

DEPARTMENT OF GENERAL SERVICES
RECORDS MANAGEMENT DIVISION
RECORDS RETENTION AND DISPOSAL SCHEDULE

Schedule No. C1143

Page 1 of 2

Agency : Wicomico County

Division/Unit : Department of Corrections
Health and Safety

Item No.	Description	Retention
1	Inspection Series A. Weekly Security Inspection - maintenance repairs needed - graffiti record B. Weekly Sanitation Inspection	Retain for 3 years or after the completion of the Maryland Commission on Correctional Standards audit period, whichever is later, then destroy.
2	Respiratory Protection Series A. Medical Clearance for Fit Test B. Staff Fit Testing Forms	Retain for 5 years then destroy.

Schedule Approved by Department, Agency, Or Division Representative.

Date 03-24-2011

Signature



Typed Name George Kaloroumakis

Title Director

Schedule Authorized by State Archivist

Date 20 April 2011

Signature



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

Schedule No. C1143

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Agency : Wicomico County

**Division/Unit : Department of Corrections
Health and Safety**

Item No.	Description	Retention
3	Staff First Report of Injury Series A. Workers' Compensation – First Report of Injury B. Employee's Report of Injury C. Accident Witness Statement D. Supervisor's Accident Investigation E. Supervisor's Follow-Up and Return to Work Notice	Retain for the duration of Employment with Wicomico County plus 5 years, then destroy.

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 1 OF 3

1. Department/Agency

Wicomico County

2. Division

Department of Corrections

3. Unit

Health and Safety

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

4. Record Series Title

Inspection Series

5. Earliest Year/Latest Year

2008 to 2010

6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)
Series contains weekly security inspections to include inspection of all locking devices, bars, windows and doors as well as noting any graffiti and any maintenance issues.

7. Record Series Format(s) List all

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

8. Record Series
Sequence

- ☐ Alphabetical
☐ Numerical
☒ Chronological
☐ Geographical
☐ Other (specify) _____

9. Volume

1
Number

- ☒ File Drawer(s)
☐ Microfilm Reel(s)
☐ Computer Tape(s)
☐ Other (specify) _____

10. Annual Accumulation

52 weeks
Number

- ☒ File Drawer(s)
☐ Microfilm Reel(s)
☐ Computer Tape(s)
☐ Other (specify) _____

11. File Is Used

- ☐ Daily ☐ Weekly ☐ Monthly ☒ Annually

12. File Becomes Inactive After

3
Number ☐ Month(s) ☒ Year(s)

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

Wicomico County Department of Corrections Administration Building / First Floor / Health and Safety Office

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

☐ Yes ☒ No

15. Access Restrictions (If Yes, cite Law(s) & Regulation(s))

☐ Yes ☒ No

16. Audit Requirements

☐ None ☒ State ☐ Federal ☐ Independent

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

☐ Yes ☒ No

18. Recommended Retention

3 years or after the completion of the current Maryland Commission of Correctional Standards Audit period; then destroy

19. Name and Title of Preparer

Allen Parrish / Health and Safety Officer

20. Telephone

Number

410-548-4850

x-361

21. Date

October 18, 2010

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 <small>410-799-1930</small>		AGENCY RECORDS INVENTORY PAGE <u>2</u> OF <u>3</u>	
1. Department/Agency Wicomico County		2. Division Department of Corrections		3. Unit Health and Safety	
DEFINITION: RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.					
4. Record Series Title Respiratory Protection Series				5. Earliest Year/Latest Year <u>2009</u> 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.) Series contains results of annual staff fit testing of the MSA Advantage 1000 gas mask. The approval list for fit testing from the qualified health care professional will also be included in this series.					
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 checked="" type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____		9. Volume <u>1</u> Number <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____	
11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Annually		12. File Becomes Inactive After <u>2</u> Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)			
13. Current Location(s) (Bldg., Floor, Room) Wicomico County Department of Corrections Administration Building / First Floor / Health and Safety 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 type="checkbox"/> None <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent			
17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		18. Recommended Retention 1 year or at the completion of the next fit test, whichever is first, then destroy. Old fit test records transfers to archive file for 5 years and then destroyed.			
19. Name and Title of Preparer Allen Parrish / Health and Safety Officer		20. Telephone Number 410-548-4850 x-361		21. Date October 18, 2010	

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 <small>410-799-1930</small>	AGENCY RECORDS INVENTORY PAGE <u>3</u> OF <u>3</u>
1. Department/Agency Wicomico County	2. Division Department of Corrections	3. Unit Health and Safety
DEFINITION: RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.		
4. Record Series Title Staff First Report of Injury Series	5. Earliest Year/Latest Year <u>2010</u> 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.) Series contains employee first report of injury forms to include initial injury, employee statement, witness statement, supervisor investigation and follow-up / return to work notice.		
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 checked="" type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____	9. Volume <u>1</u> Number <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____ 10. Annual Accumulation _____varies from year to year____ Number <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____
11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Annually	12. File Becomes Inactive After <u>5</u> Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)	
13. Current Location(s) (Bldg., Floor, Room) Wicomico County Department of Corrections Administration Building / First Floor / Health and Safety Office	14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Wicomico County Government Building – HR Office	
15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	16. Audit Requirements <input type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input checked="" 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 Duration of employment at Wicomico County; hold 5 years after termination of employment and then destroy	
19. Name and Title of Preparer Allen Parrish / Health and Safety Officer	20. Telephone Number 410-548-4850 x-361	21. Date October 18, 2010