ROOM LL-5		21. Date	

<p>DHMH Instructions -Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.</p>		<p>DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379</p>		<p>DHMH RECORDS INVENTORY</p> <p>PAGE 24D OF ____</p>	
<p>1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE</p>		<p>2. Office/Administration/Board PREVENTION AND HEALTH PROMOTION ADMINISTRATION</p>		<p>3. Division/Unit or Section Infectious Disease Epidemiology and Outbreak Response Bureau</p>	
<p>DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>					
<p>4. Record Series Title - <u>Zoonotic and Vectorborne Diseases</u></p>				<p>5. Earliest Year/Latest Year <u>2008 to 2017</u></p>	
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)</p> <p style="text-align: center; font-size: 1.2em;">24D. CDC Notice of Imported Dog</p>					
<p>7. Record Series Format(s) <i>List all that apply</i></p> <p>Paper: Film / tape: Electronic:</p> <p><input type="checkbox"/> Letter Size <input type="checkbox"/> Film/Slides (35mm, etc) <input checked="" type="checkbox"/> Kept on Hard Drive</p> <p><input type="checkbox"/> Legal Size <input type="checkbox"/> Microfilm/ Microfiche <input type="checkbox"/> Computer Tape</p> <p><input type="checkbox"/> Rolls ____ <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk</p> <p><input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> CD,DVD,etc</p> <p><input type="checkbox"/> Card _____ <input type="checkbox"/> Other (specify) _____</p>		<p>8. Record Series Sequence</p> <p><input type="checkbox"/> Alphabetical</p> <p><input type="checkbox"/> Numerical</p> <p><input checked="" type="checkbox"/> Chronological</p> <p><input type="checkbox"/> Geographical</p> <p><input type="checkbox"/> Other (specify) _____</p>		<p>9. Volume</p> <p><input type="checkbox"/> File Drawer(s)</p> <p><input type="checkbox"/> Microfilm Reel(s)</p> <p><u>17.7</u> <input type="checkbox"/> Computer Tape(s)</p> <p>Number X Other (specify) <u>MB</u></p>	
<p>10. Annual Accumulation</p> <p><input type="checkbox"/> File Drawer(s)</p> <p><input type="checkbox"/> Microfilm Reel(s)</p> <p><u>2</u> <input type="checkbox"/> Computer Tape(s)</p> <p>Number X Other (specify) <u>MB</u></p>					
<p>11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Annually</p>			<p>12. File Becomes Inactive After <u>5</u> <input type="checkbox"/> Month(s)</p> <p style="text-align: center;">Number x Year(s)</p>		
<p>13. Current Location(s) (Bldg., Floor, Room)</p> <p>201 Preston St, 3rd floor, Baltimore, MD 21201</p>			<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/ Format _____</p>		
<p>15. Privacy / Access Restrictions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Personal <input type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other _____</p> <p>(If Yes, cite Law(s) & Regulation(s))</p>			<p>16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> Internal <input type="checkbox"/> OIG</p> <p style="text-align: center;"><input type="checkbox"/> Legislative <input type="checkbox"/> Federal <input type="checkbox"/> Independent</p>		
<p>17. Is an Index System used? If yes, explain briefly and describe requirements</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____</p>			<p>18. Recommended Retention: In Office And In Storage (Each Format)</p> <p>24D) Retain for FIVE (5) YEARS, then destroy.</p>		
<p>19. Name and Title of Preparer</p> <p>WALTER ZERLAUT DHMH RECORDS OFFICER</p> <p>E-mail address: walter.zerlaut@maryland.gov</p>		<p>20. Location:</p> <p>201 WEST PRESTON STREET, BALTIMORE MD 21201 Telephone Number# 410 767-3598 Room # ROOM LL-5</p>		<p>21. Date</p>	

DHMH Instructions - Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.		DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379		DHMH RECORDS INVENTORY PAGE <u>24E</u> OF ____	
1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE		2. Office/Administration/Board PREVENTION AND HEALTH PROMOTION ADMINISTRATION		3. Division/Unit or Section Infectious Disease Epidemiology and Outbreak Response 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 - <u>Zoonotic and Vectorborne Diseases</u>				5. Earliest Year/Latest Year <u>2010 to 2016</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.) <p style="text-align: center;">24E. Exotic Bird permits</p>					
7. Record Series Format(s) <i>List all that apply</i> Paper: <input type="checkbox"/> Letter Size <input type="checkbox"/> Legal Size <input type="checkbox"/> Rolls <input type="checkbox"/> Bound Book <input type="checkbox"/> Card Film / tape: <input type="checkbox"/> Film/Slides (35mm, etc) <input type="checkbox"/> Microfilm/ Microfiche <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape Electronic: <input type="checkbox"/> Kept on Hard Drive <input type="checkbox"/> Computer Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> CD,DVD,etc <input type="checkbox"/> Other (specify) <u>pdf format</u>			8. Record Series Sequence <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input checked="" type="checkbox"/> Other (specify) <u>By Jurisdiction</u>		9. Volume <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) <u>3</u> Number
			10. Annual Accumulation <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input checked="" type="checkbox"/> Other (specify) <u>file folder</u> <u>1</u> Number		
11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Annually			12. File Becomes Inactive After <u>5</u> <input type="checkbox"/> Month(s) Number <input type="checkbox"/> 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.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/ Format _____		
15. Privacy / Access Restrictions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Personal <input type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other _____ (If Yes, cite Law(s) & Regulation(s))			16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> Internal <input type="checkbox"/> OIG <input type="checkbox"/> Legislative <input type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____			18. Recommended Retention: In Office And In Storage (Each Format) 24E) 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.		
19. Name and Title of Preparer WALTER ZERRLAUT DHMH RECORDS OFFICER E-mail address: walter.zerrlaut@maryland.gov		20. Location: 201 WEST PRESTON STREET, BALTIMORE MD 21201 Telephone Number# 410 767-3598 Room # ROOM LL-5		21. Date	

<p>DHMH Instructions -Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.</p>		<p>DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379</p>		<p>DHMH RECORDS INVENTORY</p> <p>PAGE 24F OF ____</p>	
<p>1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE</p>		<p>2. Office/Administration/Board PREVENTION AND HEALTH PROMOTION ADMINISTRATION</p>		<p>3. Division/Unit or Section Infectious Disease Epidemiology and Outbreak Response Bureau</p>	
<p>DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>					
<p>4. Record Series Title - <u>Zoonotic and Vectorborne Diseases</u></p>				<p>5. Earliest Year/Latest Year 2010 to 2016</p>	
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)</p> <p style="text-align: center; font-size: 1.2em;">24F. Other required reports (e.g. Postexposure Visit Record and Consent Form, Anti-Rabies Vaccination Tally Sheet, etc.)</p>					
<p>7. Record Series Format(s) <i>List all that apply</i></p> <p>Paper: <input type="checkbox"/> Letter Size <input type="checkbox"/> Legal Size <input type="checkbox"/> Rolls <input type="checkbox"/> Bound Book <input type="checkbox"/> Card</p> <p>Film / tape: <input type="checkbox"/> Film/Slides (35mm, etc) <input type="checkbox"/> Microfilm/ Microfiche <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) <u>pdf format</u></p> <p>Electronic: <input type="checkbox"/> Kept on Hard Drive <input type="checkbox"/> Computer Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> CD,DVD,etc</p>		<p>8. Record Series Sequence</p> <p><input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical</p> <p><input checked="" type="checkbox"/> Other (specify) <u>By Jurisdiction</u></p>		<p>9. Volume</p> <p><input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input checked="" type="checkbox"/> Other (specify) <u>file folders</u></p> <p>Number <u>6</u></p>	
<p>11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Annually</p>		<p>12. File Becomes Inactive After <u>5</u> <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)</p>			
<p>13. Current Location(s) (Bldg., Floor, Room) 201 Preston St, 3rd floor, Baltimore, MD 21201</p>		<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/ Format _____</p>			
<p>15. Privacy / Access Restrictions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Personal <input type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other _____</p> <p>(If Yes, cite Law(s) & Regulation(s))</p>		<p>16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> Internal <input type="checkbox"/> OIG</p> <p><input type="checkbox"/> Legislative <input type="checkbox"/> Federal <input type="checkbox"/> Independent</p>			
<p>17. Is an Index System used? If yes, explain briefly and describe requirements</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____</p>		<p>18. Recommended Retention: In Office And In Storage (Each Format)</p> <p>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.</p>			
<p>19. Name and Title of Preparer WALTER ZERLAUT DHMH RECORDS OFFICER</p> <p>E-mail address: walter.zerlaut@maryland.gov</p>		<p>20. Location: 201 WEST PRESTON STREET, BALTIMORE MD 21201 Telephone Number# 410 767-3598 Room # ROOM LL-5</p>		<p>21. Date</p>	

DHMH Instructions - Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.		DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379		DHMH RECORDS INVENTORY PAGE 24G OF ____	
1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE		2. Office/Administration/Board PREVENTION AND HEALTH PROMOTION ADMINISTRATION		3. Division/Unit or Section Infectious Disease Epidemiology and Outbreak Response 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 - <u>Zoonotic and Vectorborne Diseases</u>				5. Earliest Year/Latest Year <u>2012 to 2016</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.) <p style="text-align: center;">24G. Quarterly reports for pre- and post-exposure rabies regimens</p>					
7. Record Series Format(s) <i>List all that apply</i> Paper: <input type="checkbox"/> Letter Size <input type="checkbox"/> Legal Size <input type="checkbox"/> Rolls <input type="checkbox"/> Bound Book <input type="checkbox"/> Card Film / tape: <input type="checkbox"/> Film/Slides (35mm, etc) <input type="checkbox"/> Microfilm/ Microfiche <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) <u>pdf format</u> Electronic: <input type="checkbox"/> Kept on Hard Drive <input type="checkbox"/> Computer Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> CD,DVD,etc		8. Record Series Sequence <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____		9. Volume <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____ 10. Annual Accumulation <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input checked="" type="checkbox"/> Other (specify) <u>binder</u>	
11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Annually			12. File Becomes Inactive After <u>5</u> <input type="checkbox"/> Month(s) <input type="checkbox"/> 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.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/ Format _____		
15. Privacy / Access Restrictions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Personal <input type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other _____ (If Yes, cite Law(s) & Regulation(s))			16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> Internal <input type="checkbox"/> OIG <input type="checkbox"/> Legislative <input type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____			18. Recommended Retention: In Office And In Storage (Each Format) 24G) 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.		
19. Name and Title of Preparer WALTER ZERRLAUT DHMH RECORDS OFFICER E-mail address: <u>walter.zerrlaut@maryland.gov</u>		20. Location: 201 WEST PRESTON STREET, BALTIMORE MD 21201 Telephone Number# 410 767-3598 Room # ROOM LL-5		21. Date	

<p>DHMH Instructions - Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.</p>	<p>DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379</p>	<p>DHMH RECORDS INVENTORY</p> <p>PAGE <u>24H</u> OF ____</p>
<p>1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE</p>	<p>2. Office/Administration/Board PREVENTION AND HEALTH PROMOTION ADMINISTRATION</p>	<p>3. Division/Unit or Section Infectious Disease Epidemiology and Outbreak Response Bureau</p>
<p>DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>		
<p>4. Record Series Title - <u>Zoonotic and Vectorborne Diseases</u></p>	<p>5. Earliest Year/Latest Year <u>2009 to 2017</u></p>	
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)</p> <p style="text-align: center; font-size: 1.2em;">24H. Rabies Vaccine Delay Requests</p>		
<p>7. Record Series Format(s) <i>List all that apply</i></p> <p>Paper: Film / tape: Electronic:</p> <p><input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Film/Slides (35mm, etc) <input checked="" type="checkbox"/> Kept on Hard Drive</p> <p><input type="checkbox"/> Legal Size <input type="checkbox"/> Microfilm/ Microfiche <input type="checkbox"/> Computer Tape</p> <p><input type="checkbox"/> Rolls _____ <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk</p> <p><input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> CD,DVD,etc</p> <p><input type="checkbox"/> Card _____ <input checked="" type="checkbox"/> Other (specify) <u>PDF format</u></p>	<p>8. Record Series Sequence</p> <p><input type="checkbox"/> Alphabetical</p> <p><input type="checkbox"/> Numerical</p> <p><input checked="" type="checkbox"/> Chronological</p> <p><input type="checkbox"/> Geographical</p> <p><input type="checkbox"/> Other (specify) _____</p>	<p>9. Volume</p> <p><input checked="" type="checkbox"/> File Drawer(s)</p> <p><input type="checkbox"/> Microfilm Reel(s)</p> <p><u>3</u> <input type="checkbox"/> Computer Tape(s)</p> <p>Number <input type="checkbox"/> Other (specify)</p> <hr/> <p>10. Annual Accumulation</p> <p><input type="checkbox"/> File Drawer(s)</p> <p><input type="checkbox"/> Microfilm Reel(s)</p> <p><u>5</u> <input type="checkbox"/> Computer Tape(s)</p> <p>Number <input checked="" type="checkbox"/> Other (specify) <u>file folders</u></p>
<p>11. File is Used <input type="checkbox"/> Daily <input checked="" type="checkbox"/> Weekly Monthly <input type="checkbox"/> Annually</p>	<p>12. File Becomes Inactive After <u>10</u> <input type="checkbox"/> Month(s)</p> <p style="text-align: center;">Number <input checked="" type="checkbox"/> Year(s)</p>	
<p>13. Current Location(s) (Bldg., Floor, Room)</p> <p>201 Preston St, 3rd floor, Baltimore, MD 21201</p>	<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/ Format _____</p>	
<p>15. Privacy / Access Restrictions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Personal <input type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other _____</p> <p>(If Yes, cite Law(s) & Regulation(s))</p>	<p>16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> Internal <input type="checkbox"/> OIG</p> <p style="text-align: center;"><input type="checkbox"/> Legislative <input type="checkbox"/> Federal <input type="checkbox"/> Independent</p>	
<p>17. Is an Index System used? If yes, explain briefly and describe requirements</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____</p>	<p>18. Recommended Retention: In Office And In Storage (Each Format)</p> <p>24H) 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.</p>	
<p>19. Name and Title of Preparer</p> <p>WALTER ZERRLAUT DHMH RECORDS OFFICER</p> <p>E-mail address: walter.zerrlaut@maryland.gov</p>	<p>20. Location:</p> <p>201 WEST PRESTON STREET, BALTIMORE MD 21201 Telephone Number# 410 767-3598 Room # ROOM LL-5</p>	<p>21. Date</p>

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1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE		2. Office/Administration/Board PREVENTION AND HEALTH PROMOTION ADMINISTRATION		3. Division/Unit or Section Infectious Disease and Outbreak Response 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 Tuberculosis				5. Earliest Year/Latest Year _2011_ to _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.) 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) <i>List all that apply</i> Paper: <input type="checkbox"/> Letter Size <input type="checkbox"/> Legal Size <input type="checkbox"/> Rolls <input type="checkbox"/> Bound Book <input type="checkbox"/> Card Film / tape: <input type="checkbox"/> Film/Slides (35mm, etc) <input type="checkbox"/> Microfilm/ Microfiche <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape Electronic: <input checked="" type="checkbox"/> Kept on Hard Drive <input type="checkbox"/> Computer Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> CD,DVD,etc <input checked="" type="checkbox"/> Other (specify) <u>pdf format</u>		8. Record Series Sequence <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____		9. Volume <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <u>7</u> <input type="checkbox"/> Computer Tape(s) Number <input type="checkbox"/> Other (specify) 10. Annual Accumulation <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <u>1</u> <input type="checkbox"/> Computer Tape(s) Number <input type="checkbox"/> Other (specify)	
11. File is Used <input type="checkbox"/> Daily <input checked="" type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually			12. File Becomes Inactive After <u>7</u> <input type="checkbox"/> Month(s) Number <input checked="" type="checkbox"/> Year(s)		
13. Current Location(s) (Bldg., Floor, Room) 500 N Calvert St, 5th Floor, Baltimore, MD 21202			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/ Format _____		
15. Privacy / Access Restrictions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Personal <input type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other _____ (If Yes, cite Law(s) & Regulation(s) HIPAA, PERSONNEL REGS)			16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> Internal <input type="checkbox"/> OIG <input type="checkbox"/> Legislative <input type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____			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 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: <u>walter.zerrlaut@maryland.gov</u>		20. Location: 201 WEST PRESTON STREET, BALTIMORE MD 21201 Telephone Number# 410 767-3598 Room # ROOM LL-5		21. Date	

<p>DHMH Instructions - Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.</p>		<p>DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379</p>		<p>DHMH RECORDS INVENTORY</p> <p>PAGE <u>25B</u> OF <u> </u></p>	
<p>1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE</p>		<p>2. Office/Administration/Board PREVENTION AND HEALTH PROMOTION ADMINISTRATION</p>		<p>3. Division/Unit or Section Infectious Disease and Outbreak Response Bureau</p>	
<p>DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>					
<p>4. Record Series Title: <u>Tuberculosis</u></p>				<p>5. Earliest Year/Latest Year 2011 to 2017</p>	
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)</p> <p>25B) Case files of multiple-drug resistant patients and those incarcerated for noncompliance with TB treatment</p>					
<p>7. Record Series Format(s) <i>List all that apply</i></p> <p>Paper: <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Legal Size <input type="checkbox"/> Rolls <input type="checkbox"/> Bound Book <input type="checkbox"/> Card</p> <p>Film / tape: <input type="checkbox"/> Film/Slides (35mm, etc) <input type="checkbox"/> Microfilm/ Microfiche <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape</p> <p>Electronic: <input checked="" type="checkbox"/> Kept on Hard Drive <input type="checkbox"/> Computer Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> CD, DVD, etc</p> <p><input type="checkbox"/> Other (specify) <u>pdf format</u></p>			<p>8. Record Series Sequence</p> <p><input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____</p>		<p>9. Volume</p> <p><input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify)</p> <p><u>1</u> Number</p>
			<p>10. Annual Accumulation</p> <p><input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify)</p> <p><u>1</u> Number</p>		
<p>11. File is Used <input type="checkbox"/> Daily <input checked="" type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually</p>			<p>12. File Becomes Inactive After <u>7</u> <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s)</p>		
<p>13. Current Location(s) (Bldg., Floor, Room) 500 N Calvert St, 5th Floor, Baltimore, MD 21202</p>			<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/ Format _____</p>		
<p>15. Privacy / Access Restrictions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Personal <input type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other _____ (If Yes, cite Law(s) & Regulation(s) HIPAA, PERSONNEL REGS)</p>			<p>16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> Internal <input type="checkbox"/> OIG <input type="checkbox"/> Legislative <input type="checkbox"/> Federal <input type="checkbox"/> Independent</p>		
<p>17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____</p>			<p>18. Recommended Retention: In Office And In Storage (Each Format) 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.</p>		
<p>19. Name and Title of Preparer WALTER ZERRLAUT DHMH RECORDS OFFICER E-mail address: <u>walter.zerrlaut@maryland.gov</u></p>		<p>20. Location: 201 WEST PRESTON STREET, BALTIMORE MD 21201 Telephone Number# 410 767-3598 Room # ROOM LL-5</p>		<p>21. Date</p>	

<p>DHMH Instructions - Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.</p>	<p>DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379</p>	<p>DHMH RECORDS INVENTORY</p> <p>PAGE <u>25C</u> OF <u> </u></p>
<p>1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE</p>	<p>2. Office/Administration/Board PREVENTION AND HEALTH PROMOTION ADMINISTRATION</p>	<p>3. Division/Unit or Section Infectious Disease and Outbreak Response Bureau</p>
<p>DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>		
<p>4. Record Series Title: <u>Tuberculosis</u></p>	<p>5. Earliest Year/Latest Year <u>1913 to 1989</u></p>	
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)</p> <p>25C. Verified TB Case Notebooks (1913-1989): Contains lists of reported TB Cases</p>		
<p>7. Record Series Format(s) <i>List all that apply</i></p> <p>Paper: <input type="checkbox"/> Letter Size <input type="checkbox"/> Legal Size <input type="checkbox"/> Rolls <input type="checkbox"/> Bound Book <input type="checkbox"/> Card</p> <p>Film / tape: <input type="checkbox"/> Film/Slides (35mm, etc) <input type="checkbox"/> Microfilm/ Microfiche <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape</p> <p>Electronic: <input checked="" type="checkbox"/> Kept on Hard Drive <input type="checkbox"/> Computer Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> CD,DVD,etc</p> <p><input type="checkbox"/> Other (specify) <u>pdf format</u></p>	<p>8. Record Series Sequence</p> <p><input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical</p> <p><input type="checkbox"/> Other (specify) _____</p>	<p>9. Volume</p> <p><input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify)</p> <p><u>1</u> Number</p> <p>10. Annual Accumulation</p> <p><input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify)</p> <p><u>0.02</u> Number</p>
<p>11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Annually</p>	<p>12. File Becomes Inactive After <u>100</u> <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)</p>	
<p>13. Current Location(s) (Bldg., Floor, Room) 500 N Calvert St, 5th Floor, Baltimore, MD 21202</p>	<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/ Format _____</p>	
<p>15. Privacy / Access Restrictions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Personal <input type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other _____</p> <p>(If Yes, cite Law(s) & Regulation(s) <u>HIPAA, PERSONNEL REGS</u>)</p>	<p>16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> Internal <input type="checkbox"/> OIG</p> <p><input type="checkbox"/> Legislative <input type="checkbox"/> Federal <input type="checkbox"/> Independent</p>	
<p>17. Is an Index System used? If yes, explain briefly and describe requirements</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____</p>	<p>18. Recommended Retention: In Office And In Storage (Each Format)</p> <p>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.</p>	
<p>19. Name and Title of Preparer WALTER ZERLAUT DHMH RECORDS OFFICER</p> <p>E-mail address: <u>walter.zerlaut@maryland.gov</u></p>	<p>20. Location:</p> <p>201 WEST PRESTON STREET, BALTIMORE MD 21201 Telephone Number# 410 767-3598 Room # ROOM LL-5</p>	<p>21. Date</p>

DHMH Instructions -Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.		DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379		DHMH RECORDS INVENTORY PAGE <u>25D</u> OF ____	
1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE		2. Office/Administration/Board PREVENTION AND HEALTH PROMOTION ADMINISTRATION		3. Division/Unit or Section Infectious Disease and Outbreak Response 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: <u>Tuberculosis</u>				5. Earliest Year/Latest Year <u>2005 to 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.) <p style="text-align: center;">25D) 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.</p>					
7. Record Series Format(s) <i>List all that apply</i> Paper: <input type="checkbox"/> Letter Size <input type="checkbox"/> Legal Size <input type="checkbox"/> Rolls <input type="checkbox"/> Bound Book <input type="checkbox"/> Card Film / tape: <input type="checkbox"/> Film/Slides (35mm, etc) <input type="checkbox"/> Microfilm/ Microfiche <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape Electronic: <input checked="" type="checkbox"/> Kept on Hard Drive <input type="checkbox"/> Computer Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> CD,DVD,etc <input type="checkbox"/> Other (specify) <u>pdf format</u>		8. Record Series Sequence <input type="checkbox"/> Alphabetical (paper) <input type="checkbox"/> Numerical (electronic) <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____		9. Volume <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) <u>2</u> Number	
				10. Annual Accumulation <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) <u>1</u> Number	
11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Annually			12. File Becomes Inactive After <u>N/A</u> <input type="checkbox"/> Month(s) Number <input type="checkbox"/> Year(s)		
13. Current Location(s) (Bldg., Floor, Room) 500 N Calvert St, 5 th Floor, Baltimore, MD 21201			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/ Format _____		
15. Privacy / Access Restrictions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Personal <input type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other _____ (If Yes, cite Law(s) & Regulation(s) <u>HIPAA, PERSONNEL REGS</u>)			16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> Internal <input type="checkbox"/> OIG <input type="checkbox"/> Legislative <input type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____			18. 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 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 ZERLAUT DHMH RECORDS OFFICER E-mail address: <u>walter.zerlaut@maryland.gov</u>		20. Location: 201 WEST PRESTON STREET, BALTIMORE MD 21201 Telephone Number# 410 767-3598 Room # ROOM LL-5		21. Date	

<p>DHMH Instructions -Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.</p>		<p>DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379</p>		<p>DHMH RECORDS INVENTORY</p> <p>PAGE <u>25E</u> OF <u> </u></p>	
<p>1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE</p>		<p>2. Office/Administration/Board PREVENTION AND HEALTH PROMOTION ADMINISTRATION</p>		<p>3. Division/Unit or Section Infectious Disease and Outbreak Response Bureau</p>	
<p>DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>					
<p>4. Record Series Title: <u>Tuberculosis</u></p>				<p>5. Earliest Year/Latest Year <u>2013 to 2017</u></p>	
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)</p> <p>25E. TB Alien Report Forms: forms used to notify states about aliens entering with TB</p>					
<p>7. Record Series Format(s) <i>List all that apply</i></p> <p>Paper: <input type="checkbox"/> Letter Size <input type="checkbox"/> Legal Size <input type="checkbox"/> Rolls <input type="checkbox"/> Bound Book <input type="checkbox"/> Card</p> <p>Film / tape: <input type="checkbox"/> Film/Slides (35mm, etc) <input type="checkbox"/> Microfilm/ Microfiche <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____</p> <p>Electronic: <input type="checkbox"/> Kept on Hard Drive <input type="checkbox"/> Computer Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> CD,DVD,etc</p>			<p>8. Record Series Sequence</p> <p><input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____</p>		<p>9. Volume</p> <p><input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify)</p> <p><u>2</u> Number</p>
			<p>10. Annual Accumulation</p> <p><input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify)</p> <p><u>1</u> Number</p>		
<p>11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Annually</p>			<p>12. File Becomes Inactive After <u>3</u> <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)</p>		
<p>13. Current Location(s) (Bldg., Floor, Room) 500 N Calvert St, 5th Floor, Baltimore, MD 21202</p>			<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/ Format _____</p>		
<p>15. Privacy / Access Restrictions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Personal <input type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other _____</p> <p>(If Yes, cite Law(s) & Regulation(s) <u>HIPAA, PERSONNEL REGS</u>)</p>			<p>16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> Internal <input type="checkbox"/> OIG</p> <p><input type="checkbox"/> Legislative <input type="checkbox"/> Federal <input type="checkbox"/> Independent</p>		
<p>17. Is an Index System used? If yes, explain briefly and describe requirements</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____</p>			<p>18. Recommended Retention: In Office And In Storage (Each Format)</p> <p>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.</p>		
<p>19. Name and Title of Preparer WALTER ZERRLAUT DHMH RECORDS OFFICER E-mail address: walter.zerrlaut@maryland.gov</p>		<p>20. Location: 201 WEST PRESTON STREET, BALTIMORE MD 21201 Telephone Number# 410 767-3598 Room # ROOM LL-5</p>		<p>21. Date</p>	

DHMH Instructions - Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.		DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379		DHMH RECORDS INVENTORY PAGE <u>26A</u> OF <u> </u>	
1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE		2. Office/Administration/Board PREVENTION AND HEALTH PROMOTION ADMINISTRATION		3. Division/Unit or Section INFECTIOUS DISEASE EPIDEMIOLOGY AND OUTBREAK RESPONSE BUREAU—OFFICE OF IMMIGRANT HEALTH	
DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.					
4. Record Series Title - <u>REFUGEE HEALTH</u>				5. Earliest Year/Latest Year <u>2006 to 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.) 26A. Refugee Health Screening Records and associated case files that contain laboratory reports and other detailed information about refugees.					
7. Record Series Format(s) <i>List all that apply</i> Paper: <input type="checkbox"/> Letter Size <input type="checkbox"/> Legal Size <input type="checkbox"/> Rolls <input type="checkbox"/> Bound Book <input type="checkbox"/> Card Film / tape: <input type="checkbox"/> Film/Slides (35mm, etc) <input type="checkbox"/> Microfilm/ Microfiche <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape Electronic: <input type="checkbox"/> Kept on Hard Drive (secured server) <input type="checkbox"/> Computer Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> CD,DVD,etc <input type="checkbox"/> Other (specify) <u>pdf format</u>		8. Record Series Sequence <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____		9. Volume <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) <u>3</u> Number 10. Annual Accumulation <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) <u>2</u> Number	
11. File is Used <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually			12. File Becomes Inactive After <u>N/A</u> <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s) Number		
13. Current Location(s) (Bldg., Floor, Room) 500 N. Calvert Street, 5th Floor, Baltimore MD 21202			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/ Format _____		
15. Privacy / Access Restrictions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Personal <input checked="" type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other _____ (If Yes, cite Law(s) & Regulation(s) <u>HG §18-201, 202, 205 HG 4-301-304 GP §4-329 (2014); GP §4-329(b) (2016); GP §4-306 (2016); 45 CFR §400.27</u>)			16. Audit Requirements <input type="checkbox"/> None <input checked="" type="checkbox"/> Internal <input type="checkbox"/> OIG <input checked="" type="checkbox"/> Legislative <input type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____			18. Recommended Retention: In Office And In Storage (Each Format) 26A) Retain on-site for ONE HUNDRED (100) YEARS and until all audit requirements are met, 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: <u>walter.zerrlaut@maryland.gov</u>		20. Location: 201 W. PRESTON STREET, BALTIMORE, MD 21201 Telephone number # <u>410-767-3598, Room #LL-5</u>		21. Date	

<p>DHMH Instructions -Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.</p>		<p>DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379</p>		<p>DHMH RECORDS INVENTORY</p> <p>PAGE <u>26B</u> OF ____</p>	
<p>1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE</p>		<p>2. Office/Administration/Board PREVENTION AND HEALTH PROMOTION ADMINISTRATION</p>		<p>3. Division/Unit or Section INFECTIOUS DISEASE EPIDEMIOLOGY AND OUTBREAK RESPONSE BUREAU—OFFICE OF IMMIGRANT HEALTH</p>	
<p>DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>					
<p>4. Record Series Title - <u>REFUGEE HEALTH</u></p>				<p>5. Earliest Year/Latest Year <u>2014</u> to <u>2017</u></p>	
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)</p> <p>26B. Mental Health Referral Request Forms</p>					
<p>7. Record Series Format(s) <i>List all that apply</i></p> <p>Paper: <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Film / tape: <input type="checkbox"/> Film/Slides (35mm, etc) <input type="checkbox"/> Legal Size <input type="checkbox"/> Microfilm/ Microfiche <input type="checkbox"/> Rolls <input type="checkbox"/> Audio Tape <input type="checkbox"/> Bound Book <input type="checkbox"/> Card <input type="checkbox"/> Other (specify) _____</p> <p>Electronic: <input type="checkbox"/> Kept on Hard Drive <input type="checkbox"/> Computer Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> CD,DVD,etc</p>			<p>8. Record Series Sequence</p> <p><input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____</p>		<p>9. Volume</p> <p><input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____</p> <p><u>1</u> Number</p>
			<p>10. Annual Accumulation</p> <p><input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____</p> <p><u>1</u> Number</p>		
<p>11. File is Used <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually</p>			<p>12. File Becomes Inactive After <u>N/A</u> <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s) Number</p>		
<p>13. Current Location(s) (Bldg., Floor, Room) 500 N. Calvert Street, 5th Floor, Baltimore MD 21202</p>			<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/ Format _____</p>		
<p>15. Privacy / Access Restrictions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Personal <input checked="" type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other _____</p> <p>(If Yes, cite Law(s) & Regulation(s) <u>HG §18-201, 202, 205 GP §4-329(b) (2016); 45 CFR §400.27</u>)</p>			<p>16. Audit Requirements <input type="checkbox"/> None <input checked="" type="checkbox"/> Internal <input type="checkbox"/> OIG</p> <p><input type="checkbox"/> Legislative <input type="checkbox"/> Federal <input type="checkbox"/> Independent</p>		
<p>17. Is an Index System used? If yes, explain briefly and describe requirements</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____</p>			<p>18. Recommended Retention: In Office And In Storage (Each Format)</p> <p>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.</p>		
<p>19. Name and Title of Preparer WALTER ZERRLAUT DHMH RECORDS OFFICER E-mail address: <u>walter.zerrlaut@maryland.gov</u></p>		<p>20. Location: 201 W. PRESTON STREET, BALTIMORE, MD 21201 Telephone number # 410-767-3598, Room #LL-5</p>		<p>21. Date</p>	

<p>DHMH Instructions -Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.</p>		<p>DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379</p>		<p>DHMH RECORDS INVENTORY</p> <p>PAGE <u>26C</u> OF <u> </u></p>	
<p>1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE</p>		<p>2. Office/Administration/Board PREVENTION AND HEALTH PROMOTION ADMINISTRATION</p>		<p>3. Division/Unit or Section INFECTIOUS DISEASE EPIDEMIOLOGY AND OUTBREAK RESPONSE BUREAU—OFFICE OF IMMIGRANT HEALTH</p>	
<p>DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>					
<p>4. Record Series Title - <u>REFUGEE HEALTH</u></p>				<p>5. Earliest Year/Latest Year <u>2006 to 2017</u></p>	
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)</p> <p>26C. Refugee health files: includes special investigations (e.g. outbreak investigations, contact investigations)</p>					
<p>7. Record Series Format(s) <i>List all that apply</i></p> <p>Paper: <input type="checkbox"/> Letter Size <input type="checkbox"/> Legal Size <input type="checkbox"/> Rolls <input type="checkbox"/> Bound Book <input type="checkbox"/> Card</p> <p>Film / tape: <input type="checkbox"/> Film/Slides (35mm, etc) <input type="checkbox"/> Microfilm/ Microfiche <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape</p> <p>Electronic: <input checked="" type="checkbox"/> Kept on Hard Drive (secured server) <input type="checkbox"/> Computer Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> CD,DVD,etc <input type="checkbox"/> Other (specify) <u>pdf format</u></p>		<p>8. Record Series Sequence</p> <p><input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____</p>		<p>9. Volume</p> <p><input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify)</p> <p><u>1</u> Number</p> <p>10. Annual Accumulation</p> <p><input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify)</p> <p><u>1</u> Number</p>	
<p>11. File is Used <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually</p>			<p>12. File Becomes Inactive After <u>N/A</u> <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s)</p>		
<p>13. Current Location(s) (Bldg., Floor, Room) 500 N. Calvert Street, 5th Floor, Baltimore MD 21202</p>			<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/ Format _____</p>		
<p>15. Privacy / Access Restrictions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Personal <input checked="" type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other _____ (If Yes, cite Law(s) & Regulation(s) <u>HG §18-201, 202, 205; GP §4-329(b) (2016); GP §4-301-304; GP §4-344 (2014); GP §4-306 (2016); 45 CFR §400.27</u></p>			<p>16. Audit Requirements <input type="checkbox"/> None <input checked="" type="checkbox"/> Internal <input type="checkbox"/> OIG <input type="checkbox"/> Legislative <input type="checkbox"/> Federal <input type="checkbox"/> Independent</p>		
<p>17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____</p>			<p>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 State Archives standards and dispose of paper originals. Retain scans for ONE HUNDRED (100) YEARS and then destroy.</p>		
<p>19. Name and Title of Preparer WALTER ZERRLAUT DHMH RECORDS OFFICER E-mail address: <u>walter.zerrlaut@maryland.gov</u></p>		<p>20. Location: 201 W. PRESTON STREET, BALTIMORE, MD 21201 Telephone number # 410-767-3598, Room #LL-5</p>		<p>21. Date</p>	

DHMH Instructions -Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.		DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379		DHMH RECORDS INVENTORY PAGE <u>27A</u> OF ____	
1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE		2. Office/Administration/Board PREVENTION AND HEALTH PROMOTION ADMINISTRATION		3. Division/Unit or Section Infectious Disease Epidemiology and Outbreak Response 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 - Immunizations				5. Earliest Year/Latest Year <u>2014</u> to <u>2016</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.) 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) <i>List all that apply</i> Paper: <input type="checkbox"/> Letter Size <input type="checkbox"/> Legal Size <input type="checkbox"/> Rolls <input type="checkbox"/> Bound Book <input type="checkbox"/> Card Film / tape: <input type="checkbox"/> Film/Slides (35mm, etc) <input type="checkbox"/> Microfilm/ Microfiche <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____ Electronic: <input type="checkbox"/> Kept on Hard Drive <input type="checkbox"/> Computer Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> CD,DVD,etc			8. Record Series Sequence <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____		9. Volume <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) 10. Annual Accumulation <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify)
11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Annually			12. File Becomes Inactive After <u>3</u> <input checked="" type="checkbox"/> Month(s) <input type="checkbox"/> Year(s)		
13. Current Location(s) (Bldg., Floor, Room) 201 W. Preston Street, 3rd Floor, Baltimore, MD 21201			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/ Format _____		
15. Privacy / Access Restrictions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Personal <input type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other _____ (If Yes, cite Law(s) & Regulation(s))			16. Audit Requirements <input type="checkbox"/> None <input checked="" type="checkbox"/> Internal <input type="checkbox"/> OIG <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is an Index System used? If yes, explain briefly and describe requirements <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>Stored by date inventory received</u>			18. Recommended Retention: In Office And In Storage (Each Format) 27A. Retain for THREE (3) MONTHS from the date 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, BALTIMORE MD 21201 Telephone Number# 410 767-3598 Room # ROOM LL-5		21. Date	

<p>DHMH Instructions -Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.</p>		<p>DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379</p>		<p>DHMH RECORDS INVENTORY</p> <p>PAGE <u>27B</u> OF <u> </u></p>	
<p>1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE</p>		<p>2. Office/Administration/Board PREVENTION AND HEALTH PROMOTION ADMINISTRATION</p>		<p>3. Division/Unit or Section Infectious Disease Epidemiology and Outbreak Response Bureau</p>	
<p>DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>					
<p>4. Record Series Title (Immunizations) Vaccines for Children (VFC) Site Visit Reports</p>				<p>5. Earliest Year/Latest Year <u>2014</u> to <u>2016</u></p>	
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) 27B. Reports that VFC site reviewers complete when conducting required VFC site visits.</p>					
<p>7. Record Series Format(s) <i>List all that apply</i></p> <p>Paper: <input type="checkbox"/> Letter Size <input type="checkbox"/> Legal Size <input type="checkbox"/> Rolls <input type="checkbox"/> Bound Book <input type="checkbox"/> Card</p> <p>Film / tape: <input type="checkbox"/> Film/Slides (35mm, etc) <input type="checkbox"/> Microfilm/ Microfiche <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____</p> <p>Electronic: <input type="checkbox"/> Kept on Hard Drive <input type="checkbox"/> Computer Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> CD,DVD,etc</p>		<p>8. Record Series Sequence</p> <p><input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical</p> <p><input checked="" type="checkbox"/> Other (specify) <u>By Provider PIN #</u></p>		<p>9. Volume</p> <p><input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify)</p> <p><u>1</u> Number</p> <p>10. Annual Accumulation</p> <p><input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify)</p> <p><u>1</u> Number</p>	
<p>11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Annually</p>			<p>12. File Becomes Inactive After <u>2</u> <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s) Number</p>		
<p>13. Current Location(s) (Bldg., Floor, Room) 201 W. Preston Street, 3rd Floor, Baltimore, Maryland 21201</p>			<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/ Format _____</p>		
<p>15. Privacy / Access Restrictions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Personal <input type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other _____ (If Yes, cite Law(s) & Regulation(s))</p>			<p>16. Audit Requirements <input type="checkbox"/> None <input checked="" type="checkbox"/> Internal <input type="checkbox"/> OIG <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Independent</p>		
<p>17. Is an Index System used? If yes, explain briefly and describe requirements <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>Stored by Provider PIN#</u></p>			<p>18. Recommended Retention: In Office And In Storage (Each Format) 27B. Maintain for TWO (2) YEARS and until all audit requirements are met, then destroy.</p>		
<p>19. Name and Title of Preparer WALTER ZERRLAUT DHMH RECORDS OFFICER E-mail address: <u>walter.zerrlaut@maryland.gov</u></p>		<p>20. Location: 201 WEST PRESTON STREET, BALTIMORE MD 21201 Telephone Number# 410 767-3598 Room # ROOM LL-5</p>		<p>21. Date</p>	

DHMH Instructions -Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.		DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379		DHMH RECORDS INVENTORY PAGE <u>27C</u> OF <u> </u>	
1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE		2. Office/Administration/Board PREVENTION AND HEALTH PROMOTION ADMINISTRATION		3. Division/Unit or Section Infectious Disease Epidemiology and Outbreak Response 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 - Immunizations				5. Earliest Year/Latest Year <u> 2014 </u> to <u> 2016 </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.) 27C. VFC Provider Training Records. This is documentation of Provider Trainings to meet the requirements of the VFC program.					
7. Record Series Format(s) <i>List all that apply</i> Paper: <input type="checkbox"/> Letter Size <input type="checkbox"/> Legal Size <input type="checkbox"/> Rolls <input type="checkbox"/> Bound Book <input type="checkbox"/> Card Film / tape: <input type="checkbox"/> Film/Slides (35mm, etc) <input type="checkbox"/> Microfilm/ Microfiche <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____ Electronic: <input type="checkbox"/> Kept on Hard Drive <input type="checkbox"/> Computer Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> CD,DVD,etc			8. Record Series Sequence <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input checked="" type="checkbox"/> Other (specify) <u>By Provider PIN #</u>		9. Volume <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) 10. Annual Accumulation <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify)
11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Annually			12. File Becomes Inactive After <u> 2 </u> <input type="checkbox"/> Month(s) Number <input checked="" type="checkbox"/> Year(s)		
13. Current Location(s) (Bldg., Floor, Room) 201 W. Preston Street, 3rd Floor, Baltimore, MD 21201			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/ Format _____		
15. Privacy / Access Restrictions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Personal <input type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other _____ (If Yes, cite Law(s) & Regulation(s))			16. Audit Requirements <input type="checkbox"/> None <input checked="" type="checkbox"/> Internal <input type="checkbox"/> OIG <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is an Index System used? If yes, explain briefly and describe requirements <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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.		
19. Name and Title of Preparer WALTER ZERRLAUT DHMH RECORDS OFFICER E-mail address: walter.zerrlaut@maryland.gov		20. Location: 201 WEST PRESTON STREET, BALTIMORE MD 21201 Telephone Number# 410 767-3598 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.		DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379		DHMH RECORDS INVENTORY PAGE <u>27D</u> OF <u> </u>	
1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE		2. Office/Administration/Board PREVENTION AND HEALTH PROMOTION ADMINISTRATION		3. Division/Unit or Section Infectious Disease Epidemiology and Outbreak	
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 - Immunizations				5. Earliest Year/Latest Year <u> 2014 </u> to <u> 2016 </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.) 27D. Vaccines for Children (VFC) Managed Care Organization (MCO) Panels. MCO patient data submitted by VFC providers to establish vaccine allocation.					
7. Record Series Format(s) <i>List all that apply</i> Paper: <input type="checkbox"/> Letter Size <input type="checkbox"/> Legal Size <input type="checkbox"/> Rolls <input type="checkbox"/> Bound Book <input type="checkbox"/> Card Film / tape: <input type="checkbox"/> Film/Slides (35mm, etc) <input type="checkbox"/> Microfilm/ Microfiche <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____ Electronic: <input type="checkbox"/> Kept on Hard Drive <input type="checkbox"/> Computer Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> CD,DVD,etc			8. Record Series Sequence <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input checked="" type="checkbox"/> Other (specify) By Provider PIN #		9. Volume <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) 10. Annual Accumulation <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify)
11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Annually			12. File Becomes Inactive After <u> 3 </u> <input checked="" type="checkbox"/> Month(s) <input type="checkbox"/> Year(s)		
13. Current Location(s) (Bldg., Floor, Room) 201 W. Preston Street, 3rd Floor, Baltimore, MD 21201			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/ Format _____		
15. Privacy / Access Restrictions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Personal <input checked="" type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other _____ (If Yes, cite Law(s) & Regulation(s))			16. Audit Requirements <input type="checkbox"/> None <input checked="" type="checkbox"/> Internal <input type="checkbox"/> OIG <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is an Index System used? If yes, explain briefly and describe requirements <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Stored by Provider PIN #			18. Recommended Retention: In Office And In Storage (Each Format) 27D. Maintain patient data for THREE (3) MONTHS, then destroy. Maintain data cover sheet for FOUR (4) 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, BALTIMORE MD 21201 Telephone Number# 410 767-3598 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.		DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379		DHMH RECORDS INVENTORY PAGE <u>27E</u> OF <u> </u>	
1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE		2. Office/Administration/Board PREVENTION AND HEALTH PROMOTION ADMINISTRATION		3. Division/Unit or Section Infectious Disease Epidemiology and Outbreak Response 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 - (Immunizations) Annual School Immunization Survey				5. Earliest Year/Latest Year <u>2014</u> to <u>2016</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.) 27E. Annual school immunization survey collecting de-identified vaccination data from Maryland schools.					
7. Record Series Format(s) <i>List all that apply</i> Paper: <input type="checkbox"/> Letter Size <input type="checkbox"/> Legal Size <input type="checkbox"/> Rolls <input type="checkbox"/> Bound Book <input type="checkbox"/> Card Film / tape: <input type="checkbox"/> Film/Slides (35mm, etc) <input type="checkbox"/> Microfilm/ Microfiche <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____ Electronic: <input type="checkbox"/> Kept on Hard Drive <input type="checkbox"/> Computer Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> CD,DVD,etc			8. Record Series Sequence <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____		9. Volume <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) 10. Annual Accumulation <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify)
11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Annually			12. File Becomes Inactive After <u>2</u> <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)		
13. Current Location(s) (Bldg., Floor, Room) 201 W. Preston Street, 3rd Floor, Baltimore, MD 21201			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/ Format _____		
15. Privacy / Access Restrictions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Personal <input type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other _____ (If Yes, cite Law(s) & Regulation(s))			16. Audit Requirements <input type="checkbox"/> None <input checked="" type="checkbox"/> Internal <input type="checkbox"/> OIG <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____			18. Recommended Retention: In Office And In Storage (Each Format) 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.		
19. Name and Title of Preparer WALTER ZERRLAUT DHMH RECORDS OFFICER E-mail address: walter.zerrlaut@maryland.gov		20. Location: 201 WEST PRESTON STREET, BALTIMORE MD 21201 Telephone Number# 410 767-3598 Room # ROOM LL-5		21. Date	

<p>DHMH Instructions -Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.</p>	<p>DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379</p>	<p>DHMH RECORDS INVENTORY</p> <p>PAGE 27F OF ____</p>
<p>1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE</p>	<p>2. Office/Administration/Board PREVENTION AND HEALTH PROMOTION ADMINISTRATION</p>	<p>3. Division/Unit or Section Infectious Disease Epidemiology and Outbreak Response Bureau</p>
<p>DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>		
<p>4. Record Series Title - Immunizations</p>	<p>5. Earliest Year/Latest Year 2014 to 2016</p>	
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)</p> <p>27F) Immunization Registry (ImmuNet) Records – these are electronic vaccination records maintained in the Immunization Information System (ImmuNet) and could be used for future verification requests.</p>		
<p>7. Record Series Format(s) <i>List all that apply.</i></p> <p>Paper: <input type="checkbox"/> Letter Size <input type="checkbox"/> Legal Size <input type="checkbox"/> Rolls <input type="checkbox"/> Bound Book <input type="checkbox"/> Card</p> <p>Film / tape: <input type="checkbox"/> Film/Slides (35mm, etc) <input type="checkbox"/> Microfilm/ Microfiche <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) <u>SQL</u></p> <p>Electronic: <input type="checkbox"/> Kept on Hard Drive/Server <input type="checkbox"/> Computer Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> CD,DVD,etc</p>	<p>8. Record Series Sequence</p> <p><input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____</p>	<p>9. Volume</p> <p><input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify)</p> <p>0 Number</p> <p>10. Annual Accumulation</p> <p><input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify)</p> <p>0 Number</p>
<p>11. File is Used <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually</p>	<p>12. File Becomes Inactive After <u>Continuous</u> <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s)</p>	
<p>13. Current Location(s) (Bldg., Floor, Room) 201 W. Preston Street, Baltimore, MD 21201</p>	<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Agency/ Format <u>Electronic server backup at DHMH</u></p>	
<p>15. Privacy / Access Restrictions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Personal <input checked="" type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other _____</p> <p>(If Yes, cite Law(s) & Regulation(s))</p>	<p>16. Audit Requirements <input type="checkbox"/> None <input checked="" type="checkbox"/> Internal <input type="checkbox"/> OIG</p> <p><input type="checkbox"/> Legislative <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Independent</p>	
<p>17. Is an Index System used? If yes, explain briefly and describe requirements</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____</p>	<p>18. Recommended Retention: In Office And In Storage (Each Format)</p> <p>27F) Retain data for ONE-HUNDRED (100) YEARS or until superseded by updated information, whichever is sooner, then destroy.</p>	
<p>19. Name and Title of Preparer WALTER ZERLAUT DHMH RECORDS OFFICER E-mail address: walter.zerlaut@maryland.gov</p>	<p>20. Location: 201 WEST PRESTON STREET, BALTIMORE MD 21201 Telephone Number# 410 767-3598 Room # ROOM LL-5</p>	<p>21. Date</p>

DHMH Instructions -Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.		DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379		DHMH RECORDS INVENTORY PAGE <u>28</u> OF	
1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE		2. Office/Administration/Board PREVENTION AND HEALTH PROMOTION ADMINISTRATION		3. Division/Unit or Section Infectious Disease Prevention and Health Services 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 - <u>Bureau Wide</u>				5. Earliest Year/Latest Year <u>2007</u> to <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.) 28 A. Health Officer memos B. Site Visit Reports C. On-Call Consultation Reports D. Federal Cooperative Agreements and Related Reports					
7. Record Series Format(s) <i>List all that apply</i> Paper: <input type="checkbox"/> Letter Size <input type="checkbox"/> Legal Size <input type="checkbox"/> Rolls <input type="checkbox"/> Bound Book <input type="checkbox"/> Card Film / tape: <input type="checkbox"/> Film/Slides (35mm, etc) <input type="checkbox"/> Microfilm/ Microfiche <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____ Electronic: <input type="checkbox"/> Kept on Hard Drive <input type="checkbox"/> Computer Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> CD,DVD,etc		8. Record Series Sequence <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____		9. Volume <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <u>6</u> <input type="checkbox"/> Computer Tape(s) Number <input type="checkbox"/> Other (specify) 10. Annual Accumulation <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <u>0.5</u> <input type="checkbox"/> Computer Tape(s) Number <input type="checkbox"/> Other (specify)	
11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Annually			12. File Becomes Inactive After <u>10</u> <input type="checkbox"/> Month(s) Number <input checked="" type="checkbox"/> Year(s)		
13. Current Location(s) (Bldg., Floor, Room) 500 North Calvert St, 5 th Fl, BALTIMORE, MD 21202			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/ Format _____		
15. Privacy / Access Restrictions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Personal <input type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other _____ (If Yes, cite Law(s) & Regulation(s))			16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> Internal <input type="checkbox"/> OIG <input type="checkbox"/> Legislative <input type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____			18. Recommended Retention: In Office And In Storage. (Each Format) 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. 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. 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. 28D) 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, BALTIMORE, MD 21201 Telephone number # 410-767-3598, 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.		DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379		DHMH RECORDS INVENTORY PAGE 29 OF	
1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE		2. Office/Administration/Board PREVENTION AND HEALTH PROMOTION ADMINISTRATION		3. Division/Unit or Section Infectious Disease Prevention and Health Services 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 - <u>Sexually Transmitted Diseases</u>				5. Earliest Year/Latest Year <u>1995 to 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.) 29 A. Syphilis/HIV case management records from STAT Lab Project B. Syphilis Laboratory Reports from STAT Lab Project C. Data from statewide electronic surveillance database captures laboratory reports and other detailed information for reportable, sexually transmitted diseases. All records are entered, maintained and updated using a centralized patient registry system to ensure accurate patient history of reported conditions over time.					
7. Record Series Format(s) <i>List all that apply</i> Paper: <input type="checkbox"/> Letter Size <input type="checkbox"/> Legal Size <input type="checkbox"/> Rolls <input type="checkbox"/> Bound Book <input type="checkbox"/> Card Film / tape: <input type="checkbox"/> Film/Slides (35mm, etc) <input type="checkbox"/> Microfilm/ Microfiche <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) <u>SQL</u> Electronic: <input type="checkbox"/> Kept on Hard Drive <input type="checkbox"/> Computer Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> CD,DVD,etc		8. Record Series Sequence <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____		9. Volume <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input checked="" type="checkbox"/> Other (specify) <u>Database-SQL</u> <u>10</u> Number	
				10. Annual Accumulation <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input checked="" type="checkbox"/> Other (specify) <u>Database-SQL</u> <u>3</u> Number	
11. File is Used <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually			12. File Becomes Inactive After <u>N/A</u> <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s) Number		
13. Current Location(s) (Bldg., Floor, Room) 500 N. Calvert St, 5th Fl, BALTIMORE AND OTHER LOCATIONS			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/ Format _____		
15. Privacy / Access Restrictions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Personal <input checked="" type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other _____ (If Yes, cite Law(s) & Regulation(s) <u>HIPAA, COMAR Statutes/Regulations</u>)			16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> Internal <input type="checkbox"/> OIG <input type="checkbox"/> Legislative <input type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <u>walter.zerrlaut@maryland.gov</u>		20. Location: 201 W. PRESTON STREET, BALTIMORE, MD 21201 Telephone number # 410-767-3598, 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.		DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379		DHMH RECORDS INVENTORY PAGE <u>30</u> OF	
1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE		2. Office/Administration/Board PREVENTION AND HEALTH PROMOTION ADMINISTRATION		3. Division/Unit or Section Infectious Disease Prevention and Health Services 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 - <u>Maryland AIDS Drug Assistance Program</u>				5. Earliest Year/Latest Year <u>2011</u> to <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.) 30. A. Fiscal Records B. Client Files					
7. Record Series Format(s) <i>List all that apply</i> Paper: <input type="checkbox"/> Letter Size <input type="checkbox"/> Legal Size <input type="checkbox"/> Rolls <input type="checkbox"/> Bound Book <input type="checkbox"/> Card Film / tape: <input type="checkbox"/> Film/Slides (35mm, etc) <input type="checkbox"/> Microfilm/ Microfiche <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape Electronic: <input checked="" type="checkbox"/> Kept on Hard Drive <input type="checkbox"/> Computer Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> CD,DVD,etc <input type="checkbox"/> Other (specify)		8. Record Series Sequence <input checked="" type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify)		9. Volume <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <u>136</u> Number <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify)	
				10. Annual Accumulation <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <u>30</u> Number <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify)	
11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Annually			12. File Becomes Inactive After <u>5</u> <input type="checkbox"/> Month(s) Number <input checked="" type="checkbox"/> 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? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/ Format		
15. Privacy / Access Restrictions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Personal <input checked="" type="checkbox"/> Medical <input checked="" type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other (If Yes, cite Law(s) & Regulation(s) <u>HIPAA, PERSONNEL REGS</u>)			16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> Internal <input type="checkbox"/> OIG <input type="checkbox"/> Legislative <input type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			18. 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 date of paper originals, then destroy. 30B) Retain for FIVE (5) YEARS , then destroy.		
19. Name and Title of Preparer WALTER ZERRLAUT DHMH RECORDS OFFICER E-mail address: <u>walter.zerrlaut@maryland.gov</u>		20. Location: 201 W. PRESTON STREET, BALTIMORE, MD 21201 Telephone number # 410-767-3598, 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.		DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379		DHMH RECORDS INVENTORY PAGE <u>31</u> OF	
1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE		2. Office/Administration/Board PREVENTION AND HEALTH PROMOTION ADMINISTRATION		3. Division/Unit or Section Infectious Disease Prevention and Health Services 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 - <u>HIV Prevention and Health Services</u>				5. Earliest Year/Latest Year <u>2002</u> to <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.) 31. A. Aggregate contract monitoring data and reports B. Client-level programmatic data collection forms C. Client-level programmatic datasets					
7. Record Series Format(s) <i>List all that apply</i> Paper: <input type="checkbox"/> Letter Size <input type="checkbox"/> Legal Size <input type="checkbox"/> Rolls <input type="checkbox"/> Bound Book <input type="checkbox"/> Card Film / tape: <input type="checkbox"/> Film/Slides (35mm, etc) <input type="checkbox"/> Microfilm/ Microfiche <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape Electronic: <input type="checkbox"/> Kept on Hard Drive <input type="checkbox"/> Computer Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> CD,DVD,etc <input type="checkbox"/> Other (specify) <u>SQL</u>		8. Record Series Sequence <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____		9. Volume <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) <u>20</u> Number 10. Annual Accumulation <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) <u>10</u> Number	
11. File is Used <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Annually			12. File Becomes Inactive After <u>10</u> <input type="checkbox"/> Month(s) Number <input checked="" type="checkbox"/> 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? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/ Format _____		
15. Privacy / Access Restrictions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Personal <input checked="" type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other _____ (If Yes, cite Law(s) & Regulation(s) <u>HIPAA, COMAR Statutes/Regulations</u>)			16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> Internal <input type="checkbox"/> OIG <input type="checkbox"/> Legislative <input type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____			18. Recommended Retention: In Office And In Storage (Each Format) 31A) Retain for THREE (3) YEARS , then destroy. If scanned, scan according to Maryland State Archives standards. Retain scans for THREE (3) YEARS from the date of paper origins, then destroy. 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. 31C) Retain for TEN (10) YEARS , then destroy.		
19. Name and Title of Preparer WALTER ZERRLAUT DHMH RECORDS OFFICER E-mail address: <u>walter.zerrlaut@maryland.gov</u>		20. Location: 201 W. PRESTON STREET, BALTIMORE, MD 21201 Telephone number # 410-767-3598, Room #LL-5		21. Date	