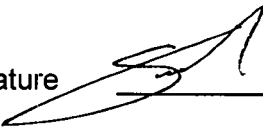
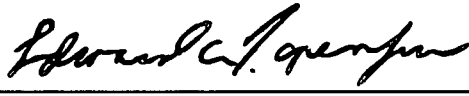


<b>Agency</b> Cecil County Government	<b>Division/Unit</b> Department of Emergency Services
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Item No.	Description	Retention
1	<p><u>GENERAL EMERGENCY SERVICES RECORDS</u> This series includes general emergency services records, inventory, forms, Human Resources records, Quality Assurance documents, and education and training records.</p> <p>Changes in records format will not necessarily require revision of the retention schedule. However, should the scope or content of a records series be altered, the schedule may be amended to reflect such changes.</p> <p>Each agency will use all or some of the following records which are governed by the indicated retention period:</p> <p><u>Inventory</u></p> <ul style="list-style-type: none"> <li>A. Distribution/Inventory of Fixed Assets – Technical</li> <li>B. Support (DES 09-063)</li>   <li>C. Invoice Technical Support (DES 09-018)</li>   <li>D. HazMat 1 Inventory (DES 09-055)</li> <li>E. HazMat 2 Inventory (DES 09-056)</li> <li>F. HazMat 3 Inventory (DES 09-057)</li> <li>G. HazMat 4 Inventory (DES 09-058)</li> <li>H. HazMat 6 Inventory (DES 09-059)</li> </ul>	<p>Retain hard copy permanently and transfer annually to Archives for permanent preservation.</p> <p>Retain hard copy for three (3) years from the end of the fiscal year the file was closed then destroy.</p> <p>Retain hard copy for one (1) year from the end of the fiscal year the file was closed then destroy.</p>

(Continued)

<p>Schedule Approved by Department, Agency, or Division Representative.</p> <p>Date _____</p> <p>Signature  _____</p> <p>Typed Name <u>Scott Mesneak</u></p> <p>Title <u>IT &amp; Records Retention Director</u></p>	<p>Schedule Authorized by State Archivist</p> <p>Date <u>7 March 2011</u></p> <p>Signature  _____</p>
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**DEPARTMENT OF GENERAL SERVICES  
RECORDS MANAGEMENT DIVISION  
RECORDS RETENTION AND DISPOSAL SCHEDULE  
(Continuation Sheet)**

Schedule No. C1117

Page 2 of 5

**Agency** Cecil County Government **Division/Unit** Department of Emergency Services

Item No.	Description	Retention
2	I. Equipment Issue Receipt – Emergency Medical Services (DES 09-062)	Retain hard copy for one (1) year from the end of the fiscal year the file was closed then destroy.
	J. Inventory Price List (DES 09-054)	
	K. Loaned Equipment Inventory – Technical Support (DES 09-019)	
	L. Receipt of Equipment (DES 09-064)	
	M. Special Purchasing Department Inventory (DES 09-045)	Retain hard copy for six (6) months after the file was closed then destroy.
	N. Station Inventory (DES 09-044)	
	<u>Forms, Reports, Checklists and Logs</u>	Retain hard copy permanently and transfer annually to Archives for permanent preservation.
	A. Exposure Determination Checklist (DES 09-003)	
	B. Pager Repair Form – Technical Support	Retain hard copy for five (5) years from the end of the fiscal year the file was closed then destroy.
	C. Advanced Airway Procedure Data Form (DES 09-021)	
	D. Electronic Maryland Ambulance Information System Patient Care Reports	
	E. Information Request Form (DES 09-008)	
	F. Incident Reporting Form (DES 09-053)	Retain hard copy for three (3) years from the end of the fiscal year the file was closed then destroy.
	G. Building Inspection Checklist (DES 09-041)	
	H. Daily Vehicle Maintenance Log (DES 09-014)	Retain hard copy for one (1) year from the end of the fiscal year the file was closed then destroy.
	I. Schedule II Drug Form (DES 09-039)	
	J. Special Report with supplemental page (DES 05-001)	Retain hard copy for one (1) year post employment termination then destroy.
	K. Training Form (DES 09-052)	
L. Uniform Issue Form (DES 09-061)		
M. Waiver of Liability (DES 09-038)		
N. Work Detail Sheet (DES 09-051)		
O. Competencies Yearly Check Sheet (DES 09-060)		

**DEPARTMENT OF GENERAL SERVICES  
RECORDS MANAGEMENT DIVISION  
RECORDS RETENTION AND DISPOSAL SCHEDULE  
(Continuation Sheet)**

Schedule No. C1117

Page 3 of 5

**Agency** Cecil County Government **Division/Unit** Department of Emergency Services

Item No.	Description	Retention
3	P. Suggestion Form (DES 05-002) Q. Emergency Medical Services Ride-a-long Application (DES 09-043) R. Response Determinant Form (DES 09-005)  S. Equipment Coupons – Technical Support T. Funeral Announcement Form (DES 09-013) U. Paperwork Request Form (DES 09-040) V. Radio Announcement Form (DES 09-011)  <u>HUMAN RESOURCES DOCUMENTS</u> <u>Misc. Forms and Reports</u> A. Weather Notification Form  B. Electronic Files (DES 09-014)  C. Emergency Contact Information Form (DES 09-009)  D. Cecil County Department of Emergency Services Confidentiality Agreement (DES 09-042) E. Interview Form (DES 09-007) F. Maryland Institute for Emergency Medical Services Systems Confidentiality Agreement  G. Department Head Notification List (DES 09-017)  H. Facsimile Cover Sheet (DES 09-010)	Retain hard copy for six (6) months after the file was closed then destroy.  Retain hard copy until no longer needed for current business, and then destroy.  Retain hard copy permanently and transfer annually to Archives for permanent preservation.  Retain for one (1) year post employment termination then destroy.  Retain hard copy for one (1) year post employment termination then destroy.  Retain hard copy for one (1) year from the end of the fiscal year the file was closed then destroy.  Retain hard copy for thirty (30) days then destroy.  Retain according to the retention policy of the document faxed.
4	<u>Discipline</u> A. Employee/Superior Counseling Form (DES 09-002)	Retain hard copy for one (1) year from the end of the fiscal year the file was closed then destroy.

**DEPARTMENT OF GENERAL SERVICES  
RECORDS MANAGEMENT DIVISION  
RECORDS RETENTION AND DISPOSAL SCHEDULE  
(Continuation Sheet)**

Schedule No. C1117

Page 4 of 5

<b>Agency</b> Cecil County Government	<b>Division/Unit</b> Department of Emergency Services
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Item No.	Description	Retention
	B. Addressing Ordinance Violation Form (DES 09-020)	Retain hard copy until no longer needed for current business, then destroy.
	C. Employee Warning Form (DES 09-004)	Retain until inactive, and then destroy.
5	<u>Personnel Scheduling</u> A. Annual Leave Request Form (DES 09-006) B. Shift Fill Worksheet – Communications (DES 09-016) C. Shift Fill Worksheet Emergency Medical Services (DES 09-046)  D. Shift Exchange Form (DES 05-003)	Retain hard copy for one (1) year then destroy.    Retain hard copy for six (6) months after the file was closed then destroy.
6	<u>QUALITY ASSURANCE</u> A. Emergency Medical Services Incident Report – Green Sheet (DES 09-025) B. Emergency Medical Services Incident Report – Green Sheet – Additional Narrative (DES 09-025) C. Emergency Medical Services Quality Assurance Inquiry Guide (DES 09-027) D. Highest Jurisdictional Official Investigation (DES 09-033) E. Incident Witnesses (DES 09-029) F. Information Collected (DES 09-030) G. Investigation Disposition (DES 09-036) H. Medical Review Committee Meeting (DES 09-032) I. Maryland Institute for Emergency Medical Services Systems 5 & 35 Day Report J. Medical Review Committee Disposition Outcome (DES 09-035) K. Notifications (DES 09-031) L. Quality Assurance Complaint Information (DES 09-028) M. Quality Assurance Remediation Plan (DES 09-034)	Retain hard copy for three (3) years from the end of the fiscal year the file was closed then destroy.

**DEPARTMENT OF GENERAL SERVICES  
RECORDS MANAGEMENT DIVISION  
RECORDS RETENTION AND DISPOSAL SCHEDULE  
(Continuation Sheet)**

Schedule No. C1117

Page 5 of 5

**Agency** Cecil County Government **Division/Unit** Department of Emergency Services

Item No.	Description	Retention
7	<ul style="list-style-type: none"> <li>A. Quality Assurance Report (DES 09-023)</li> <li>B. Quality Assurance Report Additional Narrative (DES 09-024)</li> </ul>	Retain hard copy for one (1) year from the end of the fiscal year the file was closed then destroy.
	<ul style="list-style-type: none"> <li>C. Quality Assurance Worksheet (DES 09-022)</li> <li>D. Quality Assurance Findings (DES 09-037)</li> </ul>	Retain hard copy until no longer needed for current business, then destroy.
	<u>EDUCATION AND TRAINING</u>	
	<ul style="list-style-type: none"> <li>A. American Heart Association (AHA) Instructor Information (DES 09-048)</li> </ul>	Retain hard copy permanently and transfer annually to Archives for permanent preservation.
	<ul style="list-style-type: none"> <li>B. Answer Sheet (DES 09-047)</li> </ul>	Retain hard copy for five (5) years then destroy.
	<ul style="list-style-type: none"> <li>C. American Heart Association (AHA) Roster (DES 09-050)</li> <li>D. Class Roster (DES 09-001)</li> <li>E. Program Evaluation (DES 09-049)</li> </ul>	Retain hard copy for three (3) years from the end of the fiscal year the file was closed then destroy.

<b>Instructions</b> -Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)		DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-789-1930		<b>AGENCY RECORDS INVENTORY</b>  PAGE <u>1</u> OF <u>70</u>	
1. Department/Agency Department of Emergency Services		2. Division Emergency Medical Services		3. Unit	
<b>DEFINITION - RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</b>					
4. Record Series Title Addressing Ordinance Violation Form (DES 09-020)				5. Earliest Year/Latest Year _____ to <u>2010</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.) Documents address violations found when responding to emergency calls.					
7. Record Series Format(s) List all  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tapè. <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence  <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input checked="" type="checkbox"/> Other (specify) <u>Keyword Lookup</u>		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 _____	
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>0</u> Number <input checked="" type="checkbox"/> Month(s) <input type="checkbox"/> Year(s)			
13. Current Location(s) (Bldg., Floor, Room) Department of Emergency Services Office		14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <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 <b>Retain hard copy until no longer needed for current business, then destroy</b>			
19. Name and Title of Preparer Scott Mesneak IT & Records Retention Director		20. Telephone Number 410-996-5205		21. Date 9/10/2010	

<b>Instructions</b> -Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)		DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-789-1830		<b>AGENCY RECORDS INVENTORY</b>  PAGE <u>2</u> OF <del>71</del> <u>71</u>	
1. Department/Agency Department of Emergency Services		2. Division Emergency Medical Services		3. Unit	
<b>DEFINITION - RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</b>					
4. Record Series Title Advanced Airway Procedure Data Form (DES 09-021)				5. Earliest Year/Latest Year _____ to <u>2010</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.) Documents advanced airways performed by Rapid Sequence Intubation certified Paramedics.					
7. Record Series Format(s) List all  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence  <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input checked="" type="checkbox"/> Other (specify) <u>Keyword Lookup</u>		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>5</u> Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)		
13. Current Location(s) (Bldg., Floor, Room) Department of Emergency Services Office			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <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 <b>Retain hard copy for five (5) years from the end of the fiscal year the file was closed then destroy.</b>		
19. Name and Title of Preparer Scott Mesneak IT & Records Retention Director		20. Telephone Number 410-996-5205		21. Date 9/10/2010	

<b>Instructions</b> - Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)		<b>DEPARTMENT OF GENERAL SERVICES</b> <b>RECORDS MANAGEMENT DIVISION</b> 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1930		<b>AGENCY RECORDS INVENTORY</b>  PAGE <u>3</u> OF <u>4971</u>	
1. Department/Agency <b>Department of Emergency Services</b>		2. Division <b>Teaching and Education</b>		3. Unit	
<b>DEFINITION - RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</b>					
4. Record Series Title <b>AHA Instructor Information (DES 09-048)</b>				5. Earliest Year/Latest Year _____ to <u>2010</u>	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) <b>Information on all American Heart Association (AHA) instructors</b>					
7. Record Series Format(s) List all  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence  <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input checked="" type="checkbox"/> Other (specify) <b>Keyword Lookup</b>		9. Volume <input type="checkbox"/> File Drawer(s) <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) <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 type="checkbox"/> Monthly <input checked="" type="checkbox"/> Annually			12. File Becomes Inactive After <b>Permanent</b> <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s) Number _____		
13. Current Location(s) (Bldg., Floor, Room) <b>Department of Emergency Services Office</b>			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <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 <b>Retain hard copy permanently and transfer annually to Archives for permanent preservation.</b>		
19. Name and Title of Preparer <b>Scott Mesneak          IT &amp; Records Retention Director</b>		20. Telephone Number <b>410-996-5205</b>		21. Date <b>9/10/2010</b>	



<b>Instructions</b> -Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)		DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1930		<b>AGENCY RECORDS INVENTORY</b>  PAGE <u>4</u> OF <u>71</u>	
1. Department/Agency Department of Emergency Services		2. Division Teaching and Education		3. Unit	
<b>DEFINITION - RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</b>					
4. Record Series Title AHA Roster (DES 09-050)				5. Earliest Year/Latest Year _____ to <u>2010</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.) Rosters for American Heart Association (AHA) classes that are taught					
7. Record Series Format(s) List all  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence  <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input checked="" type="checkbox"/> Other (specify) <u>Keyword Lookup</u>		9. Volume <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____ Number _____	
		10. Annual Accumulation <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____ Number _____			
11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Annually			12. File Becomes Inactive After <u>3</u> <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s) Number		
13. Current Location(s) (Bldg., Floor, Room) Department of Emergency Services Office			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <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 <b>Retain hard copy for three (3) years from the end of the fiscal year the file was closed then destroy.</b>		
18. Name and Title of Preparer Scott Mesneak IT & Records Retention Director		20. Telephone Number 410-996-5205		21. Date 9/10/2010	

<p><b>Instructions</b> -Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)</p>	<p>DEPARTMENT OF GENERAL SERVICES  RECORDS MANAGEMENT DIVISION  7275 Waterloo Road, P.O. Box 275  Jessup, Maryland 20794  410-799-1930</p>	<p><b>AGENCY RECORDS INVENTORY</b></p> <p>PAGE <u>5</u> OF <u>11</u></p>
<p>1. Department/Agency  Department of Emergency Services</p>	<p>2. Division</p>	<p>3. Unit</p>
<p><b>DEFINITION - RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</b></p>		
<p>4. Record Series Title  Annual Leave Request Form (DES 09-006)</p>	<p>5. Earliest Year/Latest Year  _____ to <u>2010</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.)  For the purpose of scheduling leave.</p>		
<p>7. Record Series Format(s) List all</p> <p><input checked="" type="checkbox"/> Letter Size      <input type="checkbox"/> Microfilm  <input type="checkbox"/> Legal Size      <input type="checkbox"/> Computer Tape  <input type="checkbox"/> Audio Tape      <input type="checkbox"/> Floppy Disk  <input type="checkbox"/> Bound Book      <input type="checkbox"/> Video Tape  <input type="checkbox"/> Other (specify) _____</p>	<p>8. Record Series Sequence.</p> <p><input type="checkbox"/> Alphabetical  <input type="checkbox"/> Numerical  <input type="checkbox"/> Chronological  <input type="checkbox"/> Geographical  <input checked="" type="checkbox"/> Other (specify) _____  <b>Keyword Lookup</b></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>Number _____</p> <p>10. Annual Accumulation</p> <p><input type="checkbox"/> File Drawer(s)  <input type="checkbox"/> Microfilm Reel(s)  <input type="checkbox"/> Computer Tape(s)  <input type="checkbox"/> Other (specify) _____</p> <p>Number _____</p>
<p>11. File Is Used</p> <p><input checked="" type="checkbox"/> Daily      <input type="checkbox"/> Weekly      <input type="checkbox"/> Monthly      <input type="checkbox"/> Annually</p>	<p>12. File Becomes Inactive After</p> <p><u>1</u>      <input type="checkbox"/> Month(s)      <input checked="" type="checkbox"/> Year(s)  Number</p>	
<p>13. Current Location(s) (Bldg., Floor, Room)  Department of Emergency Services Office</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</p>	
<p>15. Access Restrictions (If Yes, cite Law(s) &amp; Regulation(s))</p> <p><input type="checkbox"/> Yes      <input checked="" type="checkbox"/> No</p>	<p>16. Audit Requirements</p> <p><input checked="" type="checkbox"/> None      <input type="checkbox"/> State      <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</p> <p><b>Retain hard copy for one (1) year then destroy.</b></p>	
<p>19. Name and Title of Preparer  Scott Mesneak  IT &amp; Records Retention Director</p>	<p>20. Telephone Number  410-996-5205</p>	<p>21. Date  9/10/2010</p>

<b>Instructions</b> - Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)		<b>DEPARTMENT OF GENERAL SERVICES</b> <b>RECORDS MANAGEMENT DIVISION</b> 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1930		<b>AGENCY RECORDS INVENTORY</b>  PAGE <u>6</u> OF <u>71</u>	
1. Department/Agency <b>Department of Emergency Services</b>		2. Division <b>Teaching and Education</b>		3. Unit	
<b>DEFINITION - RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</b>					
4. Record Series Title <b>Answer Sheet (DES 09-047)</b>			5. Earliest Year/Latest Year _____ to <b>2010</b>		
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>Answer sheet for testing purposes</b>					
7. Record Series Format(s) List all  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence  <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input checked="" type="checkbox"/> Other (specify) <b>Keyword Lookup.</b>		9. Volume <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____ _____ Number	
		10. Annual Accumulation <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____ Number			
11. File Is Used <input type="checkbox"/> Daily <input checked="" type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually			12. File Becomes Inactive After <u>5</u> Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)		
13. Current Location(s) (Bldg., Floor, Room) <b>Department of Emergency Services Office</b>			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <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			18. Recommended Retention <b>Retain hard copy for five (5) years then destroy.</b>		
19. Name and Title of Preparer <b>Scott Mesneak</b> <b>IT &amp; Records Retention Director</b>		20. Telephone Number <b>410-996-5205</b>		21. Date <b>9/10/2010</b>	

<b>Instructions</b> -Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)		DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1930		<b>AGENCY RECORDS INVENTORY</b>  PAGE <u>7</u> OF <u>71</u>	
1. Department/Agency Department of Emergency Services		2. Division Emergency Medical Services		3. Unit	
<b>DEFINITION - RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</b>					
4. Record Series Title Building Inspection Checklist (DES 09-041)				5. Earliest Year/Latest Year _____ to <u>2010</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.) Used to document the conditions of the medic stations.					
7. Record Series Format(s) List all  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence  <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input checked="" type="checkbox"/> Other (specify) <u>Keyword Lookup</u>		9. Volume <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____ _____ Number	
		10. Annual Accumulation <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____ _____ Number			
11. File is Used <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually			12. File Becomes Inactive After <u>1</u> Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)		
13. Current Location(s) (Bldg., Floor, Room) Department of Emergency Services Office			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <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 <b>Retain hard copy for one (1) year from the end of the fiscal year the file was closed then destroy.</b>		
19. Name and Title of Preparer Scott Mesneak IT & Records Retention Director		20. Telephone Number 410-996-5205		21. Date 9/10/2010	

<p><b>Instructions</b> –Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)</p>		<p><b>DEPARTMENT OF GENERAL SERVICES</b>  <b>RECORDS MANAGEMENT DIVISION</b>          7275 Waterloo Road, P.O. Box 275          Jessup, Maryland 20794          410-799-1930</p>		<p><b>AGENCY RECORDS INVENTORY</b></p> <p>PAGE <u>8</u> OF <u>71</u></p>	
<p>1. Department/Agency  <b>Department of Emergency Services</b></p>		<p>2. Division  <b>Emergency Medical Services</b></p>		<p>3. Unit</p>	
<p><b>DEFINITION - RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</b></p>					
<p>4. Record Series Title  <b>Cecil County Department of Emergency Services Confidentiality Agreement (DES 09-042)</b></p>				<p>5. Earliest Year/Latest Year          _____ to <u>2010</u></p>	
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)  <b>Used for the purpose of ensuring that personnel abide by the Health Insurance Portability and Accountability Act (HIPAA) regulations</b></p>					
<p>7. Record Series Format(s) List all</p> <p><input checked="" type="checkbox"/> Letter Size      <input type="checkbox"/> Microfilm</p> <p><input type="checkbox"/> Legal Size      <input type="checkbox"/> Computer Tape</p> <p><input type="checkbox"/> Audio Tape      <input type="checkbox"/> Floppy Disk</p> <p><input type="checkbox"/> Bound Book      <input type="checkbox"/> Video Tape</p> <p><input type="checkbox"/> Other (specify) _____</p>		<p>8. Record Series Sequence</p> <p><input type="checkbox"/> Alphabetical</p> <p><input type="checkbox"/> Numerical</p> <p><input type="checkbox"/> Chronological</p> <p><input type="checkbox"/> Geographical</p> <p><input checked="" type="checkbox"/> Other (specify) <b>Keyword Lookup</b></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 type="checkbox"/> Other (specify) _____</p> <p>Number _____</p>	
<p>11. File is Used</p> <p><input type="checkbox"/> Daily      <input type="checkbox"/> Weekly      <input type="checkbox"/> Monthly      <input checked="" type="checkbox"/> Annually</p>		<p>10. Annual Accumulation</p> <p><input type="checkbox"/> File Drawer(s)</p> <p><input type="checkbox"/> Microfilm Reel(s)</p> <p><input type="checkbox"/> Computer Tape(s)</p> <p><input type="checkbox"/> Other (specify) _____</p> <p>Number _____</p>			
<p>12. File Becomes Inactive After</p> <p><u>1</u> <input type="checkbox"/> Month(s)      <input checked="" type="checkbox"/> Year(s)</p> <p>Number _____</p>			<p>13. Current Location(s) (Bldg., Floor, Room)  <b>Department of Emergency Services Office</b></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</p>			<p>15. Access Restrictions (If Yes, cite Law(s) &amp; Regulation(s))</p> <p><input type="checkbox"/> Yes      <input checked="" type="checkbox"/> No</p>		
<p>16. Audit Requirements</p> <p><input checked="" type="checkbox"/> None      <input type="checkbox"/> State      <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</p> <p><b>Retain hard copy for one (1) year from the end of the fiscal year the file was closed then destroy.</b></p>			<p>19. Name and Title of Preparer  <b>Scott Mesneak</b>  <b>IT &amp; Records Retention Director</b></p>		
<p>20. Telephone Number  <b>410-996-5205</b></p>		<p>21. Date  <b>9/10/2010</b></p>			

<b>Instructions</b> -Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)		DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1930		<b>AGENCY RECORDS INVENTORY</b>  PAGE <u>9</u> OF <u>77</u>	
1. Department/Agency Department of Emergency Services		2. Division Teaching and Education		3. Unit	
<b>DEFINITION - RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</b>					
4. Record Series Title Class Roster (DES 09-001)			5. Earliest Year/Latest Year _____ to <u>2010</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.) Rosters for all Emergency Medical Services training classes that are taught.					
7. Record Series Format(s) List all  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence  <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input checked="" type="checkbox"/> Other (specify) <u>Keyword Lookup</u>		9. Volume <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____  Number _____	
		10. Annual Accumulation <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____  Number _____			
11. File Is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Annually			12. File Becomes Inactive After <u>3</u> Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)		
13. Current Location(s) (Bldg., Floor, Room) Department of Emergency Services Office			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <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 <b>Retain hard copy for three (3) years from the end of the fiscal year the file was closed then destroy.</b>		
19. Name and Title of Preparer Scott Mesneak IT & Records Retention Director		20. Telephone Number 410-996-5205		21. Date 9/10/2010	

<b>Instructions</b> -Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)		DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1930		<b>AGENCY RECORDS INVENTORY</b>  PAGE <u>10</u> OF <u>71</u>	
1. Department/Agency Department of Emergency Services		2. Division Haz Mat		3. Unit	
<b>DEFINITION - RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</b>					
4. Record Series Title Competencies Yearly Check Sheet (DES 09-060)				5. Earliest Year/Latest Year _____ to <u>2010</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.) Documents the hazardous material technicians competencies annually					
7. Record Series Format(s) List all  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence  <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input checked="" type="checkbox"/> Other (specify) <u>Keyword Lookup</u>		9. Volume <input type="checkbox"/> File Drawer(s) <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) <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 type="checkbox"/> Monthly <input checked="" type="checkbox"/> Annually			12. File Becomes Inactive After <u>1</u> Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)		
13. Current Location(s) (Bldg., Floor, Room) Department of Emergency Services Office			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <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 <b>Retain hard copy for one (1) year post employment termination then destroy.</b>		
19. Name and Title of Preparer Scott Mesneak IT & Records Retention Director		20. Telephone Number 410-996-5205		21. Date 9/10/2010	

<b>Instructions</b> -Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)		<b>DEPARTMENT OF GENERAL SERVICES</b> <b>RECORDS MANAGEMENT DIVISION</b> 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1930		<b>AGENCY RECORDS INVENTORY</b>  PAGE <u>11</u> OF <u>71</u>	
1. Department/Agency <b>Department of Emergency Services</b>		2. Division		3. Unit	
<b>DEFINITION - RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</b>					
4. Record Series Title <b>Daily Vehicle Maintenance Log (DES 09-014)</b>				5. Earliest Year/Latest Year _____ to <u>2010</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>To document daily vehicle checks for any note deficiencies.</b>					
7. Record Series Format(s) List all  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence  <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input checked="" type="checkbox"/> Other (specify) <b>Keyword Lookup</b>		9. Volume <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____  Number _____	
		10. Annual Accumulation <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____  Number _____			
11. File Is Used <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually			12. File Becomes Inactive After <u>1</u> Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)		
13. Current Location(s) (Bldg., Floor, Room) <b>Department of Emergency Services Office</b>			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <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 <b>Retain hard copy for one (1) year from the end of the fiscal year the file was closed then destroy.</b>		
19. Name and Title of Preparer <b>Scott Mesneak</b> <b>IT &amp; Records Retention Director</b>		20. Telephone Number <b>410-996-5205</b>		21. Date <b>9/10/2010</b>	



<b>Instructions</b> -Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)	DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1930	<b>AGENCY RECORDS INVENTORY</b>  PAGE <u>12</u> OF <u>71</u>
1. Department/Agency <b>Department of Emergency Services</b>	2. Division <b>Communications</b>	3. Unit
<b>DEFINITION - RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</b>		
4. Record Series Title <b>Department Head Notification List (DES 09-017)</b>	5. Earliest Year/Latest Year _____ to <b>2010</b>	
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>To check list the department heads when making notifications during severe weather.</b>		
7. Record Series Format(s) List all  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____	8. Record Series Sequence  <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input checked="" type="checkbox"/> Other (specify) <b>Keyword Lookup</b>	9. Volume <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____ _____ Number  10. Annual Accumulation <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____ _____ Number
11. File Is Used <input type="checkbox"/> Daily <input checked="" type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	12. File Becomes Inactive After _____ Number <input checked="" type="checkbox"/> Month(s) <input type="checkbox"/> Year(s)	
13. Current Location(s) (Bldg., Floor, Room) <b>Department of Emergency Services Office</b>	14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <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 <b>Retain hard copy for thirty (30) days then destroy.</b>	
19. Name and Title of Preparer <b>Scott Mesneak          IT &amp; Records Retention Director</b>	20. Telephone Number <b>410-996-5205</b>	21. Date <b>9/10/2010</b>

<p><b>Instructions</b> -Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)</p>	<p>DEPARTMENT OF GENERAL SERVICES  RECORDS MANAGEMENT DIVISION  7275 Waterloo Road, P.O. Box 275  Jessup, Maryland 20794  410-799-1930</p>	<p><b>AGENCY RECORDS INVENTORY</b></p> <p>PAGE <u>13</u> OF <u>71</u></p>
<p>1. Department/Agency  Department of Emergency Services</p>	<p>2. Division  Technical Support</p>	<p>3. Unit</p>
<p><b>DEFINITION - RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</b></p>		
<p>4. Record Series Title  Distribution/Inventory of Fixed Assets - Technical Support (DES 09-063)</p>	<p>5. Earliest Year/Latest Year  _____ to <u>2010</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.)  Inventories assets that are issued to all of our allied agencies.</p>		
<p>7. Record Series Format(s) List all</p> <p><input checked="" type="checkbox"/> Letter Size      <input type="checkbox"/> Microfilm  <input type="checkbox"/> Legal Size      <input type="checkbox"/> Computer Tape  <input type="checkbox"/> Audio Tape      <input type="checkbox"/> Floppy Disk  <input type="checkbox"/> Bound Book      <input type="checkbox"/> Video Tape  <input type="checkbox"/> Other (specify) _____</p>	<p>8. Record Series Sequence</p> <p><input type="checkbox"/> Alphabetical  <input type="checkbox"/> Numerical  <input type="checkbox"/> Chronological  <input type="checkbox"/> Geographical  <input checked="" type="checkbox"/> Other (specify) <u>Keyword Lookup</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>Number _____</p> <p>10. Annual Accumulation</p> <p><input type="checkbox"/> File Drawer(s)  <input type="checkbox"/> Microfilm Reel(s)  <input type="checkbox"/> Computer Tape(s)  <input type="checkbox"/> Other (specify) _____</p> <p>Number _____</p>
<p>11. File is Used</p> <p><input checked="" type="checkbox"/> Daily      <input type="checkbox"/> Weekly      <input type="checkbox"/> Monthly      <input type="checkbox"/> Annually</p>	<p>12. File Becomes Inactive After</p> <p><u>Indefinitely</u>      <input type="checkbox"/> Month(s)      <input type="checkbox"/> Year(s)</p> <p>Number _____</p>	
<p>13. Current Location(s) (Bldg., Floor, Room)  Department of Emergency Services Office</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</p>	
<p>15. Access Restrictions (If Yes, cite Law(s) &amp; Regulation(s))</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>	<p>16. Audit Requirements</p> <p><input checked="" type="checkbox"/> None      <input type="checkbox"/> State      <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</p> <p><b>Retain hard copy permanently and transfer annually to Archives for permanent preservation.</b></p>	
<p>19. Name and Title of Preparer</p> <p style="text-align: center;">Scott Mesneak  IT &amp; Records Retention Director</p>	<p>20. Telephone Number</p> <p style="text-align: center;">410-996-5205</p>	<p>21. Date</p> <p style="text-align: center;">9/10/2010</p>

<b>Instructions</b> –Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)		DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1930		<b>AGENCY RECORDS INVENTORY</b>  PAGE <u>14</u> OF <u>71</u>	
1. Department/Agency Department of Emergency Services		2. Division		3. Unit	
<b>DEFINITION - RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</b>					
4. Record Series Title Electronic Files (DES 09-014)				5. Earliest Year/Latest Year _____ to <u>2010</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.) Provided daily interaction with co-worker, allied agencies, etc. Allows for the retention of needed documents that are produced on a daily basis.					
7. Record Series Format(s) List all  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence  <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input checked="" type="checkbox"/> Other (specify) <u>Keyword Lookup</u>		9. Volume <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____  Number _____	
		10. Annual Accumulation <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____  Number _____			
11. File Is Used <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually			12. File Becomes Inactive After <u>1</u> Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)		
13. Current Location(s) (Bldg., Floor, Room) Department of Emergency Services Office			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input type="checkbox"/> No			16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <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 <b>Retain for one (1) year post employment termination then destroy.</b>		
19. Name and Title of Preparer Scott Mesneak IT & Records Retention Director		20. Telephone Number 410-996-5205		21. Date 9/10/2010	

<b>Instructions</b> -Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)		DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1930		<b>AGENCY RECORDS INVENTORY</b>  PAGE <u>15</u> OF <u>71</u>	
1. Department/Agency Department of Emergency Services		2. Division Emergency Medical Services		3. Unit	
<b>DEFINITION - RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</b>					
4. Record Series Title Electronic Maryland Ambulance Information System Patient Care Reports			5. Earliest Year/Latest Year _____ to <u>2010</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.) Documentation of patient care					
7. Record Series Format(s) List all  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence  <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input checked="" type="checkbox"/> Other (specify) <u>Keyword Lookup</u>		9. Volume <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____ Number _____  10. Annual Accumulation <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____ Number _____	
11. File is Used <input 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) <input checked="" type="checkbox"/> Year(s) Number		
13. Current Location(s) (Bldg., Floor, Room) Department of Emergency Services Office			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <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 <b>Retain hard copy for five (5) years from the end of the fiscal year the file was closed then destroy.</b>		
19. Name and Title of Preparer Scott Mesneak IT & Records Retention Director		20. Telephone Number 410-996-5205		21. Date 9/10/2010	

<p><b>Instructions</b> -Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)</p>	<p>DEPARTMENT OF GENERAL SERVICES  RECORDS MANAGEMENT DIVISION  7275 Waterloo Road, P.O. Box 275  Jessup, Maryland 20794  410-799-1930</p>	<p><b>AGENCY RECORDS INVENTORY</b></p> <p>PAGE <u>16</u> OF <u>71</u></p>
<p>1. Department/Agency  Department of Emergency Services</p>	<p>2. Division</p>	<p>3. Unit</p>
<p><b>DEFINITION - RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</b></p>		
<p>4. Record Series Title  Emergency Contact Information Form (DES 09-009)</p>	<p>5. Earliest Year/Latest Year  _____ to <u>2010</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.)  Used to maintain a list of employee's emergency contacts</p>		
<p>7. Record Series Format(s) List all</p> <p><input checked="" type="checkbox"/> Letter Size      <input type="checkbox"/> Microfilm  <input type="checkbox"/> Legal Size      <input type="checkbox"/> Computer Tape  <input type="checkbox"/> Audio Tape      <input type="checkbox"/> Floppy Disk  <input type="checkbox"/> Bound Book      <input type="checkbox"/> Video Tape  <input type="checkbox"/> Other (specify) _____</p>	<p>8. Record Series Sequence</p> <p><input type="checkbox"/> Alphabetical  <input type="checkbox"/> Numerical  <input type="checkbox"/> Chronological  <input type="checkbox"/> Geographical  <input checked="" type="checkbox"/> Other (specify) <u>Keyword Lookup</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>Number _____</p> <p>10. Annual Accumulation</p> <p><input type="checkbox"/> File Drawer(s)  <input type="checkbox"/> Microfilm Reel(s)  <input type="checkbox"/> Computer Tape(s)  <input type="checkbox"/> Other (specify) _____</p> <p>Number _____</p>
<p>11. File is Used</p> <p><input type="checkbox"/> Daily      <input type="checkbox"/> Weekly      <input type="checkbox"/> Monthly      <input checked="" type="checkbox"/> Annually</p>	<p>12. File Becomes Inactive After</p> <p><u>1</u>      <input type="checkbox"/> Month(s)      <input checked="" type="checkbox"/> Year(s)  Number</p>	
<p>13. Current Location(s) (Bldg., Floor, Room)  Department of Emergency Services Office</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</p>	
<p>15. Access Restrictions (If Yes, cite Law(s) &amp; Regulation(s))</p> <p><input type="checkbox"/> Yes      <input checked="" type="checkbox"/> No</p>	<p>16. Audit Requirements</p> <p><input checked="" type="checkbox"/> None      <input type="checkbox"/> State      <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</p> <p><b>Retain hard copy for one (1) year post employment termination then destroy.</b></p>	
<p>19. Name and Title of Preparer  Scott Mesneak  IT &amp; Records Retention Director</p>	<p>20. Telephone Number  410-996-5205</p>	<p>21. Date  9/10/2010</p>

<b>Instructions</b> -Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)		DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-789-1830		<b>AGENCY RECORDS INVENTORY</b>  PAGE <u>17</u> OF <u>71</u>	
1. Department/Agency Department of Emergency Services		2. Division		3. Unit	
<b>DEFINITION - RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</b>					
4. Record Series Title Employee/Supervisor Counseling Form (DES 09-002)				5. Earliest Year/Latest Year _____ to <u>2010</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.) To allow supervisors to document counseling sessions with employees for the progressive discipline process.					
7. Record Series Format(s) List all  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence  <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input checked="" type="checkbox"/> Other (specify) _____ <b>Keyword Lookup</b>		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	
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> Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)			
13. Current Location(s) (Bldg., Floor, Room) Department of Emergency Services Office		14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <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 <b>Retain hard copy for one (1) year from the end of the fiscal year the file was closed then destroy.</b>			
19. Name and Title of Preparer Scott Mesneak IT & Records Retention Director		20. Telephone Number 410-996-5205		21. Date 9/10/2010	

<p>Instructions - Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)</p>		<p>DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-789-1930</p>		<p>AGENCY RECORDS INVENTORY</p> <p>PAGE <u>18</u> OF <u>71</u></p>	
<p>1. Department/Agency Department of Emergency Services</p>		<p>2. Division</p>		<p>3. Unit</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 Employee Warning Form (DES 09-004)</p>				<p>5. Earliest Year/Latest Year _____ to <u>2010</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.) To allow supervisors to document disciplinary sessions with employees for the progressive discipline process.</p>					
<p>7. Record Series Format(s) List all</p> <p><input checked="" type="checkbox"/> Letter Size      <input type="checkbox"/> Microfilm</p> <p><input type="checkbox"/> Legal Size      <input type="checkbox"/> Computer Tape</p> <p><input type="checkbox"/> Audio Tape      <input type="checkbox"/> Floppy Disk</p> <p><input type="checkbox"/> Bound Book      <input type="checkbox"/> Video Tape</p> <p><input type="checkbox"/> Other (specify) _____</p>		<p>8. Record Series Sequence</p> <p><input type="checkbox"/> Alphabetical</p> <p><input type="checkbox"/> Numerical</p> <p><input type="checkbox"/> Chronological</p> <p><input type="checkbox"/> Geographical</p> <p><input checked="" type="checkbox"/> Other (specify) <u>Keyword Lookup</u></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 type="checkbox"/> Other (specify) _____</p> <p>Number _____</p>	
		<p>10. Annual Accumulation</p> <p><input type="checkbox"/> File Drawer(s)</p> <p><input type="checkbox"/> Microfilm Reel(s)</p> <p><input type="checkbox"/> Computer Tape(s)</p> <p><input type="checkbox"/> Other (specify)</p> <p>Number _____</p>			
<p>11. File is Used</p> <p><input type="checkbox"/> Daily      <input checked="" type="checkbox"/> Weekly      <input type="checkbox"/> Monthly      <input type="checkbox"/> Annually</p>			<p>12. File Becomes Inactive After</p> <p><u>Indefinitely</u>      <input type="checkbox"/> Month(s)      <input type="checkbox"/> Year(s)</p> <p>Number _____</p>		
<p>13. Current Location(s) (Bldg., Floor, Room) Department of Emergency Services Office</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</p>		
<p>15. Access Restrictions (If Yes, cite Law(s) &amp; Regulation(s))</p> <p><input type="checkbox"/> Yes      <input checked="" type="checkbox"/> No</p>			<p>16. Audit Requirements</p> <p><input checked="" type="checkbox"/> None      <input type="checkbox"/> State      <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 <b>Retain until inactive, and then destroy.</b></p>		
<p>19. Name and Title of Preparer Scott Mesneak IT &amp; Records Retention Director</p>		<p>20. Telephone Number 410-996-5205</p>		<p>21. Date 9/10/2010</p>	

<p><b>Instructions</b> -Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)</p>		<p>DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-789-1930</p>		<p><b>AGENCY RECORDS INVENTORY</b></p> <p>PAGE <u>19</u> OF <u>71</u></p>	
<p>1. Department/Agency Department of Emergency Services</p>		<p>2. Division Emergency Medical Services</p>		<p>3. Unit</p>	
<p><b>DEFINITION - RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</b></p>					
<p>4. Record Series Title Emergency Medical Services Incident Report - Green Sheet (DES 09-025)</p>			<p>5. Earliest Year/Latest Year _____ to <u>2010</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.) Documents quality assurance issues as reported by the personnel involved.</p>					
<p>7. Record Series Format(s) List all</p> <p><input checked="" type="checkbox"/> Letter Size      <input type="checkbox"/> Microfilm</p> <p><input type="checkbox"/> Legal Size      <input type="checkbox"/> Computer Tape</p> <p><input type="checkbox"/> Audio Tape      <input type="checkbox"/> Floppy Disk</p> <p><input type="checkbox"/> Bound Book      <input type="checkbox"/> Video Tape</p> <p><input type="checkbox"/> Other (specify) _____</p>		<p>8. Record Series Sequence</p> <p><input type="checkbox"/> Alphabetical</p> <p><input type="checkbox"/> Numerical</p> <p><input type="checkbox"/> Chronological</p> <p><input type="checkbox"/> Geographical</p> <p><input checked="" type="checkbox"/> Other (specify) <u>Keyword Lookup</u></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 type="checkbox"/> Other (specify) _____</p> <p>Number _____</p>	
<p>11. File is Used</p> <p><input checked="" type="checkbox"/> Daily      <input type="checkbox"/> Weekly      <input type="checkbox"/> Monthly      <input type="checkbox"/> Annually</p>		<p>12. File Becomes Inactive After</p> <p><u>3</u>      <input type="checkbox"/> Month(s)      <input checked="" type="checkbox"/> Year(s).</p> <p>Number</p>			
<p>13. Current Location(s) (Bldg., Floor, Room) Department of Emergency Services Office</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</p>			
<p>15. Access Restrictions (If Yes, cite Law(s) &amp; Regulation(s))</p> <p><input type="checkbox"/> Yes      <input checked="" type="checkbox"/> No</p>		<p>16. Audit Requirements</p> <p><input checked="" type="checkbox"/> None      <input type="checkbox"/> State      <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</p> <p><b>Retain hard copy for three (3) years from the end of the fiscal year the file was closed then destroy.</b></p>			
<p>19. Name and Title of Preparer Scott Mesneak IT &amp; Records Retention Director</p>		<p>20. Telephone Number 410-996-5205</p>		<p>21. Date 9/10/2010</p>	



<b>Instructions</b> -Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)		<b>DEPARTMENT OF GENERAL SERVICES</b> <b>RECORDS MANAGEMENT DIVISION</b> 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1930		<b>AGENCY RECORDS INVENTORY</b>  PAGE <u>20</u> OF <u>71</u>	
1. Department/Agency <b>Department of Emergency Services</b>		2. Division <b>Emergency Medical Services</b>		3. Unit	
<b>DEFINITION - RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</b>					
4. Record Series Title <b>Emergency Medical Services Quality Assurance Inquiry Guide (DES 09-027)</b>				5. Earliest Year/Latest Year _____ to <u>2010</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>Used to document quality assurance inquiries made during the daily Quality Assurance process</b>					
7. Record Series Format(s) List all  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence  <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input checked="" type="checkbox"/> Other (specify) <b>Keyword Lookup</b>		9. Volume <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____ Number _____  10. Annual Accumulation <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____ Number _____	
11. File is Used <input 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 checked="" type="checkbox"/> Year(s) Number		
13. Current Location(s) (Bldg., Floor, Room) <b>Primary Data Center</b>			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <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 <b>Retain hard copy for three (3) years from the end of the fiscal year the file was closed then destroy.</b>		
19. Name and Title of Preparer <b>Scott Mesneak</b> <b>IT &amp; Records Retention Director</b>		20. Telephone Number <b>410-996-5205</b>		21. Date <b>9/10/2010</b>	

<b>Instructions</b> -Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)		DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1930		<b>AGENCY RECORDS INVENTORY</b>  PAGE <u>21</u> OF <u>71</u>	
1. Department/Agency Department of Emergency Services		2. Division Technical Support		3. Unit	
<b>DEFINITION - RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</b>					
4. Record Series Title Equipment Coupons - Technical Support				5. Earliest Year/Latest Year _____ to <u>2010</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.) Assigned to equipment that is in need of repair and gives a coupon to the agency that is assigned to equipment.					
7. Record Series Format(s) List all  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape, <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence.  <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input checked="" type="checkbox"/> Other (specify) _____ <b>Keyword Lookup</b>		9. Volume <input type="checkbox"/> File Drawer(s) <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) <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>0</u> Number _____ <input checked="" type="checkbox"/> Month(s) <input type="checkbox"/> Year(s)		
13. Current Location(s) (Bldg., Floor, Room) Department of Emergency Services Office			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <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 <b>Retain hard copy until no longer needed for current business, then destroy.</b>		
19. Name and Title of Preparer Scott Mesneak IT & Records Retention Director		20. Telephone Number 410-996-5205		21. Date 9/10/2010	

<p><b>Instructions</b> –Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)</p>		<p><b>DEPARTMENT OF GENERAL SERVICES</b>  <b>RECORDS MANAGEMENT DIVISION</b>          7275 Waterloo Road, P.O. Box 275          Jessup, Maryland 20794          410-799-1930</p>		<p><b>AGENCY RECORDS INVENTORY</b></p> <p>PAGE <u>22</u> OF <u>71</u></p>	
<p>1. Department/Agency  <b>Department of Emergency Services</b></p>		<p>2. Division  <b>Emergency Medical Services</b></p>		<p>3. Unit</p>	
<p><b>DEFINITION - RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</b></p>					
<p>4. Record Series Title  <b>Equipment Issue Receipt - Emergency Medical Services (DES 09-062)</b></p>				<p>5. Earliest Year/Latest Year          _____ to <u>2010</u></p>	
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)  <b>To check list uniforms and equipment issues to Emergency Medical Services personnel</b></p>					
<p>7. Record Series Format(s) List all</p> <p><input checked="" type="checkbox"/> Letter Size      <input type="checkbox"/> Microfilm</p> <p><input type="checkbox"/> Legal Size      <input type="checkbox"/> Computer Tape</p> <p><input type="checkbox"/> Audio Tape      <input type="checkbox"/> Floppy Disk</p> <p><input type="checkbox"/> Bound Book      <input type="checkbox"/> Video Tape</p> <p><input type="checkbox"/> Other (specify) _____</p>		<p>8. Record Series Sequence</p> <p><input type="checkbox"/> Alphabetical</p> <p><input type="checkbox"/> Numerical</p> <p><input type="checkbox"/> Chronological</p> <p><input type="checkbox"/> Geographical</p> <p><input checked="" type="checkbox"/> Other (specify) <b>Keyword Lookup</b></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 type="checkbox"/> Other (specify) _____</p> <p>Number _____</p>	
		<p>10. Annual Accumulation</p> <p><input type="checkbox"/> File Drawer(s)</p> <p><input type="checkbox"/> Microfilm Reel(s)</p> <p><input type="checkbox"/> Computer Tape(s)</p> <p><input type="checkbox"/> Other (specify) _____</p> <p>Number _____</p>			
<p>11. File Is Used</p> <p><input type="checkbox"/> Daily      <input type="checkbox"/> Weekly      <input type="checkbox"/> Monthly      <input checked="" type="checkbox"/> Annually</p>			<p>12. File Becomes Inactive After</p> <p><u>1</u> <input type="checkbox"/> Month(s)      <input checked="" type="checkbox"/> Year(s)</p> <p>Number _____</p>		
<p>13. Current Location(s) (Bldg., Floor, Room)  <b>Department of Emergency Services Office</b></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</p>		
<p>15. Access Restrictions (If Yes, cite Law(s) &amp; Regulation(s))</p> <p><input type="checkbox"/> Yes      <input checked="" type="checkbox"/> No</p>			<p>16. Audit Requirements</p> <p><input checked="" type="checkbox"/> None      <input type="checkbox"/> State      <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</p> <p><b>Retain hard copy for one (1) year from the end of the fiscal year the file was closed then destroy.</b></p>		
<p>19. Name and Title of Preparer  <b>Scott Mesneak</b>  <b>IT &amp; Records Retention Director</b></p>		<p>20. Telephone Number  <b>410-996-5205</b></p>		<p>21. Date  <b>9/10/2010</b></p>	

<b>Instructions</b> -Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)		DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1830		<b>AGENCY RECORDS INVENTORY</b>  PAGE <u>13</u> OF <u>71</u>	
1. Department/Agency Department of Emergency Services		2. Division		3. Unit	
<b>DEFINITION - RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</b>					
4. Record Series Title Exposure Determination Checklist (DES 09-003)				5. Earliest Year/Latest Year _____ to <u>2010</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.) To allow for documentation of possible communicable disease exposures for County personnel as well as volunteer Fire/Emergency Medical Services personnel.					
7. Record Series Format(s) List all  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence  <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input checked="" type="checkbox"/> Other (specify) <u>Keyword Lookup</u>		9. Volume <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____ Number _____	
		10. Annual Accumulation <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____ Number _____			
11. File Is Used <input type="checkbox"/> Daily <input checked="" type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually			12. File Becomes Inactive After <u>Permanent</u> <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s) Number _____		
13. Current Location(s) (Bldg., Floor, Room) Department of Emergency Services Office			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <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 <b>Retain hard copy permanently and transfer annually to Archives for permanent preservation.</b>		
19. Name and Title of Preparer Scott Mesneak IT & Records Retention Director		20. Telephone Number 410-996-5205		21. Date 9/10/2010	

<b>Instructions</b> -Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)		DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1930		<b>AGENCY RECORDS INVENTORY</b>  PAGE <u>24</u> OF <u>71</u>	
1. Department/Agency Department of Emergency Services		2. Division		3. Unit	
<b>DEFINITION - RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</b>					
4. Record Series Title Facsimile Cover Sheet (DES 09-010)			5. Earliest Year/Latest Year _____ to <u>2010</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.) Cover sheet for documents faxed to show where the documents were faxed from, the number and to provide a signature.					
7. Record Series Format(s) List all  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence  <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input checked="" type="checkbox"/> Other (specify) <u>Keyword Lookup</u>		9. Volume <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____ Number _____	
		10. Annual Accumulation <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____ Number _____			
11. File is Used <input type="checkbox"/> Daily <input checked="" type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually			12. File Becomes Inactive After <u>Indefinitely</u> <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s) Number _____		
13. Current Location(s) (Bldg., Floor, Room) Department of Emergency Services Office			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <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 <b>Retain according to the retention policy of the document faxed.</b>		
19. Name and Title of Preparer Scott Mesneak IT & Records Retention Director		20. Telephone Number: 410-996-5205		21. Date 9/10/2010	

<b>Instructions</b> -Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)		DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-789-1930		<b>AGENCY RECORDS INVENTORY</b>  PAGE <u>25</u> OF <u>71</u>	
1. Department/Agency Department of Emergency Services		2. Division		3. Unit	
<b>DEFINITION - RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</b>					
4. Record Series Title Funeral Announcement Form (DES 09-013)				5. Earliest Year/Latest Year _____ to <u>2010</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.) To document needed funeral announcements from the volunteer Fire/Emergency Medical Services service					
7. Record Series Format(s) List all  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence  <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input checked="" type="checkbox"/> Other (specify) <u>Keyword Lookup</u>		9. Volume <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____ Number _____	
		10. Annual Accumulation <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____ Number _____			
11. File Is Used <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually			12. File Becomes Inactive After <u>0</u> Number <input checked="" type="checkbox"/> Month(s) <input type="checkbox"/> Year(s)		
13. Current Location(s) (Bldg., Floor, Room) Department of Emergency Services Office			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <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 <b>Retain hard copy until no longer needed for current business, then destroy.</b>		
19. Name and Title of Preparer Scott Mesneak IT & Records Retention Director		20. Telephone Number 410-996-5205		21. Date 9/10/2010	

<b>Instructions</b> -Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)		DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1930		<b>AGENCY RECORDS INVENTORY</b>  PAGE <u>26</u> OF <u>71</u>	
1. Department/Agency Department of Emergency Services		2. Division Haz Mat		3. Unit	
<b>DEFINITION - RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</b>					
4. Record Series Title HazMat 1 Inventory (DES 09-055)				5. Earliest Year/Latest Year _____ to <u>2010</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>Inventory of equipment</b>					
7. Record Series Format(s) List all  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence  <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input checked="" type="checkbox"/> Other (specify) <b>Keyword Lookup</b>		9. Volume <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____ Number _____	
		10. Annual Accumulation <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____ Number _____			
11. File is Used <input type="checkbox"/> Daily <input checked="" type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually			12. File Becomes Inactive After <u>1</u> Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)		
13. Current Location(s) (Bldg., Floor, Room) Department of Emergency Services Office			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <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 <b>Retain hard copy for one (1) year from the end of the fiscal year the file was closed then destroy.</b>		
19. Name and Title of Preparer Scott Mesneak IT & Records Retention Director		20. Telephone Number 410-996-5205		21. Date 9/10/2010	

<b>Instructions</b> -Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)		DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1830		<b>AGENCY RECORDS INVENTORY</b>  PAGE <u>27</u> OF <u>71</u>	
1. Department/Agency Department of Emergency Services		2. Division Haz Mat		3. Unit	
<b>DEFINITION - RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</b>					
4. Record Series Title HazMat 2 Inventory (DES 09-056)				5. Earliest Year/Latest Year _____ to <u>2010</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>Inventory of equipment</b>					
7. Record Series Format(s) List all  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence  <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input checked="" type="checkbox"/> Other (specify) <b>Keyword Lookup</b>		9. Volume <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____  Number _____	
		10. Annual Accumulation <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____  Number _____			
11. File Is Used <input type="checkbox"/> Daily <input checked="" type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually			12. File Becomes Inactive After <u>1</u> Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)		
13. Current Location(s) (Bldg., Floor, Room) Department of Emergency Services Office			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <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 <b>Retain hard copy for one (1) year from the end of the fiscal year the file was closed then destroy.</b>		
19. Name and Title of Preparer Scott Mesneak IT & Records Retention Director		20. Telephone Number 410-996-5205		21. Date 9/10/2010	



<b>Instructions</b> -Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)		DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1930		<b>AGENCY RECORDS INVENTORY</b>  PAGE <u>28</u> OF <u>71</u>	
1. Department/Agency Department of Emergency Services		2. Division Haz Mat		3. Unit	
<b>DEFINITION - RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</b>					
4. Record Series Title HazMat 3 Inventory (DES 09-057)				5. Earliest Year/Latest Year _____ to <u>2010</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>Inventory of equipment</b>					
7. Record Series Format(s) List all  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence  <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input checked="" type="checkbox"/> Other (specify) <u>Keyword Lookup</u>		9. Volume <input type="checkbox"/> File Drawer(s) <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) <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 checked="" type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually			12. File Becomes Inactive After <u>1</u> Number _____ <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)		
13. Current Location(s) (Bldg., Floor, Room) Department of Emergency Services Office			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <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 <b>Retain hard copy for one (1) year from the end of the fiscal year the file was closed then destroy.</b>		
19. Name and Title of Preparer Scott Mesneak IT & Records Retention Director		20. Telephone Number 410-996-5205		21. Date 9/10/2010	

<b>Instructions</b> -Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)		<b>DEPARTMENT OF GENERAL SERVICES</b> <b>RECORDS MANAGEMENT DIVISION</b> 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1930		<b>AGENCY RECORDS INVENTORY</b>  PAGE <u>29</u> OF <u>71</u>	
1. Department/Agency <b>Department of Emergency Services</b>		2. Division <b>Haz Mat</b>		3. Unit	
<b>DEFINITION - RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</b>					
4. Record Series Title <b>HazMat 4 Inventory (DES 09-058)</b>			5. Earliest Year/Latest Year _____ to <b>2010</b>		
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>Inventory of equipment</b>					
7. Record Series Format(s) List all  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence  <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input checked="" type="checkbox"/> Other (specify) <b>Keyword Lookup</b>		9. Volume <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____ _____ Number	
		10. Annual Accumulation <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____ _____ Number			
11. File is Used <input type="checkbox"/> Daily <input checked="" type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually			12. File Becomes Inactive After <u>1</u> Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)		
13. Current Location(s) (Bldg., Floor, Room) <b>Department of Emergency Services Office</b>			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <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 <b>Retain hard copy for one (1) year from the end of the fiscal year the file was closed then destroy.</b>		
19. Name and Title of Preparer <b>Scott Mesneak</b> <b>IT &amp; Records Retention Director</b>		20. Telephone Number <b>410-996-5205</b>		21. Date <b>9/10/2010</b>	

<b>Instructions</b> -Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)		DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1930		<b>AGENCY RECORDS INVENTORY</b>  PAGE <u>30</u> OF <u>71</u>	
1. Department/Agency Department of Emergency Services		2. Division Haz Mat		3. Unit	
<b>DEFINITION - RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</b>					
4. Record Series Title HazMat 6 Inventory (DES 09-059)				5. Earliest Year/Latest Year _____ to <u>2010</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.) Inventory of equipment					
7. Record Series Format(s) List all  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence  <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input checked="" type="checkbox"/> Other (specify) <u>Keyword Lookup</u>		9. Volume <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____ Number _____	
		10. Annual Accumulation <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____ Number _____			
11. File Is Used <input type="checkbox"/> Daily <input checked="" type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually			12. File Becomes Inactive After <u>1</u> Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)		
13. Current Location(s) (Bldg., Floor, Room) Department of Emergency Services Office			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <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 <b>Retain hard copy for one (1) year from the end of the fiscal year the file was closed then destroy.</b>		
19. Name and Title of Preparer Scott Mesneak IT & Records Retention Director		20. Telephone Number 410-996-5205		21. Date 9/10/2010	

<p>Instructions -Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)</p>		<p>DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1930</p>		<p>AGENCY RECORDS INVENTORY</p> <p>PAGE <u>31</u> OF <u>71</u></p>	
<p>1. Department/Agency Department of Emergency Services</p>		<p>2. Division Emergency Medical Services</p>		<p>3. Unit</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 Highest Jurisdictional Official Investigation (DES 09-033)</p>				<p>5. Earliest Year/Latest Year _____ to <u>2010</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.) Used to document investigation notes during the quality assurance process</p>					
<p>7. Record Series Format(s) List all</p> <p><input checked="" type="checkbox"/> Letter Size      <input type="checkbox"/> Microfilm</p> <p><input type="checkbox"/> Legal Size      <input type="checkbox"/> Computer Tape</p> <p><input type="checkbox"/> Audio Tape      <input type="checkbox"/> Floppy Disk</p> <p><input type="checkbox"/> Bound Book      <input type="checkbox"/> Video Tape</p> <p><input type="checkbox"/> Other (specify) _____</p>		<p>8. Record Series Sequence</p> <p><input type="checkbox"/> Alphabetical</p> <p><input type="checkbox"/> Numerical</p> <p><input type="checkbox"/> Chronological</p> <p><input type="checkbox"/> Geographical</p> <p><input checked="" type="checkbox"/> Other (specify) <u>Keyword Lookup</u></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 type="checkbox"/> Other (specify) _____</p> <p>Number _____</p>	
		<p>10. Annual Accumulation</p> <p><input type="checkbox"/> File Drawer(s)</p> <p><input type="checkbox"/> Microfilm Reel(s)</p> <p><input type="checkbox"/> Computer Tape(s)</p> <p><input type="checkbox"/> Other (specify) _____</p> <p>Number _____</p>			
<p>11. File is Used</p> <p><input checked="" type="checkbox"/> Daily      <input type="checkbox"/> Weekly      <input type="checkbox"/> Monthly      <input type="checkbox"/> Annually</p>			<p>12. File Becomes Inactive After</p> <p><u>3</u>      <input type="checkbox"/> Month(s)      <input checked="" type="checkbox"/> Year(s)</p> <p>Number</p>		
<p>13. Current Location(s) (Bldg., Floor, Room) Department of Emergency Services Office</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</p>		
<p>15. Access Restrictions (If Yes, cite Law(s) &amp; Regulation(s))</p> <p><input type="checkbox"/> Yes      <input checked="" type="checkbox"/> No</p>			<p>16. Audit Requirements</p> <p><input checked="" type="checkbox"/> None      <input type="checkbox"/> State      <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</p> <p><b>Retain hard copy for three (3) years from the end of the fiscal year the file was closed then destroy.</b></p>		
<p>19. Name and Title of Preparer Scott Mesneak IT &amp; Records Retention Director</p>		<p>20. Telephone Number 410-996-5205</p>		<p>21. Date 9/10/2010</p>	

<b>Instructions</b> -Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)		DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1630		<b>AGENCY RECORDS INVENTORY</b>  PAGE <u>32</u> OF <u>71</u>	
1. Department/Agency Department of Emergency Services		2. Division Haz Mat		3. Unit	
<b>DEFINITION - RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</b>					
4. Record Series Title Incident Reporting Form (DES 09-053)				5. Earliest Year/Latest Year _____ to <u>2010</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.) Documents any hazardous materials incidents the Haz Mat Team responds on					
7. Record Series Format(s) List all  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence  <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input checked="" type="checkbox"/> Other (specify) <u>Keyword Lookup</u>		9. Volume <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____  Number _____	
				10. Annual Accumulation <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____  Number _____	
11. File Is Used <input type="checkbox"/> Daily <input checked="" type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually			12. File Becomes Inactive After <u>3</u> Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)		
13. Current Location(s) (Bldg., Floor, Room) Department of Emergency Services Office			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <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 <b>Retain hard copy for three (3) years from the end of the fiscal year the file was closed then destroy.</b>		
19. Name and Title of Preparer Scott Mesneak IT & Records Retention Director		20. Telephone Number 410-996-5205		21. Date 9/10/2010	

<b>Instructions</b> -Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)		DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1930		<b>AGENCY RECORDS INVENTORY</b>  PAGE <u>33</u> OF <u>71</u>	
1. Department/Agency Department of Emergency Services		2. Division Emergency Medical Services		3. Unit	
<b>DEFINITION - RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</b>					
4. Record Series Title Incident Witnesses (DES 09-029)				5. Earliest Year/Latest Year _____ to <u>2010</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.) Used to document witness information during quality assurance inquiries					
7. Record Series Format(s) List all  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence  <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input checked="" type="checkbox"/> Other (specify) _____ <b>Keyword Lookup</b>		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	
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> Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)			
13. Current Location(s) (Bldg., Floor, Room) Department of Emergency Services Office		14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <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 <b>Retain hard copy for three (3) years from the end of the fiscal year the file was closed then destroy.</b>			
19. Name and Title of Preparer Scott Mesneak IT & Records Retention Director		20. Telephone Number 410-996-5205		21. Date 9/10/2010	

<b>Instructions</b> - Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)		<b>DEPARTMENT OF GENERAL SERVICES</b> <b>RECORDS MANAGEMENT DIVISION</b> 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1930		<b>AGENCY RECORDS INVENTORY</b>  PAGE <u>34</u> OF <u>71</u>	
1. Department/Agency <b>Department of Emergency Services</b>		2. Division <b>Emergency Medical Services</b>		3. Unit	
<b>DEFINITION - RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</b>					
4. Record Series Title <b>Information Collected (DES 09-030)</b>				5. Earliest Year/Latest Year _____ to <b>2010</b>	
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>Used to document information collected during quality assurance inquires</b>					
7. Record Series Format(s) List all  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence  <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input checked="" type="checkbox"/> Other (specify) <b>Keyword Lookup</b>		9. Volume <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____ Number _____	
		10. Annual Accumulation <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____ Number _____			
11. File Is Used <input 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 checked="" type="checkbox"/> Year(s) Number		
13. Current Location(s) (Bldg., Floor, Room) <b>Department of Emergency Services Office</b>			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <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 <b>Retain hard copy for three (3) years from the end of the fiscal year the file was closed then destroy.</b>		
19. Name and Title of Preparer <b>Scott Mesneak          IT &amp; Records Retention Director</b>		20. Telephone Number <b>410-996-5205</b>		21. Date <b>9/10/2010</b>	

<p><b>Instructions</b> -Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)</p>	<p>DEPARTMENT OF GENERAL SERVICES  RECORDS MANAGEMENT DIVISION  7275 Waterloo Road, P.O. Box 275  Jessup, Maryland 20794  410-789-1930</p>	<p><b>AGENCY RECORDS INVENTORY</b></p> <p>PAGE <u>35</u> OF <u>71</u></p>
<p>1. Department/Agency  Department of Emergency Services</p>	<p>2. División</p>	<p>3. Unit</p>
<p><b>DEFINITION - RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</b></p>		
<p>4. Record Series Title  Information Request Form (DES 09-008)</p>	<p>5. Earliest Year/Latest Year  _____ to <u>2010</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.)  Used when police, fire/Emergency Medical Services, legal teams, etc., request copies of patient information, 911 &amp; radio recordings.</p>		
<p>7. Record Series Format(s) List all</p> <p><input checked="" type="checkbox"/> Letter Size      <input type="checkbox"/> Microfilm  <input type="checkbox"/> Legal Size      <input type="checkbox"/> Computer Tape  <input type="checkbox"/> Audio Tape      <input type="checkbox"/> Floppy Disk  <input type="checkbox"/> Bound Book      <input type="checkbox"/> Video Tape  <input type="checkbox"/> Other (specify) _____</p>	<p>8. Record Series Sequence</p> <p><input type="checkbox"/> Alphabetical  <input type="checkbox"/> Numerical  <input type="checkbox"/> Chronological  <input type="checkbox"/> Geographical  <input checked="" type="checkbox"/> Other (specify) <u>Keyword Lookup</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>Number _____</p> <p>10. Annual Accumulation</p> <p><input type="checkbox"/> File Drawer(s)  <input type="checkbox"/> Microfilm Reel(s)  <input type="checkbox"/> Computer Tape(s)  <input type="checkbox"/> Other (specify) _____</p> <p>Number _____</p>
<p>11. File Is Used</p> <p><input checked="" type="checkbox"/> Daily      <input type="checkbox"/> Weekly      <input type="checkbox"/> Monthly      <input type="checkbox"/> Annually</p>	<p>12. File Becomes Inactive After</p> <p><u>5</u>      <input type="checkbox"/> Month(s)      <input checked="" type="checkbox"/> Year(s)  Number</p>	
<p>13. Current Location(s) (Bldg., Floor, Room)  Department of Emergency Services Office</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</p>	
<p>15. Access Restrictions (If Yes, cite Law(s) &amp; Regulation(s))</p> <p><input type="checkbox"/> Yes      <input checked="" type="checkbox"/> No</p>	<p>16. Audit Requirements</p> <p><input checked="" type="checkbox"/> None      <input type="checkbox"/> State      <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</p> <p><b>Retain hard copy for five (5) years from the end of the fiscal year the file was closed then destroy.</b></p>	
<p>19. Name and Title of Preparer  Scott Mesneak  IT &amp; Records Retention Director</p>	<p>20. Telephone Number  410-996-5205</p>	<p>21. Date  9/10/2010</p>



<b>Instructions</b> -Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)		DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1930		<b>AGENCY RECORDS INVENTORY</b>  PAGE <u>36</u> OF <u>71</u>	
1. Department/Agency Department of Emergency Services		2. Division		3. Unit	
<b>DEFINITION - RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</b>					
4. Record Series Title Interview Form (DES 09-007)				5. Earliest Year/Latest Year _____ to <u>2010</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.) Used during the interview process to grade applicants.					
7. Record Series Format(s) List all  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence  <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input checked="" type="checkbox"/> Other (specify) <u>Keyword Lookup</u>		9. Volume <input type="checkbox"/> File Drawer(s) <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) <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>1</u> Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)		
13. Current Location(s) (Bldg., Floor, Room) Department of Emergency Services Office			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <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 <b>Retain hard copy for one (1) year from the end of the fiscal year the file was closed then destroy.</b>		
19. Name and Title of Preparer Scott Mesneak IT & Records Retention Director		20. Telephone Number 410-996-5205		21. Date 9/10/2010	

<b>Instructions</b> -Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)		DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1930		<b>AGENCY RECORDS INVENTORY</b>  PAGE <u>37</u> OF <u>71</u>	
1. Department/Agency Department of Emergency Services		2. Division Haz Mat		3. Unit	
<b>DEFINITION - RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</b>					
4. Record Series Title Inventory Price List (DES 09-054)				5. Earliest Year/Latest Year _____ to <u>2010</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.) Documents the price of hazardous material equipment for billing purposes					
7. Record Series Format(s) List all  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence  <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input checked="" type="checkbox"/> Other (specify) <u>Keyword Lookup</u>		9. Volume <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____ _____ Number	
		10. Annual Accumulation <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____ Number			
11. File is Used <input type="checkbox"/> Daily <input checked="" type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually			12. File Becomes Inactive After <u>1</u> Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)		
13. Current Location(s) (Bldg., Floor, Room) Department of Emergency Services Office			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <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 <b>Retain hard copy for one (1) year from the end of the fiscal year the file was closed then destroy.</b>		
19. Name and Title of Preparer Scott Mesneak IT & Records Retention Director		20. Telephone Number 410-996-5205		21. Date 9/10/2010	

<b>Instructions</b> -Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)		DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1930		<b>AGENCY RECORDS INVENTORY</b>  PAGE <u>38</u> OF <u>71</u>	
1. Department/Agency Department of Emergency Services		2. Division Emergency Medical Services		3. Unit	
<b>DEFINITION - RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</b>					
4. Record Series Title Investigation Disposition (DES 09-036)				5. Earliest Year/Latest Year _____ to <u>2010</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.) Used to document the Highest Jurisdictional Officer's (HJO) investigation outcome during the quality assurance process					
7. Record Series Format(s) List all  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence  <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input checked="" type="checkbox"/> Other (specify) <u>Keyword Lookup</u>		9. Volume <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____ Number _____	
		10. Annual Accumulation <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____ Number _____			
11. File Is Used <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually			12. File Becomes Inactive After <u>3</u> Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)		
13. Current Location(s) (Bldg., Floor, Room) Department of Emergency Services Office			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <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 <b>Retain hard copy for three (3) years from the end of the fiscal year the file was closed then destroy.</b>		
19. Name and Title of Preparer Scott Mesneak IT & Records Retention Director		20. Telephone Number 410-996-5205		21. Date 9/10/2010	

<b>Instructions</b> -Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)		DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1930		<b>AGENCY RECORDS INVENTORY</b>  PAGE <u>39</u> OF <u>71</u>	
1. Department/Agency Department of Emergency Services		2. Division Technical Support		3. Unit	
<b>DEFINITION - RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</b>					
4. Record Series Title Invoice Technical Support (DES 09-018)				5. Earliest Year/Latest Year _____ to <u>2010</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.) Documentation of resources used when making equipment repairs for our allied agencies.					
7. Record Series Format(s) List all  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence  <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input checked="" type="checkbox"/> Other (specify) <u>Keyword Lookup</u>		9. Volume <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____ Number _____	
		10. Annual Accumulation <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____ Number _____			
11. File Is Used <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually			12. File Becomes Inactive After <u>3</u> Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)		
13. Current Location(s) (Bldg., Floor, Room) Department of Emergency Services Office			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <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 <b>Retain hard copy for three (3) years from the end of the fiscal year the file was closed then destroy.</b>		
19. Name and Title of Preparer Scott Mesneak IT & Records Retention Director		20. Telephone Number 410-996-5205		21. Date 9/10/2010	

<b>Instructions</b> - Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)		DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterfoo Road, P.O. Box 275 Jessup, Maryland 20794 410-789-1930		<b>AGENCY RECORDS INVENTORY</b>  PAGE <u>40</u> OF <u>71</u>	
1. Department/Agency Department of Emergency Services		2. Division Technical Support		3. Unit	
<b>DEFINITION - RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</b>					
4. Record Series Title Loaned Equipment Inventory - Technical Support (DES 09-019)				5. Earliest Year/Latest Year _____ to <u>2010</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.) Documentation of equipment loaned out to our allied agencies.					
7. Record Series Format(s) List all		8. Record Series Sequence		9. Volume	
<input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____		<input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input checked="" type="checkbox"/> Other (specify) <u>Keyword Lookup</u>		<input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____ _____ Number	
				10. Annual Accumulation <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____ Number	
11. File Is Used <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually			12. File Becomes Inactive After <u>1</u> Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)		
13. Current Location(s) (Bldg., Floor, Room) Department of Emergency Services Office			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <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 <b>Retain hard copy for one (1) year from the end of the fiscal year the file was closed then destroy.</b>		
19. Name and Title of Preparer Scott Mesneak IT & Records Retention Director		20. Telephone Number 410-996-5205		21. Date 9/10/2010	

<p><b>Instructions</b> -Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)</p>		<p>DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1930</p>		<p><b>AGENCY RECORDS INVENTORY</b></p> <p>PAGE <u>41</u> OF <u>71</u></p>	
<p>1. Department/Agency Department of Emergency Services</p>		<p>2. Division Emergency Medical Services</p>		<p>3. Unit</p>	
<p><b>DEFINITION - RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</b></p>					
<p>4. Record Series Title Medical Review Committee Meeting (DES 09-032)</p>				<p>5. Earliest Year/Latest Year _____ to <u>2010</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.) Used to document meeting minutes during the quality assurance process.</p>					
<p>7. Record Series Format(s) List all</p> <p><input checked="" type="checkbox"/> Letter Size      <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size      <input type="checkbox"/> Computer Tape <input type="checkbox"/> Audio Tape      <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book      <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____</p>		<p>8. Record Series Sequence</p> <p><input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input checked="" type="checkbox"/> Other (specify) <u>Keyword Lookup</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>Number _____</p>	
<p>11. File is Used</p> <p><input checked="" type="checkbox"/> Daily      <input type="checkbox"/> Weekly      <input type="checkbox"/> Monthly      <input type="checkbox"/> Annually</p>		<p>12. File Becomes Inactive After</p> <p><u>3</u>      <input type="checkbox"/> Month(s)      <input checked="" type="checkbox"/> Year(s) Number</p>			
<p>13. Current Location(s) (Bldg., Floor, Room) Department of Emergency Services Office</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</p>			
<p>15. Access Restrictions (If Yes, cite Law(s) &amp; Regulation(s))</p> <p><input type="checkbox"/> Yes      <input checked="" type="checkbox"/> No</p>		<p>16. Audit Requirements</p> <p><input checked="" type="checkbox"/> None      <input type="checkbox"/> State      <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</p> <p><b>Retain hard copy for three (3) years from the end of the fiscal year the file was closed then destroy.</b></p>			
<p>19. Name and Title of Preparer Scott Mesneak IT &amp; Records Retention Director</p>		<p>20. Telephone Number 410-996-5205</p>		<p>21. Date 9/10/2010</p>	

<b>Instructions</b> -Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)		<b>DEPARTMENT OF GENERAL SERVICES</b> <b>RECORDS MANAGEMENT DIVISION</b> 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1930		<b>AGENCY RECORDS INVENTORY</b>  PAGE <u>42</u> OF <u>71</u>	
1. Department/Agency <b>Department of Emergency Services</b>		2. Division <b>Emergency Medical Services</b>		3. Unit	
<b>DEFINITION - RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</b>					
4. Record Series Title <b>MIEMSS 5 &amp; 35 Day Report</b>				5. Earliest Year/Latest Year _____ to <b>2010</b>	
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>Used to report to Maryland Institute for Emergency Medical Services Systems (MIEMSS) all quality assurance issues that are heard before the Medical Review Board.</b>					
7. Record Series Format(s) List all  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tapè <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence  <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input checked="" type="checkbox"/> Other (specify) <b>Keyword Lookup</b>		9. Volume <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) Number _____ <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 checked="" type="checkbox"/> Year(s) Number			
13. Current Location(s) (Bldg., Floor, Room) <b>Department of Emergency Services Office</b>		14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <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 <b>Retain hard copy for three (3) years from the end of the fiscal year the file was closed then destroy.</b>			
19. Name and Title of Preparer <b>Scott Mesneak          IT &amp; Records Retention Director</b>		20. Telephone Number <b>410-996-5205</b>		21. Date <b>9/10/2010</b>	

Instructions -Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)		DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1930		AGENCY RECORDS INVENTORY  PAGE <u>43</u> OF <u>71</u>	
1. Department/Agency Department of Emergency Services		2. Division Emergency Medical Services		3. Unit	
<b>DEFINITION - RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</b>					
4. Record Series Title Maryland Institute for Emergency Medical Services Systems Confidentially Agreement				5. Earliest Year/Latest Year _____ to <u>2010</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.) Signed by personnel that sit on the Medical Review Board.					
7. Record Series Format(s) (List all)		8. Record Series Sequence		9. Volume	
<input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____		<input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input checked="" type="checkbox"/> Other (specify) <u>Keyword Lookup</u>		<input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____ Number _____	
				10. Annual Accumulation <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____ Number _____	
11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input 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) Department of Emergency Services Office			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <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 <b>Retain hard copy for one (1) year from the end of the fiscal year the file was closed then destroy.</b>		
19. Name and Title of Préparer Scott Mesneak IT & Records Retention Director		20. Telephone Number 410-996-5205		21. Date 9/10/2010	



<b>Instructions</b> –Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)		DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1930		<b>AGENCY RECORDS INVENTORY</b>  PAGE <u>44</u> OF <u>77</u>	
1. Department/Agency Department of Emergency Services		2. Division Emergency Medical Services		3. Unit	
<b>DEFINITION - RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</b>					
4. Record Series Title Medical Review Committee Disposition Outcome (DES 09-035)			5. Earliest Year/Latest Year _____ to <u>2010</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.) Used to document the Medical Review Committee's outcome during the quality assurance process.					
7. Record Series Format(s) List all  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence  <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input checked="" type="checkbox"/> Other (specify) <u>Keyword Lookup</u>		9. Volume <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____  Number _____  10. Annual Accumulation <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____  Number _____	
11. File is Used <input 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 checked="" type="checkbox"/> Year(s) Number		
13. Current Location(s) (Bldg., Floor, Room) Department of Emergency Services Office			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <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 <b>Retain hard copy for three (3) years from the end of the fiscal year the file was closed then destroy.</b>		
19. Name and Title of Preparer Scott Mesneak IT & Records Retention Director		20. Telephone Number 410-996-5205		21. Date 9/10/2010	

<b>Instructions</b> -Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)		DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1930		<b>AGENCY RECORDS INVENTORY</b>  PAGE <u>45</u> OF <u>71</u>	
1. Department/Agency Department of Emergency Services		2. Division Emergency Medical Services		3. Unit	
<b>DEFINITION - RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</b>					
4. Record Series Title Notifications (DES 09-031)				5. Earliest Year/Latest Year _____ to <u>2010</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.) Used to document personnel that were notified of quality assurance issues during the quality assurance process.					
7. Record Series Format(s) List all  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence  <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input checked="" type="checkbox"/> Other (specify) <u>Keyword Lookup</u>		9. Volume <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____ Number _____	
		10. Annual Accumulation <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____ Number _____			
11. File is Used <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually			12. File Becomes Inactive After <u>3</u> Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)		
13. Current Location(s) (Bldg., Floor, Room) Department of Emergency Services Office			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <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 <b>Retain hard copy for three (3) years from the end of the fiscal year the file was closed then destroy.</b>		
19. Name and Title of Preparer Scott Mesneak IT & Records Retention Director		20. Telephone Number 410-996-5205		21. Date 9/10/2010	

<b>Instructions</b> -Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)		DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-789-1930		<b>AGENCY RECORDS INVENTORY</b>  PAGE <u>46</u> OF <u>71</u>	
1. Department/Agency <b>Department of Emergency Services</b>		2. Division		3. Unit	
<b>DEFINITION - RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</b>					
4. Record Series Title <b>Pager Repair Form - Technical Support</b>				5. Earliest Year/Latest Year _____ to <u>2010</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>Documents needed pager repairs from our allied agencies.</b>					
7. Record Series Format(s) List all  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence  <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input checked="" type="checkbox"/> Other (specify) <b>Keyword Lookup</b>		9. Volume <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____ Number _____	
				10. Annual Accumulation <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____ Number _____	
11. File is Used <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually			12. File Becomes Inactive After <b>Permanent</b> <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s) Number _____		
13. Current Location(s) (Bldg., Floor, Room) <b>Department of Emergency Services Office</b>			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <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 <b>Retain hard copy permanently and transfer annually to Archives for permanent preservation.</b>		
19. Name and Title of Preparer <b>Scott Mesneak          IT &amp; Records Retention Director</b>		20. Telephone Number <b>410-996-5205</b>		21. Date <b>9/10/2010</b>	

<p><b>Instructions</b> -Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)</p>	<p>DEPARTMENT OF GENERAL SERVICES  RECORDS MANAGEMENT DIVISION  7275 Waterloo Road, P.O. Box 275  Jessup, Maryland 20794  410-799-1930</p>	<p><b>AGENCY RECORDS INVENTORY</b></p> <p>PAGE <u>47</u> OF <u>71</u></p>
<p>1. Department/Agency  Department of Emergency Services</p>	<p>2. Division  Emergency Medical Services</p>	<p>3. Unit</p>
<p><b>DEFINITION - RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</b></p>		
<p>4. Record Series Title  Paperwork Request Form (DES 09-040)</p>	<p>5. Earliest Year/Latest Year  _____ to <u>2010</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.)  Used by personnel to request copies of needed documents.</p>		
<p>7. Record Series Format(s) List all</p> <p><input checked="" type="checkbox"/> Letter Size      <input type="checkbox"/> Microfilm  <input type="checkbox"/> Legal Size      <input type="checkbox"/> Computer Tape  <input type="checkbox"/> Audio Tape      <input type="checkbox"/> Floppy Disk  <input type="checkbox"/> Bound Book      <input type="checkbox"/> Video Tape  <input type="checkbox"/> Other (specify) _____</p>	<p>8. Record Series Sequence</p> <p><input type="checkbox"/> Alphabetical  <input type="checkbox"/> Numerical  <input type="checkbox"/> Chronological  <input type="checkbox"/> Geographical  <input checked="" type="checkbox"/> Other (specify) <u>Keyword Lookup</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>Number _____</p> <p>10. Annual Accumulation</p> <p><input type="checkbox"/> File Drawer(s)  <input type="checkbox"/> Microfilm Reel(s)  <input type="checkbox"/> Computer Tape(s)  <input type="checkbox"/> Other (specify) _____</p> <p>Number _____</p>
<p>11. File Is Used</p> <p><input checked="" type="checkbox"/> Daily      <input type="checkbox"/> Weekly      <input type="checkbox"/> Monthly      <input type="checkbox"/> Annually</p>	<p>12. File Becomes Inactive After</p> <p><u>0</u> <input checked="" type="checkbox"/> Month(s)      <input type="checkbox"/> Year(s)  Number _____</p>	
<p>13. Current Location(s) (Bldg., Floor, Room)</p>	<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)</p> <p><input type="checkbox"/> Yes      <input checked="" type="checkbox"/> No</p>	
<p>15. Access Restrictions (If Yes, cite Law(s) &amp; Regulation(s))</p> <p><input type="checkbox"/> Yes      <input checked="" type="checkbox"/> No</p>	<p>16. Audit Requirements</p> <p><input checked="" type="checkbox"/> None      <input type="checkbox"/> State      <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</p> <p><b>Retain hard copy until no longer needed for current business, then destroy.</b></p>	
<p>19. Name and Title of Preparer</p> <p style="text-align: center;">Scott Mesneak  IT &amp; Records Retention Director</p>	<p>20. Telephone Number</p> <p style="text-align: center;">410-996-5205</p>	<p>21. Date</p> <p style="text-align: center;">9/10/2010</p>

<p><b>Instructions</b> -Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)</p>	<p>DEPARTMENT OF GENERAL SERVICES  RECORDS MANAGEMENT DIVISION  7275 Waterloo Road, P.O. Box 275  Jessup, Maryland 20794  410-799-1830</p>	<p><b>AGENCY RECORDS INVENTORY</b></p> <p>PAGE <u>48</u> OF <u>71</u></p>
<p>1. Department/Agency  Department of Emergency Services</p>	<p>2. Division  Teaching and Education</p>	<p>3. Unit</p>
<p><b>DEFINITION - RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</b></p>		
<p>4. Record Series Title  Program Evaluation (DES 09-049)</p>	<p>5. Earliest Year/Latest Year  _____ to <u>2010</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.)  Evaluation for any American Heart Association (AHA) classes</p>		
<p>7. Record Series Format(s) List all</p> <p><input checked="" type="checkbox"/> Letter Size      <input type="checkbox"/> Microfilm  <input type="checkbox"/> Legal Size      <input type="checkbox"/> Computer Tape  <input type="checkbox"/> Audio Tape      <input type="checkbox"/> Floppy Disk  <input type="checkbox"/> Bound Book      <input type="checkbox"/> Video Tape  <input type="checkbox"/> Other (specify) _____</p>	<p>8. Record Series Sequence</p> <p><input type="checkbox"/> Alphabetical  <input type="checkbox"/> Numerical  <input type="checkbox"/> Chronological  <input type="checkbox"/> Geographical  <input checked="" type="checkbox"/> Other (specify) _____  <b>Keyword Lookup:</b></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>Number _____</p> <p>10. Annual Accumulation</p> <p><input type="checkbox"/> File Drawer(s)  <input type="checkbox"/> Microfilm Reel(s)  <input type="checkbox"/> Computer Tape(s)  <input type="checkbox"/> Other (specify) _____</p> <p>Number _____</p>
<p>11. File is Used</p> <p><input type="checkbox"/> Daily      <input type="checkbox"/> Weekly      <input checked="" type="checkbox"/> Monthly      <input type="checkbox"/> Annually</p>	<p>12. File Becomes Inactive After</p> <p><u>3</u>      <input type="checkbox"/> Month(s)      <input checked="" type="checkbox"/> Year(s)  Number</p>	
<p>13. Current Location(s) (Bldg., Floor, Room)  Department of Emergency Services Office</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</p>	
<p>15. Access Restrictions (If Yes, cite Law(s) &amp; Regulation(s))</p> <p><input type="checkbox"/> Yes      <input checked="" type="checkbox"/> No</p>	<p>16. Audit Requirements</p> <p><input checked="" type="checkbox"/> None      <input type="checkbox"/> State      <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</p> <p><b>Retain hard copy for three (3) years from the end of the fiscal year the file was closed then destroy.</b></p>	
<p>19. Name and Title of Preparer  Scott Mesneak  IT &amp; Records Retention Director</p>	<p>20. Telephone Number  410-996-5205</p>	<p>21. Date  9/10/2010</p>

<b>Instructions</b> -Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)		DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1930		<b>AGENCY RECORDS INVENTORY</b>  PAGE <u>49</u> OF <u>71</u>	
1. Department/Agency Department of Emergency Services		2. Division Emergency Medical Services		3. Unit	
<b>DEFINITION - RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</b>					
4. Record Series Title QA Complaint Information (DES 09-028)				5. Earliest Year/Latest Year _____ to <u>2010</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.) Used to document complaint and patient information during quality assurance inquires					
7. Record Series Format(s) List all  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence  <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input checked="" type="checkbox"/> Other (specify) <u>Keyword Lookup</u>		9. Volume <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____ _____ Number	
		10. Annual Accumulation <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____ Number			
11. File Is Used <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually			12. File Becomes Inactive After <u>3</u> Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)		
13. Current Location(s) (Bldg., Floor, Room) Department of Emergency Services Office			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <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 <b>Retain hard copy for three (3) years from the end of the fiscal year the file was closed then destroy.</b>		
19. Name and Title of Preparer Scott Mesneak IT & Records Retention Director		20. Telephone Number 410-996-5205		21. Date 9/10/2010	

<b>Instructions</b> –Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)		DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1930		<b>AGENCY RECORDS INVENTORY</b>  PAGE <u>50</u> OF <u>71</u>	
1. Department/Agency Department of Emergency Services		2. Division Emergency Medical Services		3. Unit	
<b>DEFINITION - RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</b>					
4. Record Series Title QA Remediation Plan (DES 09-034)				5. Earliest Year/Latest Year _____ to <u>2010</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.) Used to document the remediation plan for personnel involved in the quality assurance process					
7. Record Series Format(s) List all  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence  <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input checked="" type="checkbox"/> Other (specify) <b>Keyword Lookup</b>		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 _____	
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> Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)			
13. Current Location(s) (Bldg., Floor, Room) Department of Emergency Services Office		14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <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 <b>Retain hard copy for three (3) years from the end of the fiscal year the file was closed then destroy.</b>			
19. Name and Title of Preparer Scott Mesneak IT & Records Retention Director		20. Telephone Number 410-996-5205		21. Date 9/10/2010	

<b>Instructions</b> -Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)		DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1930		<b>AGENCY RECORDS INVENTORY</b>  PAGE <u>51</u> OF <u>71</u>	
1. Department/Agency Department of Emergency Services		2. Division Emergency Medical Services		3. Unit	
<b>DEFINITION - RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</b>					
4. Record Series Title Quality Assurance Report Additional Narrative (DES 09-024)				5. Earliest Year/Latest Year _____ to <u>2010</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.) Documents quality assurance issues found during the daily Quality Assurance process					
7. Record Series Format(s) List all  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tapc <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence  <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input checked="" type="checkbox"/> Other (specify) _____ <b>Keyword Lookup.</b>		9. Volume <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____ _____ Number	
		10. Annual Accumulation <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____ _____ Number			
11. File Is Used <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually			12. File Becomes Inactive After <u>1</u> Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)		
13. Current Location(s) (Bldg., Floor, Room) Department of Emergency Services Office			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <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 <b>Retain hard copy for one (1) year from the end of the fiscal year the file was closed then destroy.</b>		
19. Name and Title of Preparer Scott Mesneak IT & Records Retention Director		20. Telephone Number 410-996-5205		21. Date 9/10/2010	



<b>Instructions</b> -Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)		<b>DEPARTMENT OF GENERAL SERVICES</b> <b>RECORDS MANAGEMENT DIVISION</b> 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1930		<b>AGENCY RECORDS INVENTORY</b>  PAGE <u>52</u> OF <u>71</u>	
1. Department/Agency <b>Department of Emergency Services</b>		2. Division <b>Emergency Medical Services</b>		3. Unit	
<b>DEFINITION - RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</b>					
4. Record Series Title <b>Quality Assurance Findings (DES 09-037)</b>				5. Earliest Year/Latest Year _____ to <u>2010</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>Used to document quality assurance issues found with the volunteer patient care reports.</b>					
7. Record Series Format(s) List all  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence  <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input checked="" type="checkbox"/> Other (specify) <b>Keyword Lookup</b>		9. Volume <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____ _____ Number	
				10. Annual Accumulation <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____ _____ Number	
11. File Is Used <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually			12. File Becomes Inactive After <u>0</u> Number <input checked="" type="checkbox"/> Month(s) <input type="checkbox"/> Year(s)		
13. Current Location(s) (Bldg., Floor, Room) <b>Department of Emergency Services Office</b>			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <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 <b>Retain hard copy until no longer needed then destroy after use.</b>		
19. Name and Title of Preparer <b>Scott Mesneak</b> <b>IT &amp; Records Retention Director</b>		20. Telephone Number <b>410-996-5205</b>		21. Date <b>9/10/2010</b>	

<b>Instructions</b> -Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)		DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1930		<b>AGENCY RECORDS INVENTORY</b>  PAGE <u>53</u> OF <u>71</u>	
1. Department/Agency Department of Emergency Services		2. Division Emergency Medical Services		3. Unit	
<b>DEFINITION - RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</b>					
4. Record Series Title Quality Assurance Report (DES 09-023)				5. Earliest Year/Latest Year _____ to <u>2010</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.) Documents quality assurance issues found during the daily Quality Assurance process					
7. Record Series Format(s) List all  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence  <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input checked="" type="checkbox"/> Other (specify) <u>Keyword Lookup</u>		9. Volume <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____ Number _____  10. Annual Accumulation <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____ Number _____	
11. File Is Used <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually			12. File Becomes Inactive After <u>1</u> Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)		
13. Current Location(s) (Bldg., Floor, Room) Department of Emergency Services Office			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
15. Access Restrictions (If Yes, cite Laws & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <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 <b>Retain hard copy for one (1) year from the end of the fiscal year the file was closed then destroy.</b>		
19. Name and Title of Preparer Scott Mesneak IT & Records Retention Director		20. Telephone Number 410-996-5205		21. Date 9/10/2010	

<b>Instructions</b> –Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)		DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1930		<b>AGENCY RECORDS INVENTORY</b>  PAGE <u>54</u> OF <u>71</u>	
1. Department/Agency Department of Emergency Services		2. Division Emergency Medical Services		3. Unit	
<b>DEFINITION - RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</b>					
4. Record Series Title Quality Assurance Worksheet (DES 09-022)				5. Earliest Year/Latest Year _____ to <u>2010</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.) Documents quality assurance issues found during the daily Quality Assurance process.					
7. Record Series Format(s) List all  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape. <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence  <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input checked="" type="checkbox"/> Other (specify) <u>Keyword Lookup</u>		9. Volume <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____ Number _____	
		10. Annual Accumulation <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____ Number _____			
11. File is Used <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually			12. File Becomes Inactive After <u>0</u> Number <input checked="" type="checkbox"/> Month(s) <input type="checkbox"/> Year(s)		
13. Current Location(s) (Bldg., Floor, Room) Department of Emergency Services Office			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <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 <b>Retain hard copy until no longer needed then destroy after use.</b>		
19. Name and Title of Preparer Scott Mesneak IT & Records Retention Director		20. Telephone Number 410-996-5205		21. Date 9/10/2010	

<b>Instructions</b> -Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1).		DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1930		<b>AGENCY RECORDS INVENTORY</b>  PAGE <u>55</u> OF <u>71</u>	
1. Department/Agency Department of Emergency Services		2. Division		3. Unit	
<b>DEFINITION - RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</b>					
4. Record Series Title Radio Announcement Form (DES 09-011)				5. Earliest Year/Latest Year _____ to <u>2010</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.) To document needed radio announcements from the volunteer Fire/Emergency Medical Services service					
7. Record Series Format(s) List all  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence  <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input checked="" type="checkbox"/> Other (specify) <u>Keyword Lookup</u>		9. Volume <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____ Number _____	
		10. Annual Accumulation <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____ Number _____			
11. File Is Used <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually			12. File Becomes Inactive After <u>0</u> Number <input checked="" type="checkbox"/> Month(s) <input type="checkbox"/> Year(s)		
13. Current Location(s) (Bldg., Floor, Room) Department of Emergency Services Office			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <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 <b>Retain hard copy until no longer needed for current business, then destroy.</b>		
19. Name and Title of Preparer Scott Mesneak IT & Records Retention Director		20. Telephone Number 410-996-5205		21. Date 9/10/2010	

<b>Instructions</b> -Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)		DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1830		<b>AGENCY RECORDS INVENTORY</b>  PAGE <u>56</u> OF <u>71</u>	
1. Department/Agency <b>Department of Emergency Services</b>		2. Division <b>Communications</b>		3. Unit	
<b>DEFINITION - RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</b>					
4. Record Series Title <b>Receipt of Equipment (DES 09-064)</b>				5. Earliest Year/Latest Year _____ to <u>2010</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>Documentation of equipment that is issued to each employee.</b>					
7. Record Series Format(s) List all  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence  <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input checked="" type="checkbox"/> Other (specify) _____ <b>Keyword Lookup</b>		9. Volume <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____ Number _____	
		10. Annual Accumulation <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____ Number _____			
11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Annually			12. File Becomes Inactive After <u>1</u> Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)		
13. Current Location(s) (Bldg., Floor, Room) <b>Department of Emergency Services Office</b>			14. Is Record Series Duplicated Elsewhere? (if yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <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 <b>Retain hard copy for one (1) year from the end of the fiscal year the file was closed then destroy.</b>		
19. Name and Title of Preparer <b>Scott Mesneak          IT &amp; Records Retention Director</b>		20. Telephone Number <b>410-996-5205</b>		21. Date <b>9/10/2010</b>	

<b>Instructions</b> –Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)		DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1930		<b>AGENCY RECORDS INVENTORY</b>  PAGE <u>57</u> OF <u>71</u>	
1. Department/Agency Department of Emergency Services		2. Division		3. Unit	
<b>DEFINITION - RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</b>					
4. Record Series Title Response Determinant Form (DES 09-005)				5. Earliest Year/Latest Year _____ to <u>2010</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.) To provide feedback from field personnel to see if the Priority Dispatch Response Determinants that are being provided by Dispatch are correct.					
7. Record Series Format(s) List all  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence  <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input checked="" type="checkbox"/> Other (specify) <u>Keyword Lookup</u>		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 _____	
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> Number <input checked="" type="checkbox"/> Month(s) <input type="checkbox"/> Year(s)			
13. Current Location(s) (Bldg., Floor, Room) Department of Emergency Services Office		14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <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 <b>Retain hard copy for six (6) months after the file was closed then destroy.</b>			
19. Name and Title of Preparer Scott Mesneak IT & Records Retention Director		20. Telephone Number 410-996-5205		21. Date 9/10/2010	

<p><b>Instructions</b> -Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)</p>		<p>DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-789-1930</p>		<p><b>AGENCY RECORDS INVENTORY</b></p> <p>PAGE <u>58</u> OF <u>71</u></p>	
<p>1. Department/Agency Department of Emergency Services</p>		<p>2. Division Emergency Medical Services</p>		<p>3. Unit</p>	
<p><b>DEFINITION - RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</b></p>					
<p>4. Record Series Title Emergency Medical Services Ride-a-long Application (DES 09-043)</p>				<p>5. Earliest Year/Latest Year _____ to <u>2010</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.) Used for personnel that wish to ride-a-long to submit an application for their eligibility.</p>					
<p>7. Record Series Format(s) List all</p> <p><input checked="" type="checkbox"/> Letter Size      <input type="checkbox"/> Microfilm</p> <p><input type="checkbox"/> Legal Size      <input type="checkbox"/> Computer Tape</p> <p><input type="checkbox"/> Audio Tape      <input type="checkbox"/> Floppy Disk</p> <p><input type="checkbox"/> Bound Book      <input type="checkbox"/> Video Tape</p> <p><input type="checkbox"/> Other (specify) _____</p>		<p>8. Record Series Sequence</p> <p><input type="checkbox"/> Alphabetical</p> <p><input type="checkbox"/> Numerical</p> <p><input type="checkbox"/> Chronological</p> <p><input type="checkbox"/> Geographical</p> <p><input checked="" type="checkbox"/> Other (specify) <u>Keyword Lookup</u></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 type="checkbox"/> Other (specify) _____</p> <p>Number _____</p>	
		<p>10. Annual Accumulation</p> <p><input type="checkbox"/> File Drawer(s)</p> <p><input type="checkbox"/> Microfilm Reel(s)</p> <p><input type="checkbox"/> Computer Tape(s)</p> <p><input type="checkbox"/> Other (specify) _____</p> <p>Number _____</p>			
<p>11. File is Used</p> <p><input type="checkbox"/> Daily      <input type="checkbox"/> Weekly      <input checked="" type="checkbox"/> Monthly      <input type="checkbox"/> Annually</p>			<p>12. File Becomes Inactive After</p> <p><u>6</u>      <input checked="" type="checkbox"/> Month(s)      <input type="checkbox"/> Year(s)</p> <p>Number</p>		
<p>13. Current Location(s) (Bldg., Floor, Room) Department of Emergency Services Office</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</p>		
<p>15. Access Restrictions (If Yes, cite Law(s) &amp; Regulation(s))</p> <p><input type="checkbox"/> Yes      <input checked="" type="checkbox"/> No</p>			<p>16. Audit Requirements</p> <p><input checked="" type="checkbox"/> None      <input type="checkbox"/> State      <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 <b>Retain hard copy for six (6) months after the file was closed then destroy.</b></p>		
<p>19. Name and Title of Preparer Scott Mesneak IT &amp; Records Retention Director</p>		<p>20. Telephone Number 410-996-5205</p>		<p>21. Date 9/10/2010</p>	

<b>Instructions</b> - Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)		DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1930		<b>AGENCY RECORDS INVENTORY</b>  PAGE <u>59</u> OF <u>71</u>	
1. Department/Agency <b>Department of Emergency Services</b>		2. Division <b>Emergency Medical Services</b>		3. Unit	
<b>DEFINITION - RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</b>					
4. Record Series Title <b>Schedule II Drug Form (DES 09-039)</b>				5. Earliest Year/Latest Year _____ to <u>2010</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>Used by providers to document administer narcotic medications to patients.</b>					
7. Record Series Format(s) List all  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence  <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input checked="" type="checkbox"/> Other (specify) <b>Keyword Lookup</b>		9. Volume <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____ Number _____	
		10. Annual Accumulation <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____ Number _____			
11. File is Used <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually			12. File Becomes Inactive After <u>1</u> Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)		
13. Current Location(s) (Bldg., Floor, Room) <b>Department of Emergency Services Office</b>			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
15. Access Restrictions: (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <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 <b>Retain hard copy for one (1) year from the end of the fiscal year the file was closed then destroy.</b>		
19. Name and Title of Preparer <b>Scott Mesneak          IT &amp; Records Retention Director</b>		20. Telephone Number <b>410-996-5205</b>		21. Date <b>9/10/2010</b>	



<b>Instructions</b> -Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)		DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-789-1930		<b>AGENCY RECORDS INVENTORY</b>  PAGE <u>60</u> OF <u>71</u>	
1. Department/Agency Department of Emergency Services		2. Division		3. Unit	
<b>DEFINITION - RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</b>					
4. Record Series Title Shift Exchange Form (DES 05-003)				5. Earliest Year/Latest Year _____ to <u>2010</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.) To allow personnel to switch shifts with other employees without using leave.					
7. Record Series Format(s) List all  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence  <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input checked="" type="checkbox"/> Other (specify) <u>Keyword Lookup</u>		9. Volume <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____ Number _____	
		10. Annual Accumulation <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____ Number _____			
11. File is Used <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually			12. File Becomes Inactive After <u>6</u> Number <input checked="" type="checkbox"/> Month(s) <input type="checkbox"/> Year(s)		
13. Current Location(s) (Bldg., Floor, Room) Department of Emergency Services Office			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <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 <b>Retain hard copy for six (6) months after the file was closed then destroy.</b>		
19. Name and Title of Preparer Scott Mesneak IT & Records Retention Director		20. Telephone Number 410-996-5205		21. Date 9/10/2010	

<b>Instructions</b> -Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)		DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-789-1830		<b>AGENCY RECORDS INVENTORY</b>  PAGE <u>61</u> OF <u>71</u>	
1. Department/Agency Department of Emergency Services		2. Division Communications		3. Unit	
<b>DEFINITION - RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</b>					
4. Record Series Title Shift Fill Worksheet - Communications (DES 09-016)				5. Earliest Year/Latest Year _____ to <u>2010</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.) Allows supervisors to check list employees that have been called to cover open shifts or last minute call outs.					
7. Record Series Format(s) List all  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence  <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input checked="" type="checkbox"/> Other (specify) <u>Keyword Lookup</u>		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 _____	
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> Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)			
13. Current Location(s) (Bldg., Floor, Room) Department of Emergency Services Office		14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <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 <b>Retain hard copy for one (1) year then destroy.</b>			
19. Name and Title of Preparer Scott Mesneak IT & Records Retention Director		20. Telephone Number 410-996-5205		21. Date 9/10/2010	

<b>Instructions</b> -Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)		<b>DEPARTMENT OF GENERAL SERVICES</b> <b>RECORDS MANAGEMENT DIVISION</b> 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1930		<b>AGENCY RECORDS INVENTORY</b>  PAGE <u>62</u> OF <u>71</u>	
1. Department/Agency <b>Department of Emergency Services</b>		2. Division <b>Emergency Medical Services</b>		3. Unit	
<b>DEFINITION - RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</b>					
4. Record Series Title <b>Shift Fill Worksheet EMS (DES 09-046)</b>				5. Earliest Year/Latest Year _____ to <u>2010</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>Allows supervisors to check list employees that have been called to cover open shifts or last minute call outs.</b>					
7. Record Series Format(s) List all  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence  <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input checked="" type="checkbox"/> Other (specify) <b>Keyword Lookup</b>		9. Volume <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____ Number _____	
		10. Annual Accumulation <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____ Number _____			
11. File is Used <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually			12. File Becomes Inactive After <u>1</u> Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)		
13. Current Location(s) (Bldg., Floor, Room) <b>Department of Emergency Services Office</b>			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <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 <b>Retain hard copy for one (1) year then destroy.</b>		
19. Name and Title of Preparer <b>Scott Mesneak</b> <b>IT &amp; Records Retention Director</b>		20. Telephone Number <b>410-996-5205</b>		21. Date <b>9/10/2010</b>	

<p><b>Instructions</b> -Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)</p>		<p><b>DEPARTMENT OF GENERAL SERVICES</b>  <b>RECORDS MANAGEMENT DIVISION</b>  7275 Waterloo Road, P.O. Box 275  Jessup, Maryland 20794  410-799-1930</p>		<p><b>AGENCY RECORDS INVENTORY</b></p>	
				<p>PAGE <u>63</u> OF <u>71</u></p>	
<p>1. Department/Agency  <b>Department of Emergency Services</b></p>		<p>2. Division  <b>Emergency Medical Services</b></p>		<p>3. Unit</p>	
<p><b>DEFINITION - RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</b></p>					
<p>4. Record Series Title  <b>Special Purchasing Department Inventory (DES 09-045)</b></p>				<p>5. Earliest Year/Latest Year  _____ to <u>2010</u></p>	
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)  <b>Used to order bulk supplies used by Emergency Medical Services units from Union Hospital</b></p>					
<p>7. Record Series Format(s) List all</p> <p><input checked="" type="checkbox"/> Letter Size      <input type="checkbox"/> Microfilm</p> <p><input type="checkbox"/> Legal Size      <input type="checkbox"/> Computer Tape</p> <p><input type="checkbox"/> Audio Tape      <input type="checkbox"/> Floppy Disk</p> <p><input type="checkbox"/> Bound Book      <input type="checkbox"/> Video Tape</p> <p><input type="checkbox"/> Other (specify) _____</p>		<p>8. Record Series Sequence</p> <p><input type="checkbox"/> Alphabetical</p> <p><input type="checkbox"/> Numerical</p> <p><input type="checkbox"/> Chronological</p> <p><input type="checkbox"/> Geographical</p> <p><input checked="" type="checkbox"/> Other (specify) <b>Keyword Lookup</b></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 type="checkbox"/> Other (specify) _____</p> <p>Number _____</p>	
				<p>10. Annual Accumulation</p> <p><input type="checkbox"/> File Drawer(s)</p> <p><input type="checkbox"/> Microfilm Reel(s)</p> <p><input type="checkbox"/> Computer Tape(s)</p> <p><input type="checkbox"/> Other (specify) _____</p> <p>Number _____</p>	
<p>11. File Is Used</p> <p><input type="checkbox"/> Daily      <input checked="" type="checkbox"/> Weekly      <input type="checkbox"/> Monthly      <input type="checkbox"/> Annually</p>			<p>12. File Becomes Inactive After</p> <p><u>6</u>      <input checked="" type="checkbox"/> Month(s)      <input type="checkbox"/> Year(s)</p> <p>Number</p>		
<p>13. Current Location(s) (Bldg., Floor, Room)  <b>Department of Emergency Services Office</b></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</p>		
<p>15. Access Restrictions (If Yes, cite Law(s) &amp; Regulation(s))</p> <p><input type="checkbox"/> Yes      <input checked="" type="checkbox"/> No</p>			<p>16. Audit Requirements</p> <p><input checked="" type="checkbox"/> None      <input type="checkbox"/> State      <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</p> <p><b>Retain hard copy for six (6) months after the file was closed then destroy.</b></p>		
<p>18. Name and Title of Preparer  <b>Scott Mesneak</b>  <b>IT &amp; Records Retention Director</b></p>		<p>20. Telephone Number  <b>410-996-5205</b></p>		<p>21. Date  <b>9/10/2010</b></p>	

<b>Instructions</b> -Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)		DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1830		<b>AGENCY RECORDS INVENTORY</b>  PAGE <u>04</u> OF <u>71</u>	
1. Department/Agency Department of Emergency Services		2. Division		3. Unit	
<b>DEFINITION - RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</b>					
4. Record Series Title Special Report with supplemental page (DES 05-001)				5. Earliest Year/Latest Year _____ to <u>2010</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.) For daily documentation of everyday occurrences that may involve personnel, equipment or other agencies.					
7. Record Series Format(s) List all  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tapé. <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence  <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input checked="" type="checkbox"/> Other (specify) _____ <b>Keyword Lookup</b>		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 _____	
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> Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)			
13. Current Location(s) (Bldg., Floor, Room) Primary Data Center		14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <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 <b>Retain hard copy for one (1) year from the end of the fiscal year the file was closed then destroy.</b>			
19. Name and Title of Preparer Scott Mesneak IT & Records Retention Director		20. Telephone Number 410-996-5205		21. Date 9/10/2010	

<b>Instructions</b> - Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)		DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1830		<b>AGENCY RECORDS INVENTORY</b>  PAGE <u>65</u> OF <u>71</u>	
1. Department/Agency Department of Emergency Services		2. Division Emergency Medical Services		3. Unit	
<b>DEFINITION - RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</b>					
4. Record Series Title Station Inventory (DES 09-044)				5. Earliest Year/Latest Year _____ to <u>2010</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.) Used to inventory bulk supplies used by Emergency Medical Services units.					
7. Record Series Format(s) List all  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence  <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input checked="" type="checkbox"/> Other (specify) <u>Keyword Lookup</u>		9. Volume <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____ _____ Number	
		10. Annual Accumulation <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____ _____ Number			
11. File is Used <input type="checkbox"/> Daily <input checked="" type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually			12. File Becomes Inactive After <u>6</u> Number <input checked="" type="checkbox"/> Month(s) <input type="checkbox"/> Year(s)		
13. Current Location(s) (Bldg., Floor, Room) Department of Emergency Services Office			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <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 <b>Retain hard copy for six (6) months after the file was closed then destroy.</b>		
19. Name and Title of Preparer Scott Mesneak IT & Records Retention Director		20. Telephone Number 410-996-5205		21. Date 9/10/2010	

<b>Instructions</b> -Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)		DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1930		<b>AGENCY RECORDS INVENTORY</b>  PAGE <u>66</u> OF <u>71</u>	
1. Department/Agency Department of Emergency Services		2. Division		3. Unit	
<b>DEFINITION - RECORD SERIES:</b> A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.					
4. Record Series Title Suggestion Form (DES 05-002)			5. Earliest Year/Latest Year _____ to <u>2010</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.) To allow personnel to make suggestions on needed changes that affect daily operations.					
7. Record Series Format(s) List all  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence  <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input checked="" type="checkbox"/> Other (specify) <u>Keyword Lookup</u>		9. Volume <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____ Number _____	
		10. Annual Accumulation <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____ Number _____			
11. File Is Used <input type="checkbox"/> Daily <input checked="" type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually			12. File Becomes Inactive After <u>6</u> Number <input checked="" type="checkbox"/> Month(s) <input type="checkbox"/> Year(s)		
13. Current Location(s) (Bldg., Floor, Room) Department of Emergency Services Office			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input type="checkbox"/> No			16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <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 <b>Retain hard copy for six (6) months after the file was closed then destroy.</b>		
19. Name and Title of Preparer Scott Mesneak IT & Records Retention Director		20. Telephone Number 410-996-5205		21. Date 9/10/2010	

<b>Instructions</b> -Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)		DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1930		<b>AGENCY RECORDS INVENTORY</b>  PAGE <u>67</u> OF <u>71</u>	
1. Department/Agency <b>Department of Emergency Services</b>		2. Division <b>Haz Mat</b>		3. Unit	
<b>DEFINITION - RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</b>					
4. Record Series Title <b>Training Form (DES 09-052)</b>				5. Earliest Year/Latest Year _____ to <u>2010</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>Sign-in sheets for hazardous material technicians when performing training.</b>					
7. Record Series Format(s) List all  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence  <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input checked="" type="checkbox"/> Other (specify) <b>Keyword Lookup</b>		9. Volume <input type="checkbox"/> File Drawer(s) <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) <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 checked="" type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually			12. File Becomes Inactive After <u>1</u> Number _____ <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)		
13. Current Location(s) (Bldg., Floor, Room) <b>Department of Emergency Services Office</b>			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <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 <b>Retain hard copy for one (1) year from the end of the fiscal year the file was closed then destroy.</b>		
19. Name and Title of Preparer <b>Scott Mesneak          IT &amp; Records Retention Director</b>		20. Telephone Number <b>410-996-5205</b>		21. Date <b>9/10/2010</b>	



<b>Instructions</b> -Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)		DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1930		<b>AGENCY RECORDS INVENTORY</b>  PAGE <u>68</u> OF <u>71</u>	
1. Department/Agency Department of Emergency Services		2. Division Communications		3. Unit	
<b>DEFINITION - RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</b>					
4. Record Series Title Uniform Issue Form (DES 09-061)			5. Earliest Year/Latest Year _____ to <u>2010</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>To check list uniforms that are issued to personnel in Communications</b>					
7. Record Series Format(s) List all  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence  <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input checked="" type="checkbox"/> Other (specify) <u>Keyword Lookup</u>		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 _____	
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> Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)			
13. Current Location(s) (Bldg., Floor, Room) Department of Emergency Services Office		14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <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 <b>Retain hard copy for one (1) year from the end of the fiscal year the file was closed then destroy.</b>			
19. Name and Title of Preparer Scott Mesneak IT & Records Retention Director		20. Telephone Number 410-996-5205		21. Date 9/10/2010	

<b>Instructions</b> –Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)		DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1930		<b>AGENCY RECORDS INVENTORY</b>  PAGE <u>69</u> OF <u>71</u>	
1. Department/Agency Department of Emergency Services		2. Division Emergency Medical Services		3. Unit	
<b>DEFINITION - RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</b>					
4. Record Series Title Waiver of Liability (DES 09-038)				5. Earliest Year/Latest Year _____ to <u>2010</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.) Used for people that ride-a-long on the Emergency Medical Services medic units					
7. Record Series Format(s) List all  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence  <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input checked="" type="checkbox"/> Other (specify) <u>Keyword Lookup</u>		9. Volume <input type="checkbox"/> File Drawer(s) <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) <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>1</u> Number _____ <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)		
13. Current Location(s) (Bldg., Floor, Room) Department of Emergency Services Office			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <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 <b>Retain hard copy for one (1) year from the end of the fiscal year the file was closed then destroy.</b>		
19. Name and Title of Preparer Scott Mesneak IT & Records Retention Director		20. Telephone Number 410-996-5205		21. Date 9/10/2010	

<b>Instructions</b> –Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)		DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1930		<b>AGENCY RECORDS INVENTORY</b>  PAGE <u>70</u> OF <u>71</u>	
1. Department/Agency Department of Emergency Services		2. Division		3. Unit	
<b>DEFINITION - RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</b>					
4. Record Series Title Weather Notification Form				5. Earliest Year/Latest Year _____ to <u>2010</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.) Provides documentation of emergency weather notifications that are received from the National Weather Service and verifies notification of other appropriate agencies.					
7. Record Series Format(s) List all  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence  <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input checked="" type="checkbox"/> Other (specify) <u>Keyword Lookup</u>		9. Volume <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____ Number _____  10. Annual Accumulation <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____ Number _____	
11. File is Used <input type="checkbox"/> Daily <input checked="" type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually			12. File Becomes Inactive After <b>Permanent</b> <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s) Number _____		
13. Current Location(s) (Bldg., Floor, Room) Department of Emergency Services Office			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <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 <b>Retain hard copy permanently and transfer annually to Archives for permanent preservation.</b>		
19. Name and Title of Preparer Scott Mesneak IT & Records Retention Director		20. Telephone Number 410-996-5205		21. Date 9/10/2010	

<b>Instructions</b> -Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)		<b>DEPARTMENT OF GENERAL SERVICES</b> <b>RECORDS MANAGEMENT DIVISION</b> 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1930		<b>AGENCY RECORDS INVENTORY</b>  PAGE <u>71</u> OF <u>71</u>	
1. Department/Agency <b>Department of Emergency Services</b>		2. Division <b>Haz Mat</b>		3. Unit	
<b>DEFINITION - RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</b>					
4. Record Series Title <b>Work Detail Sheet (DES 09-051)</b>				5. Earliest Year/Latest Year _____ to <b>2010</b>	
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>Sign-in sheets for hazardous material technicians when performing work details</b>					
7. Record Series Format(s) List all  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tapé. <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence.  <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input checked="" type="checkbox"/> Other (specify) <b>Keyword Lookup</b>		9. Volume <input type="checkbox"/> File Drawer(s) <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) <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 checked="" type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually			12. File Becomes Inactive After <u>1</u> Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)		
13. Current Location(s) (Bldg., Floor, Room) <b>Department of Emergency Services Office</b>			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <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 <b>Retain hard copy for one (1) year from the end of the fiscal year the file was closed then destroy.</b>		
19. Name and Title of Preparer <b>Scott Mesneak          IT &amp; Records Retention Director</b>		20. Telephone Number <b>410-996-5205</b>		21. Date <b>9/10/2010</b>	

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