

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

Schedule No. C1201

Page 1 of 3


Agency: Howard County Government
Fire & Rescue Services

Division/Unit: Emergency Services Bureau (EBS)

Item No.	Description	Retention
1	Automatic External Defibrillator (AED) Location – All locations within Howard County with possession of AED monitors.	Retain 2 yrs, then destroy.
2	Advanced Life Support (ALS) Providers – All affiliated Department of Fire and Rescue Services (DFRS) personnel	Retain 2 yrs, then destroy.
3	Awards – Nominations, certificates of recognition, state recognitions, annual Department of Fire and Rescue Services (DFRS) awards.	Retain 5 yrs, then destroy.
4	Cardiac Arrests/Pre-hospital Evaluation – Cardiac arrests incidents treated/transferred to area hospitals.	Retain 5 yrs, then destroy.
5	Chest Pain – Quality improvement forms.	Retain 5 yrs, then destroy.
6	Critical Incident Stress Management (CISM) – General information, Howard County Fire & Rescue (HCFR) team, contact forms, International Critical Incident Stress Foundation (ICISF), Maryland Team, and International Coordination.	Retain 2 yrs, then destroy.
7	Controlled Substance Cards – Daily logs, personnel key issuances, Drug Enforcement Agency (DEA) licensing (for Medical Director)	Retain 7 yrs, then destroy.

Schedule Approved by Department, Agency, or
Division Representative:

Date: 8/26/13

Signature: 

Typed Name: William Anuszewski

Title: Assistant Chief, Administrative Services

Schedule Approved by County Records Management
Representative:

Date: 9/3/13

Signature: 

Schedule Authorized by State Archivist

Date:

Signature:  10-3-13

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

Schedule No. C1201

Page 2 of 3

Agency: Howard County Government
Fire & Rescue Services

Division/Unit: Emergency Services Bureau (ESB)

Item No.	Description	Retention
8	Critiques of Incidents - Critique of critical Emergency Medical Services (EMS) incident reports for quality assurance.	Retain 5 yrs, then destroy.
9	Emergency Medical Services Advisory Council – Correspondence, meeting minutes and action plans.	Retain in office for 3 yrs, then transfer to warehouse archives for 2 yrs. Transfer to MSA every 5 years for permanent retention.
10	Emergency Medical Services File – Cot maintenance, recalls, special needs residents, statistical data coordinator logs, weekly ambulance inspections, station visits, media correspondence, hospital and citizen complaints.	Retain 5 yrs, then destroy.
11	Infectious Disease – Infectious disease notifications, infectious disease worksheets, field operations, hepatitis B vaccines.	Retain 30yrs, then destroy.
12	<p>Maryland Institute for Emergency Medical Services Systems (MIEMSS)</p> <ul style="list-style-type: none"> a) Ad hoc committee, affiliations, meetings, annual reports, Maryland EMS newsletter, Regional III EMS Council meetings, Region III Health & Medical Task Force, State Run Report, State Legislation, State Wide System Communication (SYSCOM), Emergency Medical Services for Children (EMSC), medical director committee, and yellow alert task force. b) Block grant information, emergency medical feedback, Department of Transportation (DOT) highway safety fund, rapid sequence intubation, Title 30 regulation, confidential data requests, etc. 	<ul style="list-style-type: none"> a) Retain 5 yrs, then transfer to the MSA for permanent retention. b) Screen after 3 yrs in office and destroy material that is no longer needed for current business purposes and transfer to MSA any material that serves to document the origin, development, and accomplishments of the office and has continuing fiscal, legal, administrative, or historical value.

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

Schedule No. C1201

Page 3 of 3

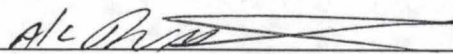
Agency: Howard County Government **Division/Unit:** Emergency Services Bureau (ESB)
Fire & Rescue Services

Item No.	Description	Retention
13	Medical Incident Reports – Hard copy hand written and electronic composed reports prepared by paramedics during emergency medical incidents.	Retain 1 yr and then screen for current business purposes; destroy records no longer needed. Records retained for current business purposes, transfer to warehouse archives for 4 yrs, and then destroy.
14	Bureau Video & Digital Documentation – Included all digital documentation from Glidescope, Electronic Patient Care Reports, Quality Assurance, and Scene Pictures.	Retain 5 yrs, then destroy.
15	Quality Control Logs – Emergency medical incidents randomly chosen for review.	Retain 3 yrs, then destroy.
16	Special Events – Any concert/special event planned with request for paramedic emergency medical coverage.	Retain 3 yrs, then destroy.
17	Standardized Medical Equipment Inventory – Inventory of all medical equipment used by the Emergency Medical Services (EMS) section of the Emergency Services Bureau.	Retain 2 yrs, then destroy.

RECORDS RETENTION INVENTORY WORKSHEET

1. Department (Please include bureau or section): Department of Fire & Rescue Services (DFRS) – Emergency Services Bureau (ESB)		
2. Address: 6751 Columbia Gateway Dr; Columbia, MD	3. Zip Code: 21046	4. Date: 10/24/12
5. Person Completing Form: Captain Karen Dausch	6. Title: EMS Operations Captain	7. Phone: 410-313-6018

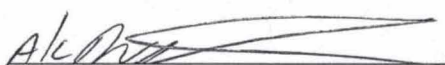
RECORD INFORMATION

8. Record Series Title (no abbreviations): Automatic External Defibrillator Locations
9. Variant or Alternate Titles (abbreviations OK): AED Locations
10. Record Series Description. Include the purpose of this record series (why you collect the information, how you use it, etc.) and the data included in this record series (you may attach representative documents): All locations within Howard County Fire and Rescue and County Government with possession of AED monitors
11. In the event of a disaster, is this record vital to the Continuity of Operations (COOP)? _____ Yes <input checked="" type="checkbox"/> No
12. What is the primary value of this record? _____ <input checked="" type="checkbox"/> Administrative _____ Legal _____ Fiscal _____ Historical
13. Are these records subject to <input checked="" type="checkbox"/> audit and/or _____ litigation?
14. List all specific legal citations which govern this series: N/A
15. What format types (e.g. paper, computer data, microfilm, videos, etc.) are included in this series? Stored as Computer Document; Available on County Intranet
16. Is this record series the original or "record" copy? _____ Yes _____ No Originals located on T:Drive If not, where can the official copy be found? Record copy of Government sites located on County Intranet
17. How long are these records needed for day-to-day business functions (daily, weekly, monthly, annually)? Updated bi-weekly; varies on uses depending on how often AED at that location is used
18. After these records have become inactive, how long would you like to store them off-site? N/A
19. Recommended Retention: Permanent Retention
20. Will these records ever be _____ microfilmed or _____ scanned into an optical imaging system? NO If so, at what point in the retention will this happen?
21. Signature of Bureau Chief or Program Manager: <u></u>

RECORDS RETENTION INVENTORY WORKSHEET

1. Department (Please include bureau or section): Department of Fire & Rescue Services (DFRS) – Emergency Services Bureau (ESB)		
2. Address: 6751 Columbia Gateway Dr; Columbia, MD	3. Zip Code: 21046	4. Date: 10/24/12
5. Person Completing Form: Captain Karen Dausch	6. Title: EMS Operations Captain	7. Phone: 410-313-6018

RECORD INFORMATION

8. Record Series Title (no abbreviations): Advanced Life Support (ALS) Providers
9. Variant or Alternate Titles (abbreviations OK): ALS Providers
10. Record Series Description. Include the purpose of this record series (why you collect the information, how you use it, etc.) and the data included in this record series (you may attach representative documents): Document contains all affiliated Department of Fire and Rescue Services (DFRS) personnel who are EMT-I/EMT-P certified. This is important for staffing purposes for everyday assignments. It's also important for Training to maintain in order to keep up with ALS re-certifications and expiration dates for each provider.
11. In the event of a disaster, is this record vital to the Continuity of Operations (COOP)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
12. What is the primary value of this record? <input checked="" type="checkbox"/> Administrative <input checked="" type="checkbox"/> Legal <input type="checkbox"/> Fiscal <input type="checkbox"/> Historical
13. Are these records subject to <input checked="" type="checkbox"/> audit and/or <input checked="" type="checkbox"/> litigation? Yes
14. List all specific legal citations which govern this series:
15. What format types (e.g. paper, computer data, microfilm, videos, etc.) are included in this series? Electronic; Individual Provider ID Cards (Originals); paper copies of cards and provider list
16. Is this record series the original or "record" copy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If not, where can the official copy be found? Original found on T-Drive under EMS Operations. Copies found on County Intranet and at PSTC. Also, copies of providers' cards can be found in personnel files at PSTC and HQ.
17. How long are these records needed for day-to-day business functions (daily, weekly, monthly, annually)? Daily—to know who is a cleared/functioning ALS provider in the county—used for staffing/re-certs/instructing purposes
18. After these records have become inactive, how long would you like to store them off-site?
19. Recommended Retention: Permanent Retention
20. Will these records ever be _____ microfilmed or _____ scanned into an optical imaging system? If so, at what point in the retention will this happen?
21. Signature of Bureau Chief or Program Manager: 

RECORDS RETENTION INVENTORY WORKSHEET

1. Department (Please include bureau or section): Department of Fire & Rescue Services (DFRS) – Emergency Services Bureau (ESB)		
2. Address: 6751 Columbia Gateway Dr; Columbia, MD	3. Zip Code: 21046	4. Date: 10/24/2012
5. Person Completing Form: Captain Karen Dausch	6. Title: EMS Operations Captain	7. Phone: 410-313-6018

RECORD INFORMATION

8. Record Series Title (no abbreviations): Cardiac Arrests/Pre-hospital Evaluation
9. Variant or Alternate Titles (abbreviations OK):
10. Record Series Description. Include the purpose of this record series (why you collect the information, how you use it, etc.) and the data included in this record series (you may attach representative documents): Cardiac arrests incidents treated/transferred to area hospitals. Used for statistics, quality assurance, and follow-up on both patient status and provider critique.
11. In the event of a disaster, is this record vital to the Continuity of Operations (COOP)? _____ Yes <input checked="" type="checkbox"/> No
12. What is the primary value of this record? _____ Administrative <input checked="" type="checkbox"/> _____ Legal _____ Fiscal <input checked="" type="checkbox"/> _____ Historical
13. Are these records subject to <input checked="" type="checkbox"/> audit and/or <input checked="" type="checkbox"/> litigation?
14. List all specific legal citations which govern this series:
15. What format types (e.g. paper, computer data, microfilm, videos, etc.) are included in this series? Paper and electronic components
16. Is this record series the original or "record" copy? _____ Yes _____ No If not, where can the official copy be found?
17. How long are these records needed for day-to-day business functions (daily, weekly, monthly, annually)? As needed (Case by Case)
18. After these records have become inactive, how long would you like to store them off-site? Retain for 5 yrs
19. Recommended Retention: Retain 5 yrs, then destroy.
20. Will these records ever be _____ microfilmed or <input checked="" type="checkbox"/> scanned into an optical imaging system? If so, at what point in the retention will this happen?
21. Signature of Bureau Chief or Program Manager: 

RECORDS RETENTION INVENTORY WORKSHEET

1. Department (Please include bureau or section): Department of Fire & Rescue Services (DFRS) – Emergency Services Bureau (ESB)		
2. Address: 6751 Columbia Gateway Dr; Columbia, MD	3. Zip Code: 21046	4. Date:
5. Person Completing Form: Captain Karen Dausch	6. Title: EMS Operations Captain	7. Phone: 410-313-6018

RECORD INFORMATION

8. Record Series Title (no abbreviations): Chest Pain
9. Variant or Alternate Titles (abbreviations OK):
10. Record Series Description. Include the purpose of this record series (why you collect the information, how you use it, etc.) and the data included in this record series (you may attach representative documents): Quality improvement forms.
11. In the event of a disaster, is this record vital to the Continuity of Operations (COOP)? _____ Yes <input checked="" type="checkbox"/> No
12. What is the primary value of this record? _____ <input checked="" type="checkbox"/> Administrative _____ Legal _____ Fiscal _____ <input checked="" type="checkbox"/> Historical
13. Are these records subject to _____ <input checked="" type="checkbox"/> audit and/or _____ litigation?
14. List all specific legal citations which govern this series:
15. What format types (e.g. paper, computer data, microfilm, videos, etc.) are included in this series? Paper, computer, data, audio, video files
16. Is this record series the original or "record" copy? _____ Yes <input checked="" type="checkbox"/> No If not, where can the official copy be found?
17. How long are these records needed for day-to-day business functions (daily, weekly, monthly, annually)? Daily- As needed- case to case
18. After these records have become inactive, how long would you like to store them off-site? Retain 5 yrs
19. Recommended Retention: Retain 5 yrs, then destroy
20. Will these records ever be _____ microfilmed or _____ <input checked="" type="checkbox"/> scanned into an optical imaging system? If so, at what point in the retention will this happen?
21. Signature of Bureau Chief or Program Manager: <u><i>A/C Dausch</i></u>

RECORDS RETENTION INVENTORY WORKSHEET

1. Department (Please include bureau or section): Department of Fire & Rescue Services (DFRS) – Emergency Services Bureau (ESB)		
2. Address: 6751 Columbia Gateway Dr; Columbia, MD	3. Zip Code: 21046	4. Date: 10/24/12
5. Person Completing Form: Captain Karen Dausch	6. Title: EMS Operations Captain	7. Phone: 410-313-6018


RECORD INFORMATION

8. Record Series Title (no abbreviations): Critical Incident Stress Management
9. Variant or Alternate Titles (abbreviations OK): CISM
10. Record Series Description. Include the purpose of this record series (why you collect the information, how you use it, etc.) and the data included in this record series (you may attach representative documents): General information, Howard County Fire & Rescue (HCFR) team, contact forms, International Critical Incident Stress Foundation (ICISF), Maryland Team, International Coordination.
11. In the event of a disaster, is this record vital to the Continuity of Operations (COOP)? _____ Yes <input checked="" type="checkbox"/> No
12. What is the primary value of this record? _____ Administrative _____ Legal _____ Fiscal _____ Historical
13. Are these records subject to <input checked="" type="checkbox"/> audit and/or <input checked="" type="checkbox"/> litigation?
14. List all specific legal citations which govern this series:
15. What format types (e.g. paper, computer data, microfilm, videos, etc.) are included in this series?
16. Is this record series the original or "record" copy? _____ Yes _____ No If not, where can the official copy be found?
17. How long are these records needed for day-to-day business functions (daily, weekly, monthly, annually)?
18. After these records have become inactive, how long would you like to store them off-site?
19. Recommended Retention: Retain 2 yrs, then destroy
20. Will these records ever be _____ microfilmed or _____ scanned into an optical imaging system? If so, at what point in the retention will this happen?
21. Signature of Bureau Chief or Program Manager: 

RECORDS RETENTION INVENTORY WORKSHEET

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5. Person Completing Form: Captain Karen Dausch	6. Title: EMS Operations Captain	7. Phone: 410-313-6018

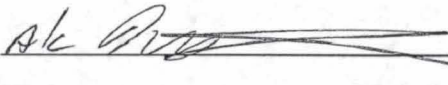
RECORD INFORMATION

8. Record Series Title (no abbreviations): Controlled Substance Cards
9. Variant or Alternate Titles (abbreviations OK):
10. Record Series Description. Include the purpose of this record series (why you collect the information, how you use it, etc.) and the data included in this record series (you may attach representative documents): Daily logs, personnel key issuances, DEA licensing (Medical Director)
11. In the event of a disaster, is this record vital to the Continuity of Operations (COOP)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
12. What is the primary value of this record? <input checked="" type="checkbox"/> Administrative <input checked="" type="checkbox"/> Legal <input type="checkbox"/> Fiscal <input checked="" type="checkbox"/> Historical
13. Are these records subject to <input checked="" type="checkbox"/> audit and/or <input type="checkbox"/> litigation?
14. List all specific legal citations which govern this series:
15. What format types (e.g. paper, computer data, microfilm, videos, etc.) are included in this series? Paper- located with ePCR data files, Computer-data- T-Drive-
16. Is this record series the original or "record" copy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If not, where can the official copy be found? Computer
17. How long are these records needed for day-to-day business functions (daily, weekly, monthly, annually)? Monthly, weekly, daily as needed.
18. After these records have become inactive, how long would you like to store them off-site? 5 years
19. Recommended Retention: Retain 7 yrs, then destroy
20. Will these records ever be <input type="checkbox"/> microfilmed or <input type="checkbox"/> scanned into an optical imaging system? If so, at what point in the retention will this happen?
21. Signature of Bureau Chief or Program Manager: <u></u>

RECORDS RETENTION INVENTORY WORKSHEET

1. Department (Please include bureau or section): Department of Fire & Rescue Services (DFRS) – Emergency Services Bureau (ESB)		
2. Address: 6751 Columbia Gateway Dr; Columbia, MD	3. Zip Code: 21046	4. Date: 10/24/2012
5. Person Completing Form: Captain Karen Dausch	6. Title: EMS Operations Captain	7. Phone: 410-313-6018


RECORD INFORMATION

8. Record Series Title (no abbreviations): Critiques of Incidents
9. Variant or Alternate Titles (abbreviations OK):
10. Record Series Description. Include the purpose of this record series (why you collect the information, how you use it, etc.) and the data included in this record series (you may attach representative documents): Critique of critical Emergency Medical Services (EMS) incident reports for quality assurance.
11. In the event of a disaster, is this record vital to the Continuity of Operations (COOP)? _____ Yes <input checked="" type="checkbox"/> No
12. What is the primary value of this record? _____ Administrative _____ Legal _____ Fiscal <input checked="" type="checkbox"/> Historical
13. Are these records subject to <u> N/A </u> audit and/or _____ litigation?
14. List all specific legal citations which govern this series:
15. What format types (e.g. paper, computer data, microfilm, videos, etc.) are included in this series? Paper/Data Based(computer-video/pictures)
16. Is this record series the original or "record" copy? <input checked="" type="checkbox"/> Yes _____ No If not, where can the official copy be found? Location would be the EMS BC Executive Office
17. How long are these records needed for day-to-day business functions (daily, weekly, monthly, annually)? n/a
18. After these records have become inactive, how long would you like to store them off-site? n/a
19. Recommended Retention: Retain 5 yrs, then destroy
20. Will these records ever be _____ microfilmed or <u> n/a </u> scanned into an optical imaging system? If so, at what point in the retention will this happen?
21. Signature of Bureau Chief or Program Manager: 

RECORDS RETENTION INVENTORY WORKSHEET

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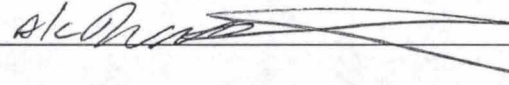
RECORD INFORMATION

8. Record Series Title (no abbreviations): Emergency Medical Services Advisory Council
9. Variant or Alternate Titles (abbreviations OK):
10. Record Series Description. Include the purpose of this record series (why you collect the information, how you use it, etc.) and the data included in this record series (you may attach representative documents): Correspondence, meeting minutes and action plans.
11. In the event of a disaster, is this record vital to the Continuity of Operations (COOP)? _____ Yes <input checked="" type="checkbox"/> No
12. What is the primary value of this record? _____ Administrative _____ Legal _____ Fiscal <input checked="" type="checkbox"/> Historical
13. Are these records subject to _____ audit and/or _____ litigation?
14. List all specific legal citations which govern this series:
15. What format types (e.g. paper, computer data, microfilm, videos, etc.) are included in this series? Paper/Computer
16. Is this record series the original or "record" copy? _____ Yes _____ No Original minutes with Medical Director
17. How long are these records needed for day-to-day business functions (daily, weekly, monthly, annually)? As needed- Annually
18. After these records have become inactive, how long would you like to store them off-site?
19. Recommended Retention: Retain in office for 3 yrs, then transfer to MSA every 5 years for permanent retention.
20. Will these records ever be _____ microfilmed or _____ scanned into an optical imaging system? If so, at what point in the retention will this happen?
21. Signature of Bureau Chief or Program Manager: 

RECORDS RETENTION INVENTORY WORKSHEET

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5. Person Completing Form: Captain Karen Dausch	6. Title: EMS Operations Captain	7. Phone: 410-313-6018


RECORD INFORMATION

8. Record Series Title (no abbreviations): Emergency Medical Services File
9. Variant or Alternate Titles (abbreviations OK):
10. Record Series Description. Include the purpose of this record series (why you collect the information, how you use it, etc.) and the data included in this record series (you may attach representative documents): Cot maintenance, recalls, special needs residents, statistical data coordinator logs, weekly ambulance inspections, station visits, media correspondence, hospital and citizen complaints.
11. In the event of a disaster, is this record vital to the Continuity of Operations (COOP)? _____ Yes _____ X _____ No
12. What is the primary value of this record? _____ Administrative _____ Legal _____ Fiscal _____ X _____ Historical
13. Are these records subject to _____ NA _____ audit and/or _____ litigation?
14. List all specific legal citations which govern this series:
15. What format types (e.g. paper, computer data, microfilm, videos, etc.) are included in this series? Station level paper copies of Weekly on Ambulances- Cot maintenance. Data on Computer and CAD/RMS
16. Is this record series the original or "record" copy? _____ Yes _____ X _____ No If not, where can the official copy be found?
17. How long are these records needed for day-to-day business functions (daily, weekly, monthly, annually)? Daily to Annual- as needed
18. After these records have become inactive, how long would you like to store them off-site? 5 years
19. Recommended Retention: Retain 5 yrs, then destroy
20. Will these records ever be _____ na _____ microfilmed or _____ na _____ scanned into an optical imaging system? If so, at what point in the retention will this happen?
21. Signature of Bureau Chief or Program Manager: 

RECORDS RETENTION INVENTORY WORKSHEET

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2. Address: 6751 Columbia Gateway Dr; Columbia, MD	3. Zip Code: 21046	4. Date: 10/24/2012
5. Person Completing Form: Captain Karen Dausch	6. Title: EMS Operations Captain	7. Phone: 410-313-6018


RECORD INFORMATION

8. Record Series Title (no abbreviations): Infectious Disease
9. Variant or Alternate Titles (abbreviations OK):
10. Record Series Description. Include the purpose of this record series (why you collect the information, how you use it, etc.) and the data included in this record series (you may attach representative documents): Infectious disease notifications, infectious disease worksheets, field operations, hepatitis B vaccines.
11. In the event of a disaster, is this record vital to the Continuity of Operations (COOP)? _____ Yes _____ X _____ No
12. What is the primary value of this record? _____ X _____ Administrative _____ Legal _____ Fiscal _____ X _____ Historical
13. Are these records subject to _____ audit and/or _____ litigation?
14. List all specific legal citations which govern this series:
15. What format types (e.g. paper, computer data, microfilm, videos, etc.) are included in this series? Paper/ Data on computer as back-up
16. Is this record series the original or "record" copy? _____ Yes _____ No If not, where can the official copy be found?
17. How long are these records needed for day-to-day business functions (daily, weekly, monthly, annually)? Not needed day to day
18. After these records have become inactive, how long would you like to store them off-site?
19. Recommended Retention: Retain 5 yrs, then destroy
20. Will these records ever be _____ microfilmed or _____ scanned into an optical imaging system? If so, at what point in the retention will this happen?
21. Signature of Bureau Chief or Program Manager: <u></u>

RECORDS RETENTION INVENTORY WORKSHEET

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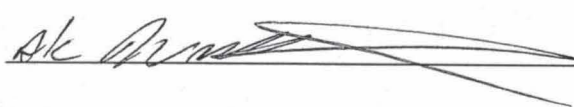
RECORD INFORMATION

8. Record Series Title (no abbreviations): Maryland Institute of Emergency Medical Services Systems
9. Variant or Alternate Titles (abbreviations OK): MIEMSS
10. Record Series Description. Include the purpose of this record series (why you collect the information, how you use it, etc.) and the data included in this record series (you may attach representative documents): Ad hoc committee, affiliations, meetings, annual reports, block grant information, emergency medical feedback, Maryland EMS newsletter, Regional III EMS Council meetings, Region III Health & Medical Task Force, State Run Report, State Legislation, SYSCOM, EMSC, confidential data request, DOT highway safety fund, medical director committee, rapid sequence intubation, Title 30 regulation.
11. In the event of a disaster, is this record vital to the Continuity of Operations (COOP)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
12. What is the primary value of this record? <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Legal <input checked="" type="checkbox"/> Fiscal <input checked="" type="checkbox"/> Historical
13. Are these records subject to <u>n/a</u> audit and/or <u> </u> litigation?
14. List all specific legal citations which govern this series:
15. What format types (e.g. paper, computer data, microfilm, videos, etc.) are included in this series? Electronically, computer, and paper
16. Is this record series the original or "record" copy? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, where can the official copy be found?
17. How long are these records needed for day-to-day business functions (daily, weekly, monthly, annually)? As needed-
18. After these records have become inactive, how long would you like to store them off-site?
19. Recommended Retention: Retain 3 yrs, then destroy
20. Will these records ever be <u>n/a</u> microfilmed or <u>n/a</u> scanned into an optical imaging system? If so, at what point in the retention will this happen?
21. Signature of Bureau Chief or Program Manager: 

RECORDS RETENTION INVENTORY WORKSHEET

1. Department (Please include bureau or section): Department of Fire & Rescue Services (DFRS) – Emergency Services Bureau (ESB)		
2. Address: 6751 Columbia Gateway Dr; Columbia, MD	3. Zip Code: 21046	4. Date: 10/24/2012
5. Person Completing Form: Captain Karen Dausch	6. Title: EMS operations Captain	7. Phone: 410-313-6018

RECORD INFORMATION

8. Record Series Title (no abbreviations): Medical Incident Reports
9. Variant or Alternate Titles (abbreviations OK): MIRs and/or ePCRs (electronic patient care reports)
10. Record Series Description. Include the purpose of this record series (why you collect the information, how you use it, etc.) and the data included in this record series (you may attach representative documents): Hard copy hand written and electronic composed reports prepared by paramedics during emergency medical incidents.
11. In the event of a disaster, is this record vital to the Continuity of Operations (COOP)? _____ Yes <input checked="" type="checkbox"/> No
12. What is the primary value of this record? _____ X _____ Administrative _____ X _____ Legal _____ Fiscal _____ X _____ Historical
13. Are these records subject to _____ audit and/or <input checked="" type="checkbox"/> litigation?
14. List all specific legal citations which govern this series:
15. What format types (e.g. paper, computer data, microfilm, videos, etc.) are included in this series? Paper/ electronic copies
16. Is this record series the original or "record" copy? <input checked="" type="checkbox"/> Yes _____ No If not, where can the official copy be found? ESB Storage for paper copies/ Electronic on Data Base
17. How long are these records needed for day-to-day business functions (daily, weekly, monthly, annually)? As needed- daily to Annual
18. After these records have become inactive, how long would you like to store them off-site?
19. Recommended Retention: Purge in-house files annually and move to warehouse archives. Retain 5 yrs, then destroy.
20. Will these records ever be <u>n/a</u> microfilmed or <u>n/a</u> scanned into an optical imaging system? If so, at what point in the retention will this happen?
21. Signature of Bureau Chief or Program Manager: <u></u>

RECORDS RETENTION INVENTORY WORKSHEET

1. Department (Please include bureau or section): Department of Fire & Rescue Services (DFRS) – Emergency Services Bureau (ESB)		
2. Address: 6751 Columbia Gateway Dr; Columbia, MD	3. Zip Code: 21046	4. Date: 10/24/2012
5. Person Completing Form: Captain Karen Dausch	6. Title: EMS Operation Captain	7. Phone: 410-313-2012

RECORD INFORMATION

8. Record Series Title (no abbreviations): Bureau Video & Digital Documentation
9. Variant or Alternate Titles (abbreviations OK):
10. Record Series Description. Include the purpose of this record series (why you collect the information, how you use it, etc.) and the data included in this record series (you may attach representative documents): All digital documentation. (Glidescope, Electronic Patient Care Reports, Quality Assurance, Scene Pictures)
11. In the event of a disaster, is this record vital to the Continuity of Operations (COOP)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
12. What is the primary value of this record? <input checked="" type="checkbox"/> Administrative <input checked="" type="checkbox"/> Legal <input type="checkbox"/> Fiscal <input checked="" type="checkbox"/> Historical
13. Are these records subject to <input type="checkbox"/> audit and/or <input checked="" type="checkbox"/> litigation?
14. List all specific legal citations which govern this series:
15. What format types (e.g. paper, computer data, microfilm, videos, etc.) are included in this series? Paper and electronic copies
16. Is this record series the original or "record" copy? <input checked="" type="checkbox"/> n/a <input type="checkbox"/> Yes <input type="checkbox"/> No If not, where can the official copy be found?
17. How long are these records needed for day-to-day business functions (daily, weekly, monthly, annually)? Weekly to Monthly
18. After these records have become inactive, how long would you like to store them off-site?
19. Recommended Retention: Retain 5 yrs, then destroy
20. Will these records ever be <input checked="" type="checkbox"/> n/a microfilmed or <input checked="" type="checkbox"/> n/a scanned into an optical imaging system? If so, at what point in the retention will this happen?
21. Signature of Bureau Chief or Program Manager: 