

CITY OF ANNAPOLIS RECORDS RETENTION AND DISPOSAL SCHEDULE		Schedule No. <b>m-112</b>
	<b>FIRE DEPARTMENT</b>	Division: <b>TRAINING</b>
Item No.	Description	Retention
1.	<b>General Correspondence</b>  Original incoming letters, copies of outgoing letters, memoranda, studies, reports, directives, policies, and other materials related to the administration of the agency.	Retain for three years; then destroy.
2.	<b>Individual Training Files and Reports: Career - Current</b>  All outside training (MFRI - NFA - etc.) taken by city personnel to include in-service training.	Retain for one year after termination, then destroy.
3.	<b>Individual Outside Training Files and Reports: Volunteer</b>  All outside training (MFRI - NFA - etc.) taken by volunteer personnel.	Retain for one year after termination date, then destroy.
4.	<b>Company Training Report</b>  Company in-service training.	Retain for two years, then destroy.
5.	<b>Physical Ability Test Records</b>  Record of the applicants and statistics of test to include the scores.	Retain for one year after date of test, then destroy.

*Edward P. Sherlock, Jr.*  
Department Director

*February 29, 2000*  
Date

*P. Bembé*  
City Clerk

*3/10/00*  
Date

*Edward C. Spangenberg*  
Schedule Approved by State Archivist

*APR 27 2000*  
Date

CITY OF ANNAPOLIS RECORDS RETENTION AND DISPOSAL SCHEDULE		Schedule No. <b>M-112</b>
	<b>FIRE DEPARTMENT</b>	Division: <b>TRAINING</b>
Item No.	Description	Retention
6.	<b>Safety Records</b>  Records to include risk management, unsafe condition, and safety officer's reports, minutes from the Safety Committee, Fitness and Wellness Committee and other related materials.	Retain as per OSHA / MOSH requirements
7.	<b>Accident and Injury Review Board Records</b>  Written reports of all accidents and injuries to fire personnel and equipment.	Retain for three years, then destroy.
8.	<b>Turnout Inspection Forms</b>  Monthly inspection records of turnout gear and its serviceability.	Retain for two years after completion, then destroy.

<b>Instructions - Prepare a separate form for each new or revised record series.</b>		<b>CITY OF ANNAPOLIS Records Management Program</b>		<b>RECORDS INVENTORY</b> PAGE <u>1</u> OF <u>1</u>	
<b>1. Department</b> <u>FIRE</u>		<b>2. Division</b> <u>TRAINING</u>		<b>3. Unit</b>	
<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>					
<b>4. Record Series Title</b> <u>INDIVIDUAL TRAINING FILES - CAREER - CURRENT</u>				<b>5. Earliest Year/Latest Year</b> _____ to _____	
<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> <u>ALL OUTSIDE TRAINING (MFERI, NFA - ETC.) TAKEN BY CITY PERSONNEL - TO INCLUDE IN SERVICE TRAINING DOCUMENTED</u>					
<b>7. Record Series Format(s)</b> <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Micro Film <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (Specify) _____		<b>8. Record Series Sequence</b> <input checked="" type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (Specify) _____		<b>9. Volume</b> <u>Number</u> <input checked="" type="checkbox"/> File Drawer(s) <u>1-2-3</u> <input type="checkbox"/> Microfilm Reel(s) _____ <input type="checkbox"/> Computer Tape(s) _____ <input type="checkbox"/> Other (Specify) _____	
				<b>10. Annual Accumulation</b> <u>Number</u> <input checked="" type="checkbox"/> File Drawer(s) _____ <input type="checkbox"/> Microfilm Reel(s) _____ <input type="checkbox"/> Computer Tape(s) _____ <input type="checkbox"/> Other (Specify) _____	
<b>11. File is Used</b> <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly			<b>12. File Becomes Inactive After</b> _____ <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s) <u>Number</u>		
<b>13. Current Location(s) (Bldg. Floor, Room)</b> <u>TRAINING OFFICE</u>			<b>14. Is Record Series Duplicated Elsewhere?</b> (If yes, specify office) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>15. Access Restrictions</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If yes, cite law(s) & regulations)			<b>16. Audit Requirements</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent		
<b>17. Is an index system used? (If yes explain briefly and describe any hardware/software.)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>18. Recommended Retention</b> <u>1 YEAR AFTER INDEFINITE TERMINATION OF EMPLOYEE</u>		
<b>19. Name and Title of Preparer</b> <u>THOMAS M. TERRY JR. LIEUTENANT</u>					
<b>20. Telephone Number</b> <u>2977 - 24</u>				<b>21. Date</b> <u>7/29/96</u>	

<b>Instructions - Prepare a separate form for each new or revised record series.</b>		<b>CITY OF ANNAPOLIS</b> <b>Records Management Program</b>		<b>RECORDS INVENTORY</b> PAGE <u>1</u> OF <u>1</u>	
<b>1. Department</b> FIRE		<b>2. Division</b> TRAINING		<b>3. Unit</b>	
<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>					
<b>4. Record Series Title</b> INDIVIDUAL OUTSIDE TRAINING - VOLUNTEER				<b>5. Earliest Year/Latest Year</b> _____ to _____	
<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> ALL OUTSIDE TRAINING (MPRI - NFA - ETC.) TAKEN BY VOL. PERSONNEL.					
<b>7. Record Series Format(s)</b> <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Micro Film <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (Specify) _____		<b>8. Record Series Sequence</b> <input checked="" type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input checked="" type="checkbox"/> Other (Specify) _____ <u>By COMPANY THEN</u> <u>ALPHABETICAL</u>		<b>9. Volume</b> <u>Number</u> <input type="checkbox"/> File Drawer(s) _____ <input type="checkbox"/> Microfilm Reel(s) _____ <input type="checkbox"/> Computer Tape(s) _____ <input type="checkbox"/> Other (Specify) _____	
				<b>10. Annual Accumulation</b> <u>Number</u> <input checked="" type="checkbox"/> File Drawer(s) _____ <input type="checkbox"/> Microfilm Reel(s) _____ <input type="checkbox"/> Computer Tape(s) _____ <input type="checkbox"/> Other (Specify) _____	
<b>11. File is Used</b> <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly			<b>12. File Becomes Inactive After</b> <u>12</u> <input checked="" type="checkbox"/> Month(s) <input type="checkbox"/> Year(s) Number		
<b>13. Current Location(s) (Bldg. Floor, Room)</b> TRAINING OFFICE			<b>14. Is Record Series Duplicated Elsewhere?</b> (If yes, specify office) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>15. Access Restrictions</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If yes, cite law(s) & regulations)			<b>16. Audit Requirements</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent		
<b>17. Is an index system used? (If yes explain briefly and describe any hardware/software.)</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<b>18. Recommended Retention</b> 1 YR AFTER INDEFINITE TERMINATION		
<b>19. Name and Title of Preparer</b> THOMAS M. TERBY JR. LIEUTENANT					
<b>20. Telephone Number</b> 7977-24				<b>21. Date</b> 7/29/96	

<b>Instructions</b> - Prepare a separate form for each new or revised record series.		<b>CITY OF ANNAPOLIS</b> Records Management Program		<b>RECORDS INVENTORY</b> PAGE <u>1</u> OF <u>1</u>	
<b>1. Department</b> FIRE		<b>2. Division</b> TRAINING		<b>3. Unit</b>	
<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.					
<b>4. Record Series Title</b> COMPANY TRAINING REPORT				<b>5. Earliest Year/Latest Year</b> _____ to _____	
<b>6. Record Series Description</b> (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) COMPANY 10-SERVICE TRAINING.					
<b>7. Record Series Format(s)</b> <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Micro Film <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (Specify) _____		<b>8. Record Series Sequence</b> <input checked="" type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (Specify) _____ COMPANY THEN ALPHABETICAL		<b>9. Volume</b> 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) _____	
				<b>10. Annual Accumulation</b> 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) _____	
<b>11. File is Used</b> <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly			<b>12. File Becomes Inactive After</b> _____ Number <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s)		
<b>13. Current Location(s)</b> (Bldg. Floor, Room) TRAINING OFFICE - COORDINATOR PLATOON			<b>14. Is Record Series Duplicated Elsewhere?</b> (If yes, specify office) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>15. Access Restrictions</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If yes, cite law(s) & regulations)			<b>16. Audit Requirements</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent		
<b>17. Is an index system used?</b> (If yes explain briefly and describe any hardware/software.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<b>18. Recommended Retention</b> 2 YRS THEN DESTROY INDEFINITE		
<b>19. Name and Title of Preparer</b> THOMAS M. TERRY JR. - LIEUTENANT					
<b>20. Telephone Number</b> 7977-24				<b>21. Date</b> 7/29/96	



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<b>1. Department</b> FIRE		<b>2. Division</b> TRAINING		<b>3. Unit</b>	
<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.					
<b>4. Record Series Title</b> INDIVIDUAL TRAINING REPORTS				<b>5. Earliest Year/Latest Year</b> _____ to _____	
<b>6. Record Series Description</b> (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) RECORDS ALL IN SERVICE TRAINING.					
<b>7. Record Series Format(s)</b> <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Micro Film <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (Specify) _____		<b>8. Record Series Sequence</b> <input checked="" type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (Specify) _____		<b>9. Volume</b> <u>Number</u> <input checked="" type="checkbox"/> File Drawer(s) _____ <input type="checkbox"/> Microfilm Reel(s) _____ <input type="checkbox"/> Computer Tape(s) _____ <input type="checkbox"/> Other (Specify) _____	
				<b>10. Annual Accumulation</b> <u>Number</u> <input checked="" type="checkbox"/> File Drawer(s) _____ <input type="checkbox"/> Microfilm Reel(s) _____ <input type="checkbox"/> Computer Tape(s) _____ <input type="checkbox"/> Other (Specify) _____	
<b>11. File is Used</b> <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly			<b>12. File Becomes Inactive After</b> <u>12</u> <input checked="" type="checkbox"/> Month(s) <input type="checkbox"/> Year(s) Number		
<b>13. Current Location(s)</b> (Bldg. Floor, Room) TRAINING OFFICE - PLATOON COORDINATOR			<b>14. Is Record Series Duplicated Elsewhere?</b> (If yes, specify office) <del>NO</del> <del>YES</del> <del>NO</del> - NO -		
<b>15. Access Restrictions</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, cite law(s) & regulations)			<b>16. Audit Requirements</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent		
<b>17. Is an index system used?</b> (If yes explain briefly and describe any hardware/software.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<b>18. Recommended Retention</b> <u>2 YEARS THEN</u> <u>PLATOON COORDINATOR DESTROY</u>		
<b>19. Name and Title of Preparer</b> <u>THOMAS M. TERBY JR - LIEUTENANT</u>					
<b>20. Telephone Number</b> <u>9977-24</u>				<b>21. Date</b> <u>7/29/86</u>	