



CERTIFICATE OF DESTRUCTION

QUEEN ANNE COUNTY - HEALTH DEPARTMENT  
206 N COMMERCE ST  
CENTREVILLE, MD 216171049

SERVICE TICKET #: 00D86 - 120232  
DATE: 11/30/2007  
CUSTOMER #: 969  
SERVICE/TYPE: Purge/Offsite  
NEXT SERVICE DATE: 12/11/2007  
NEXT SERVICE TYPE: Purge

SERVICE PERFORMED  
64 Gallon Wheeled Container - (1)  
Pounds  
Minutes

SVC'D / ADD'L  
1-64 / \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Lock(s) Present/Operable:

Clasp(s) Present/Operable:

Yes No  
Yes No

206 N Commerce St / 1-64 / 4 boxes

205 N liberty St / 1 cart

COMMENTS:

This certificate is to certify that Cintas Document Management will shred confidential data per customer's instructions and according to HIPAA & GLBA regulations for the above-mentioned company. Offsite destruction services are NAID certified. Non-paper destruction services are not NAID certified.

CUSTOMER SIGNATURE:

DATE: \_\_\_\_\_

SERVICE REP SIGNATURE: James Rowley

DATE: 11/30/07

DEC 7 1970

LIBRARY OF THE

UNIVERSITY OF MICHIGAN

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

Schedule No. 834

Page 1 of 1

**Agency**  
Queen Anne's Co. Dept. of Health

**Division/Unit**  
Administration/File Room

Item No.	Description	Retention
1A	Accounts Receivable	Shred
1E	Misc. Accounting Records	Shred
24	Financial files	Shred

Schedule Approved by Department, Agency, or Division Representative.

Date \_\_\_\_\_

Signature \_\_\_\_\_

Typed Name \_\_\_\_\_

Title \_\_\_\_\_

Schedule Authorized by State Archivist

Date \_\_\_\_\_

Signature \_\_\_\_\_

AUG 1 1948 *ms*

Cintas:

Arrived 5/22/08, 5:00 pm.

Informed by technician, the scale was not in the truck.

⊗ Cintas is to call Grace with the weight. 80lb,

Deb



QUEEN ANNE COUNTY  
205 N LIBERTY ST  
CENTREVILLE, MD 216171022

SERVICE PERFORMED  
Pounds  
Minutes

SVC'D ADD'L  
3- Boxes

Lock(s) Present/Operable:

Yes No

Clasp(s) Present/Operable:

Yes No

CERTIFICATE OF DESTRUCTION

SERVICE TICKET #: 00D86 - 175843  
DATE: 07/22/2008  
CUSTOMER #: 5529  
SERVICE/TYPE: Purge/Offsite  
NEXT SERVICE DATE: Not scheduled.  
NEXT SERVICE TYPE: Not scheduled.

Weight must be correct 80lb,

CUSTOMER COPY

COMMENTS:

This certificate is to certify that Cintas Document Management will shred confidential data per customer's instructions and according to HIPAA & GLBA regulations for the above-mentioned company. Offsite destruction services are NAID certified. Non-paper destruction services are not NAID certified.

CUSTOMER SIGNATURE:

*Jeanne M. Roe*

DATE: 7/22/08

SERVICE REP SIGNATURE:

*KT*

DATE: 7-22-08

AUG 12 1968 *ms*



QUEEN ANNE COUNTY - HEALTH DEPARTMENT  
206 N COMMERCE ST  
CENTREVILLE, MD 216171049

SERVICE PERFORMED  
64 Gallon Wheeled Container - (1)  
Pounds  
Minutes

SVC'D ADD'L  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Lock(s) Present/Operable:  
Clasp(s) Present/Operable:

Yes No  
Yes No

### CERTIFICATE OF DESTRUCTION

SERVICE TICKET #: 00D86 - 171788  
DATE: 07/02/2008  
CUSTOMER #: 969  
SERVICE/TYPE: Purge/Offsite  
NEXT SERVICE DATE: Not scheduled.  
NEXT SERVICE TYPE: Not scheduled.

COMMENTS:

This certificate is to certify that Cintas Document Management will shred confidential data per customer's instructions and according to HIPAA & GLBA regulations for the above-mentioned company. Offsite destruction services are NAID certified. Non-paper destruction services are not NAID certified.

CUSTOMER SIGNATURE: \_\_\_\_\_

DATE: 7/2/08

SERVICE REP SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

6770 OAK HALL LN • COLUMBIA, MD 210454768 • Phone: (240)294-0389 • Fax: (240)294-0395

CC: Y

Jan 2 1882



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

Schedule No. 1518

Page 1 of 2

**Agency** Queen Anne's Co. Dept. of Health

**Division/Unit** Administration/  
File Room

Item No.	Description	Retention
31	Unified Medical Records	Shred
18 c	Rabies Immunizations	Shred
2	Immunizations	Shred

Schedule Approved by Department, Agency, or Division Representative.

Date \_\_\_\_\_

Signature \_\_\_\_\_

Typed Name \_\_\_\_\_

Title \_\_\_\_\_

Schedule Authorized by State Archivist

Date \_\_\_\_\_

Signature \_\_\_\_\_

JUL 17 1958

*ms*

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

Schedule No. 834

Page 2 of 2

**Agency** Queen Anne's Co. Dept. of Health **Division/Unit** Administration/  
File Room

Item No.	Description	Retention
1 C	Budget & Fiscal Planning Record	Shred
1 D	Payroll Exception Time Report	Shred

Schedule Approved by Department, Agency, or Division Representative.

Date \_\_\_\_\_

Signature \_\_\_\_\_

Typed Name \_\_\_\_\_

Title \_\_\_\_\_

Schedule Authorized by State Archivist

Date \_\_\_\_\_

Signature \_\_\_\_\_

JUL 7 2018



Queen Anne's County Health Department  
State of Maryland

206 N. Commerce Street, Centreville, MD 21617-1049



EASTON MD 216

25 OCT 2006 PM 3:3



Hasted

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\$00.390

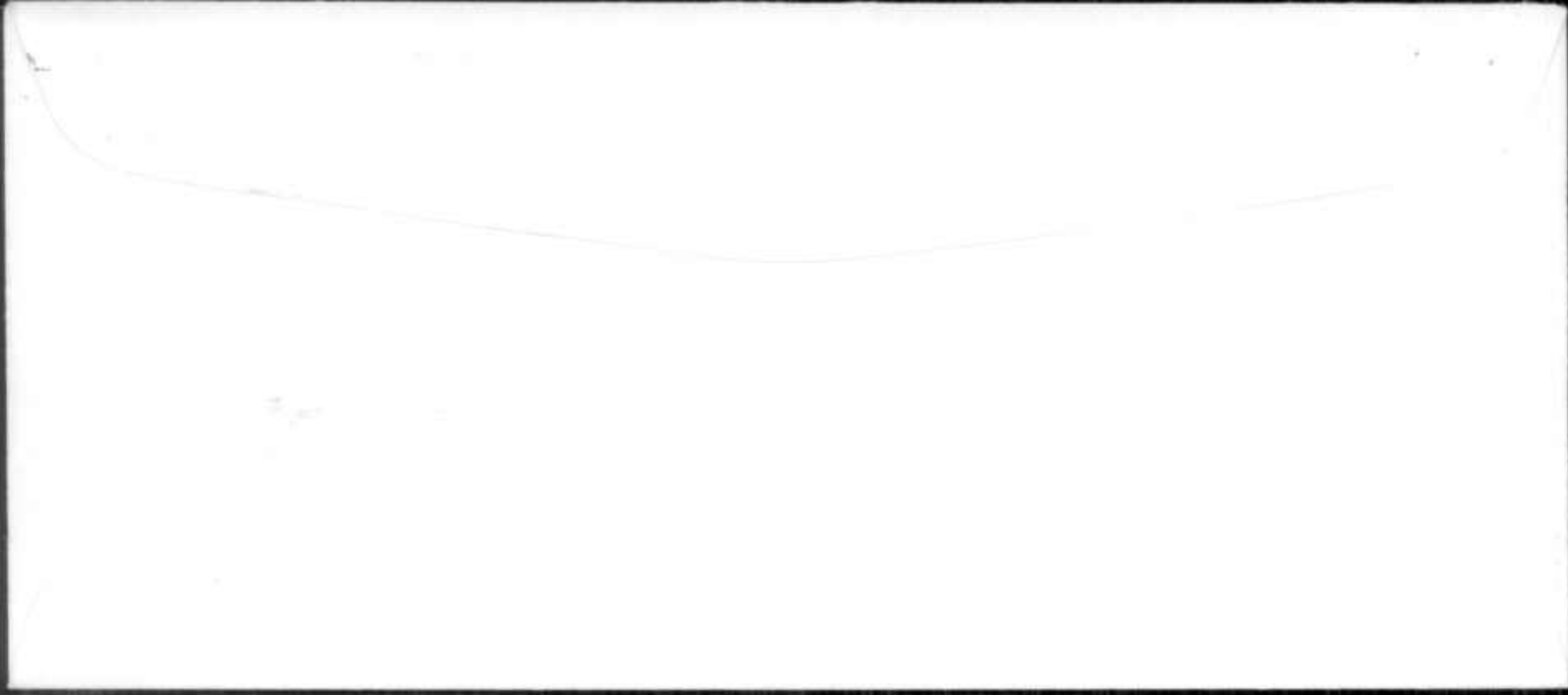
10/25/2006

Mailed From 21617  
US POSTAGE

STATE RECORDS CENTER  
DEPT. OF GENERAL SERVICES  
P. O. BOX 275  
JESSUP, MD 20794-0275

20794+0275







CERTIFICATE OF DESTRUCTION

QUEEN ANNE COUNTY - HEALTH DEPARTMENT  
206 N COMMERCE ST  
CENTREVILLE, MD 216171049

SERVICE TICKET #: 00D86 - 120232  
DATE: 11/30/2007  
CUSTOMER #: 969  
SERVICE/TYPE: Purge/Offsite  
NEXT SERVICE DATE: 12/11/2007  
NEXT SERVICE TYPE: Purge

SERVICE PERFORMED  
64 Gallon Wheeled Container - (1) SVC'D/ADD'L  
Pounds \_\_\_\_\_  
Minutes \_\_\_\_\_ 4 boxes

Lock(s) Present/Operable:  Yes  No  
Clasp(s) Present/Operable:  Yes  No

206 N Commerce St / 1-64 / 4 boxes  
205 N liberty St / 1 cart

CUSTOMER COPY

COMMENTS: This certificate is to certify that Cintas Document Management will shred confidential data per customer's instructions and according to HIPAA & GLBA regulations for the above-mentioned company. Offsite destruction services are NAID certified. Non-paper destruction services are not NAID certified.

CUSTOMER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
SERVICE REP SIGNATURE: James Rowley \_\_\_\_\_ DATE: 11/30/07

Handwritten text, possibly a name or title, appearing as a dark, vertical smudge.

1867

Handwritten text, possibly initials or a signature, appearing as a dark, vertical smudge.





MOODP226329

Invoice # : DD86028101
Date : 09/27/2007
Location # : 00D86
Customer # : 969
Credit Terms : CHARGE
Page # : 1

Remit To:
CINTAS DOCUMENT MANAGEMENT
PO BOX 633842
CINCINNATI, OH 45263-3842

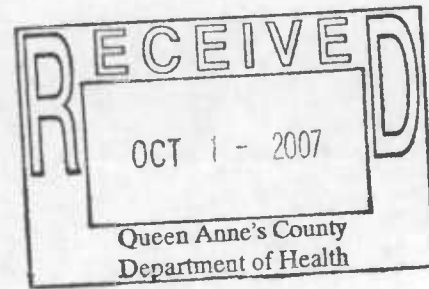
Bill To:
QUEEN ANNE COUNTY HEALTH DEPARTMENT
ATTN: BONNIE USILETON
206 N COMMERCE ST
CENTREVILLE, MD 21617-1049

Service Address:
QUEEN ANNE COUNTY - HEALTH
DEPARTMENT
206 N COMMERCE ST
CENTREVILLE, MD 21617-1049
CSN:

Table with 7 columns: Date, ST#, Item, Description, Qty, Unit Price, Price Tax. Contains two rows of shredding service data.

Subtotal: \$ 103.00
Tax: \$ 0.00
Total: \$ 103.00

1521845294/001



This certifies Cintas Document Management has shredded confidential data per customer's instructions and according to HIPAA & GLBA regulations for the above-mentioned company.

To insure proper credit, return this portion of the invoice with your remittance.

QUEEN ANNE COUNTY HEALTH DEPARTMENT
ATTN: BONNIE USILETON
206 N COMMERCE ST
CENTREVILLE, MD 21617-1049

Invoice # DD86028101
Date 09/27/2007
Customer # 969

Invoice Amount Due: \$ 103.00
Total 30: \$ 0.00
Total 60: \$ 0.00
Total 90+: \$ 0.00

2010/11/07

ALSO IN  
2011

2011  
2011  
2011

2011  
2011  
2011

~~XXXXXXXXXXXXXXXXXXXX~~

OCT 25 11:20 AM '77

~~XXXXXXXXXXXXXXXXXXXX~~



QUEEN ANNE COUNTY - HEALTH DEPARTMENT  
206 N COMMERCE ST  
CENTREVILLE, MD 216171049

SERVICE PERFORMED  
64 Gallon Wheeled Container - (1)  
Pounds  
Minutes

4 BOXES

~~XXXXXXXXXX~~

SYC'D ADD'L  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Lock(s) Present/Operable:  
Clasp(s) Present/Operable:

Yes No  
Yes No

### CERTIFICATE OF DESTRUCTION

SERVICE TICKET #: 00D86 - 105131  
DATE: 09/18/2007  
CUSTOMER #: 969  
SERVICE/TYPE: Purge/Offsite  
NEXT SERVICE DATE: Not scheduled.  
NEXT SERVICE TYPE: Not scheduled.

COMMENTS:

This certificate is to certify that Cintas Document Management will shred confidential data per customer's instructions and according to HIPAA & GLBA regulations for the above-mentioned company. Offsite destruction services are NAID certified. Non-paper destruction services are not NAID certified.

CUSTOMER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
SERVICE REP SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

6770 OAK HALL LN • SUITE 107 • COLUMBIA, MD 210454768 • Phone: (240)294-0389 • Fax: (240)294-0395

✓ 9/18/07

*LM*  
OCT 25

UNITED STATES POSTAL SERVICE  
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FIRST CLASS PERMIT NO. 1000  
WASHINGTON, D.C.

SALES OFFICE  
WASHINGTON, D.C.  
FIRST CLASS PERMIT NO. 1000  
WASHINGTON, D.C.

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

Schedule No.

Page 1 of 1

Agency

Division/Unit

Queen Anne's Co. Dept. of Health

Administration - file room

Item No.

Description

Retention

- |   |                                     |          |
|---|-------------------------------------|----------|
| 1 | Clinical files - 1977-1996          | Shredded |
| 2 | Financial files - 1998-2003         | Shredded |
| 3 | Fiscal files - 2002                 | Shredded |
| 4 | Clinical Addictions files 1977-2000 | Shredded |

Schedule Approved by Department, Agency, or Division Representative.

Date 7-26-07

Signature Grace S. Morris

Typed Name Grace S. Morris

Title Office Clerk II

Schedule Authorized by State Archivist

Date \_\_\_\_\_

Signature \_\_\_\_\_

700 20 No 7  
BUREAU OF MARITIME  
RESEARCH

<b>DEPT OF HEALTH &amp; MENTAL HYGIENE</b>	<b>State Records Center</b> Dept of General Services 7275 Waterloo Road P.O. Box 275 Jessup MD 20794-0275 (410) 799-1379	<b>DHMH Instructions:</b> <b>Prepare 4 Copies</b> Distribution: 1. YOUR UNIT'S FILE 2. RECORDS COORDINATOR (PRGM/ADMIN) FILE 3. STATE RECORDS CTR 4. DHMH RECORDS OFFICER (Notify before Disposal) (410) 767-5934
EXEC - HCF - PHS - OPS SECRETARIAT		
Queen Anne's Co. Dept. of Health OFFICE / ADMINISTRATION / LOCATION		
File Room DIVISION / UNIT		

## CERTIFICATE OF RECORDS DISPOSAL

No.	DESCRIPTION OF RECORDS (FROM SCHEDULE FORM) (FORMAT: PAPER, FILM, DISK, ETC)	AUTHORIZATION*		INCLUSIVE DATES OF RECORDS	VOLUME (Ft <sup>3</sup> ) (BOXES)	DATE OF DISPOSAL	DISPOSAL METHOD (TRASH, SHRED, BURN, ETC)
		SCHEDULE #	ITEM				
1.	Paper	1518	31	1972-81	64 gal.	7-2-08	Shred
2.	Paper	1518	18C	1982-00	container	7-2-08	Shred
3.	Paper	1518	2	1989-97	total	7-2-08	Shred
4.	Paper	834	1C	2003		7-2-08	Shred
5.	Paper	834	1D	2000-03	↓	7-2-08	Shred
6.							
7.							
8.							
9.							
9.							
10.							
11.	<i>Approved by Tom Kravitz</i> <i>7/1/08 2:45 P.M.</i>						
12.							
13.							
14.							
15.							
16.							

\*RECORDS MUST BE LISTED ON AN AUTHORIZED SCHEDULE, DGS 550-1, AND MEET RETENTION REQUIREMENTS BEFORE DISPOSAL IS ALLOWED.

I hereby certify that the records listed above were disposed of as indicated.

*Grace Smorino*                      *Office Clerk II*                      *7-3-08*  
 SIGNATURE                                      TITLE                                      DATE

JUL 8 2008





QUEEN ANNE COUNTY - HEALTH DEPARTMENT  
206 N COMMERCE ST  
CENTREVILLE, MD 216171049

SERVICE PERFORMED  
64 Gallon Wheeled Container - (1)  
Pounds  
Minutes

SVC'D ADD'L

1 10800

Lock(s) Present/Operable:

Clasp(s) Present/Operable:

SERVICE TICKET #: 00D86 - 177369  
DATE: 07/29/2008  
CUSTOMER #: 969  
SERVICE/TYPE: Purge/Offsite  
NEXT SERVICE DATE: Not scheduled.  
NEXT SERVICE TYPE: Not scheduled.

Yes No  
Yes No

COMMENTS:

This certificate is to certify that Cintas Document Management will shred confidential data per customer's instructions and according to HIPAA & GLBA regulations for the above-mentioned company. Offsite destruction services are NAID certified. Non-paper destruction services are not NAID certified.

CUSTOMER SIGNATURE: \_\_\_\_\_

SERVICE REP SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

DATE: 7-29-08

AUG 1

1908

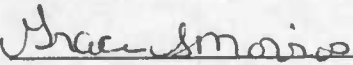

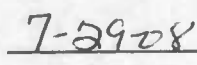
<b>DEPT OF HEALTH &amp; MENTAL HYGIENE</b>	<b>State Records Center</b> Dept of General Services 7275 Waterloo Road P.O. Box 275 Jessup MD 20794-0275 (410) 799-1379	<b>DHMH Instructions:</b> <b>Prepare 4 Copies</b> Distribution: 1. YOUR UNIT=S FILE 2. RECORDS COORDINATOR (PRGM/ADMIN) FILE 3. STATE RECORDS CTR 4. DHMH RECORDS OFFICER (Notify before Disposal) (410) 767-5934
EXEC - HCF - PHS - OPS		
SECRETARIAT Queen Anne's County Dept. of Health		
OFFICE / ADMINISTRATION / LOCATION File Room		
DIVISION / UNIT		

**CERTIFICATE OF RECORDS DISPOSAL**

No.	DESCRIPTION OF RECORDS (FROM SCHEDULE FORM) [FORMAT: PAPER, FILM, DISK, ETC]	AUTHORIZATION*		INCLUSIVE DATES OF RECORDS	VOLUME (FT <sup>3</sup> ) (BOXES)	DATE OF DISPOSAL	DISPOSAL METHOD (TRASH, SHRED, BURN, ETC)
		SCHEDULE #	ITEM				
1.	Paper	834	1A	FY 2003	64 gal &	7-29-08	SHRED
2.	Paper	834	1E	FY 99-02	10 boxes	7-29-08	SHRED
3.							
4.							
5.							
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11.							
12.							
13.							
14.							
15.							
16.							

\*RECORDS MUST BE LISTED ON AN AUTHORIZED SCHEDULE, DGS 550-1, AND MEET RETENTION REQUIREMENTS BEFORE DISPOSAL IS ALLOWED.

I hereby certify that the records listed above were disposed of as indicated.

 \_\_\_\_\_
  \_\_\_\_\_
  \_\_\_\_\_  
 SIGNATURE TITLE DATE

AUG 1968 *ms*

<b>DEPT OF HEALTH &amp; MENTAL HYGIENE</b>	<b>State Records Center</b> Dept of General Services 7275 Waterloo Road P.O. Box 275 Jessup MD 20794-0275 (410) 799-1379	<b>DHMH Instructions:</b> <b>Prepare 4 Copies</b> Distribution: 1. YOUR UNIT=S FILE 2. RECORDS COORDINATOR (PRGM/ADMIN) FILE 3. STATE RECORDS CTR 4. DHMH RECORDS OFFICER (Notify before Disposal) (410) 767-5934
EXEC - HCF - PHS - OPS SECRETARIAT		
Queen Anne's Co Dept of Health OFFICE / ADMINISTRATION / LOCATION		
Alcohol / Filiborn DIVISION / UNIT		

**CERTIFICATE OF RECORDS DISPOSAL**

No.	DESCRIPTION OF RECORDS (FROM SCHEDULE FORM) [FORMAT: PAPER, FILM, DISK, ETC]	AUTHORIZATION*		INCLUSIVE DATES OF RECORDS	VOLUME (FT <sup>3</sup> ) (BOXES)	DATE OF DISPOSAL	DISPOSAL METHOD (TRASH, SHRED, BURN, ETC)
		SCHEDULE #	ITEM				
1.	Abstinence Counseling Paper (8 1/2 x 11")	1518	22	1981 - <sup>Sept</sup> 2002	5.0	Oct. 2008	SHRED
2.	Drug Abuse Reports - Misc Incl Info - Accty Log (8 1/2 x 11")	1518	24	1998 - <sup>June</sup> 2002	5.0	Oct 2008	SHRED
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							

\*RECORDS MUST BE LISTED ON AN AUTHORIZED SCHEDULE, DGS 550-1, AND MEET RETENTION REQUIREMENTS BEFORE DISPOSAL IS ALLOWED.

I hereby certify that the records listed above were disposed of as indicated.

Jeanne M. Roe, RHIT      Office Manager      10/14/08  
 SIGNATURE      TITLE      DATE

OCT 28 1982 *ms*

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

Schedule No. 1518

Page 1 of 1

**Agency**  
Queen Anne's Co. Dept. of Health

**Division/Unit**  
Administration/File Room

Item No.	Description	Retention
24	Financial files Drug Abuse reports	Shred
22	Abstinence Counseling paper	Shred

Schedule Approved by Department, Agency, or Division Representative.

Date \_\_\_\_\_

Signature \_\_\_\_\_

Typed Name \_\_\_\_\_

Title \_\_\_\_\_

Schedule Authorized by State Archivist

Date \_\_\_\_\_

Signature \_\_\_\_\_



OCT 28 1968

*ms*



<i>Cecil County Health Department</i> Reporting Agency <hr/> <i>Alcohol and Drug Center</i> Division or Unit	Department of General Services Records Management Division 7275 Waterloo Road (Rte. 175) P.O. Box 275 Jessup, Maryland 20794-0275	Prepare in duplicate Retain one (1) copy and forward original to address at left.
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## CERTIFICATE OF RECORDS DISPOSAL

No.	Description of Records (Same Title as listed on Schedule)	Authorization		Inclusive Dates of Records Destroyed	Volume Cubic Feet	Date of Disposal	Method of Disposal
		Retention Schedule No	Item No.				
	<i>Alcohol and Drug</i>	<i>1518</i>		<i>1999 - 2001</i>	<i>5</i>	<i>2006</i>	<i>BURY</i>
	<i>Alcohol and Drug</i>	<i>834</i>		<i>1997-2004</i>	<i>3</i>	<i>2006</i>	<i>BURY</i>

I hereby certify that the records listed above were disposed of as indicated.

*Brenda Hanson*  
Signature
*Administrator*  
Title
*8/18/06*  
Date



SEP 18 2006



<i>Cecil County Health Department</i> Reporting Agency	Department of General Services Records Management Division 7275 Waterloo Road (Rte. 175) P.O. Box 275 Jessup, Maryland 20794-0275	Prepare in duplicate  Retain one (1) copy and forward original to address at left.
<i>Alcohol and Drug Center</i> Division or Unit		

## CERTIFICATE OF RECORDS DISPOSAL

No.	Description of Records (Same Title as listed on Schedule)	Authorization		Inclusive Dates of Records Destroyed	Volume Cubic Feet	Date of Disposal	Method of Disposal
		Retention Schedule No	Item No.				
	<i>Alcohol and Drug</i>	<i>1518</i>		<i>2001</i>	<i>7</i>	<i>2006</i>	<i>BURY</i>
	<i>Alcohol and Drug</i>	<i>834</i>		<i>2001-2002</i>	<i>2</i>	<i>2006</i>	<i>BURY</i>

I hereby certify that the records listed above were disposed of as indicated.

Signature Title Date

41

RECEIVED

JAN 16 2007

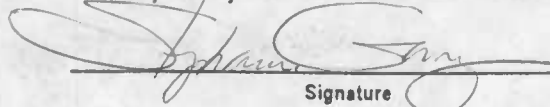
RECORDS MANAGE  
DEPT


<i>Cecil County Health Department</i> Reporting Agency  <i>Alcohol and Drug Center</i> Division or Unit	Department of General <b>Services</b> Records Management Division 7275 Waterloo Road (Rte. 175) P.O. Box 275 Jessup, Maryland 20794-0275	Prepare in duplicate  Retain one (1) copy and forward original to address at left.
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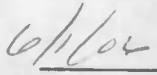
## CERTIFICATE OF RECORDS DISPOSAL

No.	Description of Records (Same Title as listed on Schedule)	Authorization		Inclusive Dates of Records Destroyed	Volume Cubic Feet	Date of Disposal	Method of Disposal
		Retention Schedule No	Item No.				
	<i>Alcohol and Drug</i>	<i>1518</i>		<i>2001</i>	<i>3</i>	<i>2006</i>	<i>BURY</i>
	<i>Alcohol and Drug</i>	<i>834</i>		<i>1999-2004</i>	<i>8</i>	<i>2006</i>	<i>BURY</i>

I hereby certify that the records listed above were disposed of as indicated.

  
 \_\_\_\_\_  
 Signature
 

  
 \_\_\_\_\_  
 Title
 

  
 \_\_\_\_\_  
 Date

~~CONFIDENTIAL~~

JUN 9 2016

RECORDS MANAGER  
BAYVIEW

<i>Cecil County Health Department</i>	Department of General <b>Services</b> Records Management Division 7275 Waterloo Road (Rte. 175) P.O. Box 275 Jessup, Maryland 20794-0275	Prepare in duplicate  Retain one (1) copy and forward original to address at left.
Reporting Agency		
<i>Alcohol and Drug Center</i>		
Division or Unit		

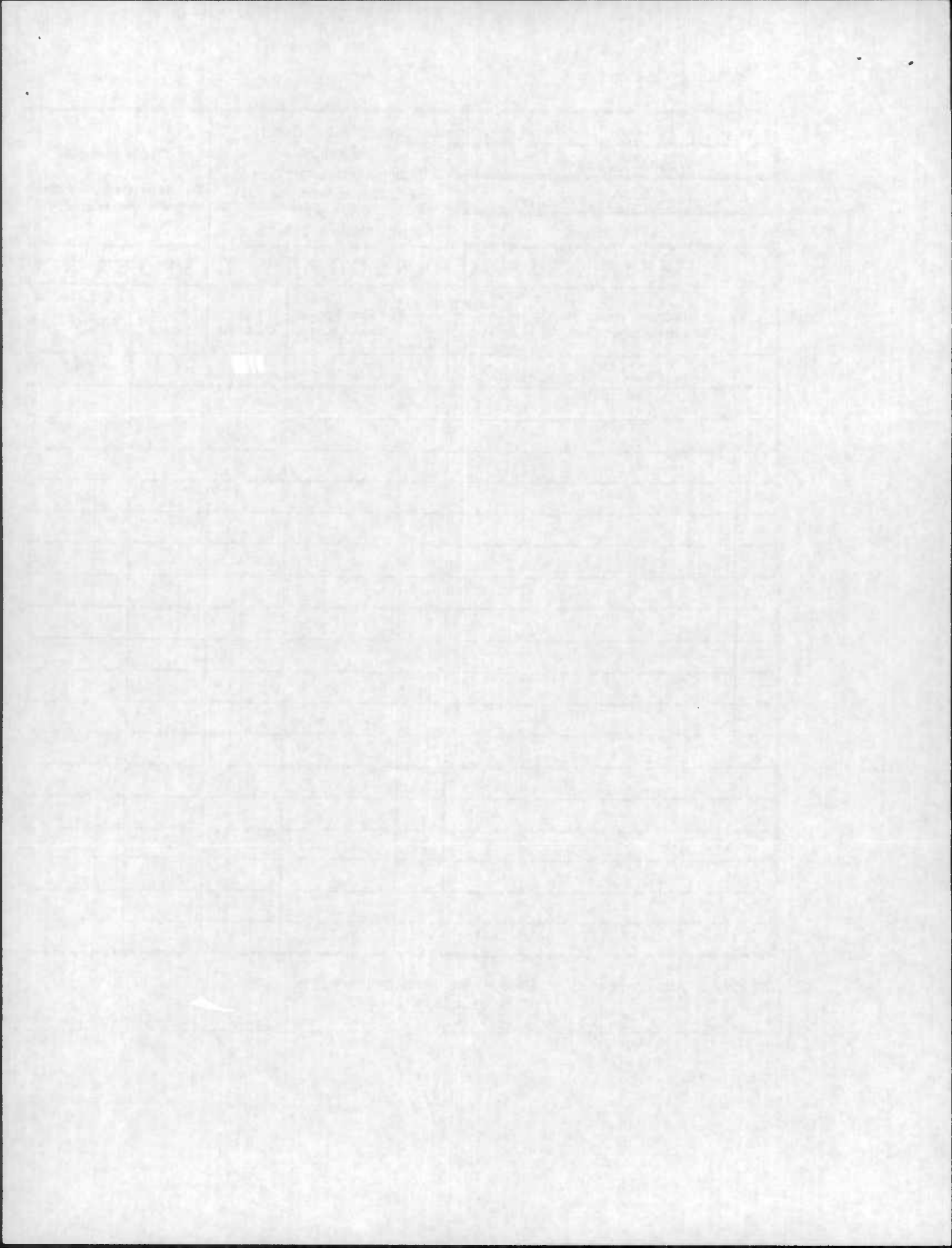
## CERTIFICATE OF RECORDS DISPOSAL

No.	Description of Records (Same Title as listed on Schedule)	Authorization		Inclusive Dates of Records Destroyed	Volume Cubic Feet	Date of Disposal	Method of Disposal
		Retention Schedule No.	Item No.				
	<i>Alcohol and Drug</i>	<i>1518</i>		<i>1998-2001</i>	<i>7</i>	<i>2006</i>	<i>BURY</i>

I hereby certify that the records listed above were disposed of as indicated.

*[Signature]*
*1/30/06*
*Administrator*

Signature
Title
Date





OK 3-3-06  
 OK 3/3/06

<i>Cecil County Health Department</i> Reporting Agency	Department of General Services Records Management Division 7275 Waterloo Road (Rte. 175) P.O. Box 275 Jessup, Maryland 20794-0275	Prepare in duplicate  Retain one (1) copy and forward original to address at left.
<i>Alcohol and Drug Center</i> Division or Unit		

**CERTIFICATE OF RECORDS DISPOSAL**

No.	Description of Records (Same Title as listed on Schedule)	Authorization		Inclusive Dates of Records Destroyed	Volume Cubic Feet	Date of Disposal	Method of Disposal
		Retention Schedule No.	Item No.				
	<i>Alcohol and Drug</i>	<i>1518</i>		<i>1999-2001</i>	<i>3</i>	<i>2006</i>	<i>BURY</i>
	<i>Alcohol and Drug</i>	<i>834</i>		<i>1998-2000</i>	<i>6</i>	<i>2006</i>	<i>BURY</i>

I hereby certify that the records listed above were disposed of as indicated.

*Brenda Pearson*  
 \_\_\_\_\_  
 Signature
 

*Admiral*  
 \_\_\_\_\_  
 Title
 

*3-16-06*  
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 Date

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RECORDS SECTION

MAR 21 - 1940

RECORDS MANAGEMENT  
DIVISION

DEPARTMENT OF GENERAL SERVICES  
P.O. BOX 275, JESSUP, MD. 20794 (TELEPHONE 799-1379)  
RECORDS TRANSMITTAL AND RECEIPT

Directions: Please Type Or Print Clearly All Entries

<b>A. Agency</b> 1. <i>Cecil County Health Department</i>	<b>Accession No.</b>	<b>Date Rec'd</b>
		<b>RM Code</b>
<b>B. Division/Unit</b> <i>Alcohol and Drug Center</i>	<b>Location</b> Range                      Section(s)	<b>No. of Cu. Ft.</b>
<b>C. Mailing Address</b> <i>401 Bow Street  Elkton, Maryland 21921</i>		
<b>D. Phone No.</b> <i>410-996-5106</i>	<b>Records Center Manager</b>	
<b>E. Agency Official</b> <i>Stephanie Garrity, Acting Director</i>	<b>To Be Completed At  State Records Management Center</b>	

2. Box Numbers	3. Description of Records with Inclusive Dates	4. Disposal Authority Schedule, Item No. Disposal Date
1	<i>accounts receivable of Alcohol and Drug 2000</i>	<i>834</i>
2	<i>insurance forms of Alcohol and Drug 1999-2000</i>	<i>834</i>
3	<i>insurance forms of Alcohol and Drug 1999-2000</i>	<i>834</i>
4	<i>accounts receivable of Alcohol and Drug 1999-2000</i>	<i>834</i>
5	<i>accounts receivable of Alcohol and Drug 1998-1999</i>	<i>834</i>
6	<i>accounts receivable of Alcohol and Drug 1998-1999</i>	<i>834</i>
7	<i>closed Alcohol and Drug files from early 2001 and also early 1999                      also #27</i>	<i>1518</i>
8	<i>closed Alcohol and Drug files from early 2001 also #28</i>	<i>1518</i>
9	<i>closed Alcohol and Drug files from early 2001 also #29</i>	<i>1518</i>

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RECORDS SECTION

MAR 21 - 76

RECORDS SECTION  
ENCL

DEPARTMENT OF GENERAL SERVICES  
P.O. BOX 275, JESSUP, MD. 20794 (TELEPHONE 799-1379)  
RECORDS TRANSMITTAL AND RECEIPT

Directions: Please Type Or Print Clearly All Entries

<b>A. Agency</b> 1. Cecil County Health Department	<b>Accession No.</b>  	<b>Date Rec'd</b>  
		<b>RM Code</b>  
<b>B. Division/Unit</b> Alcohol and Drug Center	<b>Location</b> Range                      Section(s)	<b>No. of Cu. Ft.</b>  
<b>C. Mailing Address</b> 401 Bow Street Elkton, Maryland 21921		
<b>D. Phone No.</b> 410-996-5106	<b>Records Center Manager</b>  	
<b>E. Agency Official</b> Stephanie Garrity, Acting Director	<b>To Be Completed At</b> <b>State Records Management Center</b>	

2. Box Numbers	3. Description of Records with Inclusive Dates	Disposal Authority Schedule, Item No. Disposal Date
1	Closed Alcohol and Drug Files from early 2001 also #26	1518
4	Closed Alcohol and Drug Files from late 2000 also #22	1518
5	Closed Alcohol and Drug Files from late 2000 also #23	1518
6	Closed Alcohol and Drug Files from late 2000 also #25	1518
7	Closed Alcohol and Drug Files from late 2000 also #24	1518
9	Closed Alcohol and Drug Files from late 2000 also #21	1518
10	Closed Alcohol and Drug Files from late 2000 also #20	1518

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FBI 5, 2006  
RECORDS MANAGEMENT  
FBI

DEPARTMENT OF GENERAL SERVICES  
P.O. BOX 275, JESSUP, MD. 20794 (TELEPHONE 799-1379)  
RECORDS TRANSMITTAL AND RECEIPT

Directions: Please Type Or Print Clearly All Entries

<b>A. Agency</b> 1. Cecil County Health Department	<b>Accession No.</b>  .	<b>Date Rec'd</b>  RM Code
<b>B. Division/Unit</b> Alcohol and Drug Center	<b>Location</b> Range Section(s)	<b>No. of Cu. Ft.</b>
<b>C. Mailing Address</b> 401 Bow Street Elkton, Maryland 21921		
<b>D. Phone No.</b> 410-996-5106	<b>Records Center Manager</b>	
<b>E. Agency Official</b> Stephanie Gerrity, Acting Director	<b>To Be Completed At</b> <b>State Records Management Center</b>	

2. Box Numbers	3. Description of Records with Inclusive Dates	4. Disposal Authority Schedule, Item No. Disposal Date
1	registration sheets 2004	834
2	registration sheets 2002 and insurance papers 2000 - early 2001	834
3	registration sheets 2001	834
4	list of client urines and non-client urines (part of registration sheets)	834
5	money collection efforts of 1999-early 2001	834
6	counselor appointment schedules and DWI Assessment Forms	834
7	DWI Assessment Forms (ie, computer scoring sheets) and lists of client balances	834
8	list of client urines and non-client urines (part of registration sheets)	834
<b>ON OTHER SIDE OF FIRST BOOKCASE ON LEFT SIDE</b>		
9	client files from early 2001 also # 34	1518
10	client files from early 2001 also # 35	1518
11	client files from early 2001 also # 36	1518

STATE OF TEXAS  
COUNTY OF [illegible]  
[illegible]



JUN 9 2004

RECORDS MANAGEMENT  
DIVISION



DEPARTMENT OF GENERAL SERVICES  
P.O. BOX 275, JESSUP, MD. 20794 (TELEPHONE 799-1379)  
RECORDS TRANSMITTAL AND RECEIPT

Directions: Please Type Or Print Clearly All Entries

<b>A. Agency</b> 1. <i>Cecil County Health Department</i>	<b>Accession No.</b>  	<b>Date Rec'd</b>  
		<b>RM Code</b>  
<b>B. Division/Unit</b> <i>Alcohol and Drug Center</i>	<b>Location</b> Range                  Section(s)	<b>No. of Cu. Ft.</b>  
<b>C. Mailing Address</b> <i>401 Bow Street  Elkton, Maryland 21921</i>		
<b>D. Phone No.</b> <i>410-996-5106</i>	<b>Records Center Manager</b>  	
<b>E. Agency Official</b> <i>Stephanie Garrity, Acting Director</i>	<b>To Be Completed At</b> <b>State Records Management Center</b>	

2. Box Numbers	3. Description of Records with Inclusive Dates	4. Disposal Authority Schedule, Item No. Disposal Date
1	<i>closed Alcohol and Drug files from mid-2001</i>	<i>1518</i>
2	<i>same as Box 1</i>	<i>1518</i>
3	<i>same as Box 1</i>	<i>1518</i>
4	<i>2001-02 duplicate Daily Registration Forms</i>	<i>834</i>
5	<i>same as Box 4</i>	<i>834</i>
6	<i>same as Box 1</i>	<i>1518</i>
7	<i>same as Box 1</i>	<i>1518</i>
8	<i>same as Box 1</i>	<i>1518</i>
9	<i>same as Box 1</i>	<i>1518</i>

STATE OF NEW YORK  
OFFICE OF THE ATTORNEY GENERAL  
ALBANY, N. Y.

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JAN 16 2007

RECORDS MANAGEMENT  
DIVISION

DEPARTMENT OF GENERAL SERVICES  
P.O. BOX 275, JESSUP, MD. 20794 (TELEPHONE 799-1379)  
RECORDS TRANSMITTAL AND RECEIPT

Directions: Please Type Or Print Clearly All Entries

<b>A. Agency</b> 1. <i>Cecil County Health Department</i>	<b>Accession No.</b>  	<b>Date Rec'd</b>  
		<b>RM Code</b>  
<b>B. Division/Unit</b> <i>Alcohol and Drug Center</i>	<b>Location</b> Range                      Section(s)	<b>No. of Cu. Ft.</b>  
<b>C. Mailing Address</b> <i>401 Bow St.  Elkton, Maryland 21921</i>		
<b>D. Phone No.</b> <i>410 - 996 - 5106</i>	<b>Records Center Manager</b>  	
<b>E. Agency Official</b> <i>Kenneth Collins, Director</i>	<b>To Be Completed At</b> <b>State Records Management Center</b>	



2. Box Numbers	3. Description of Records with Inclusive Dates	4. Disposal Authority Schedule, Item No. Disposal Date
1	<i>closed Alcohol and Drug files from <del>mid</del> late 2001, also 1999</i>	1518
2	<i>closed Alcohol and Drug files from late 2001</i>	1518
3	<i>closed Alcohol and Drug files from late 2001</i>	1518
4	<i>closed Alcohol and Drug files from late 2001, also 1999</i>	1518
5	<i>closed Alcohol and Drug files from late 2001, also 1999</i>	1518

RECEIVED

JAN 16

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RECORDS MANAGEMENT  
DIVISION

DEPARTMENT OF GENERAL SERVICES  
P.O. BOX 275, JESSUP, MD. 20794 (TELEPHONE 799-1379)  
RECORDS TRANSMITTAL AND RECEIPT

Directions: Please Type Or Print Clearly All Entries

<b>A. Agency</b> 1. Cecil County Health Department	<b>Accession No.</b> 	<b>Date Rec'd</b> 
		<b>RM Code</b> 
<b>B. Division/Unit</b> Alcohol and Drug Center	<b>Location</b> Range                      Section(s)	<b>No. of Cu. Ft</b> 
<b>C. Mailing Address</b> 401 Bow Street Elkton, Maryland 21821		
<b>D. Phone No.</b> 410 - 996 - 5106	<b>Records Center Manager</b> 	
<b>E. Agency Official</b> Stephanie Garrity, Acting Director	<b>To Be Completed At</b> State Records Management Center	

2. Box Numbers	3. Description of Records with Inclusive Dates	4. Disposal Authority Schedule, Item No. Disposal Date
1	Daily Registration Sheets - DUPLICATE INFORMATION 2001	834
2	Daily Registration Sheets - DUPLICATE INFORMATION 2001, 2003	834
3	Daily Registration Sheets - DUPLICATE INFORMATION 2002	834
4	Daily Registration Sheets - DUPLICATE INFORMATION 2002, 2003	834
5	Daily Registration Sheets - DUPLICATE INFORMATION 2002, 2003 AND ADJUSTMENTS 2001, prior to 7-1-01	834
6	ADJUSTMENTS 2000-2001, prior to 7-1-01	834
7	ADJUSTMENTS 2000-2001, prior to 7-1-01	834
8	closed Alcohol and Drug files from early <del>2000</del> <sup>2001 RA</sup> also # 30	1518
9	closed Alcohol and Drug files from early 2001 also # 31	1518
10	closed Alcohol and Drug files from early 2001 also # 32	1518
11	Timesheets from 2001	834

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
WASHINGTON, D. C. 20250

APR 28 1966

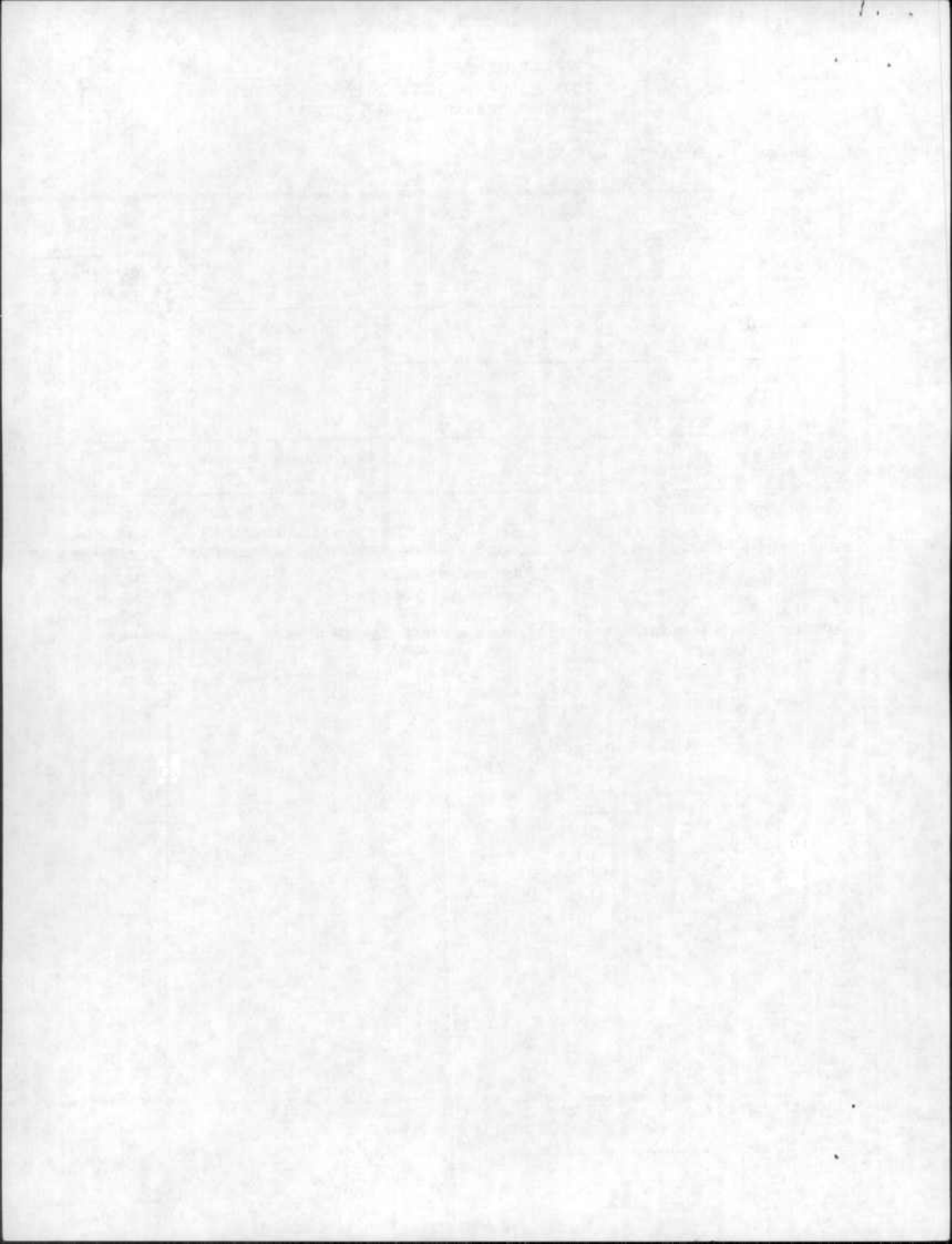
246

RECORDS MANAGEMENT  
DIVISION

DEPARTMENT OF GENERAL SERVICES  
P.O. BOX 275, JESSUP, MD. 20794 (TELEPHONE 799-1379)  
RECORDS TRANSMITTAL AND RECEIPT

Directions: Please Type Or Print Clearly All Entries

<b>A. Agency</b> 1. Cecil Co. Health Dept.		<b>Accession No.</b>	<b>Date Rec'd</b>
			<b>RM Code</b>
<b>B. Division/Unit</b> Administration Division		<b>Location</b> Range                      Section(s)	<b>No. of Cu. Ft.</b>
<b>C. Mailing Address</b> 401 Bow Street Elkton, MD 21901			
<b>D. Phone No.</b> 410-996-5550		<b>Records Center Manager</b>	
<b>E. Agency Official</b> Brenda Henson, Director		<b>To Be Completed At</b> <b>State Records Management Center</b>	
2. Box Numbers	3. Description of Records with Inclusive Dates	4. Disposal Authority Schedule, Item No Disposal Date	
1	Special Pay, Exception, & On_Call Reports 2001	834	
2	Timesheets A-Ha 2002	834	
3	Timesheets Ho-Ni 2002	834	
4	Timesheets Os-Y 2002	824	
5	Expired Cobtracts 1994-2000	834	
6	PO FY01-02-03 #5251-71	834	
7	Leave Reports 2001 & 2002	1518	
8	A/P A-B 7/01-6/02	834	
9	A/PC D 7/01-6/02	834	
10	A/P E-M 7/01-6/-2	834	
11	A/P N-T 7/01-6/02	834	
12	A/P U-V 7/01-6/02	834	
13	A/R MAP 1996-1997	834	
14	A/R MAP 9/97-1998	834	
15	A/R PRI 7/98-12/99	834	
16	A/R INS 1/98-9/98	834	

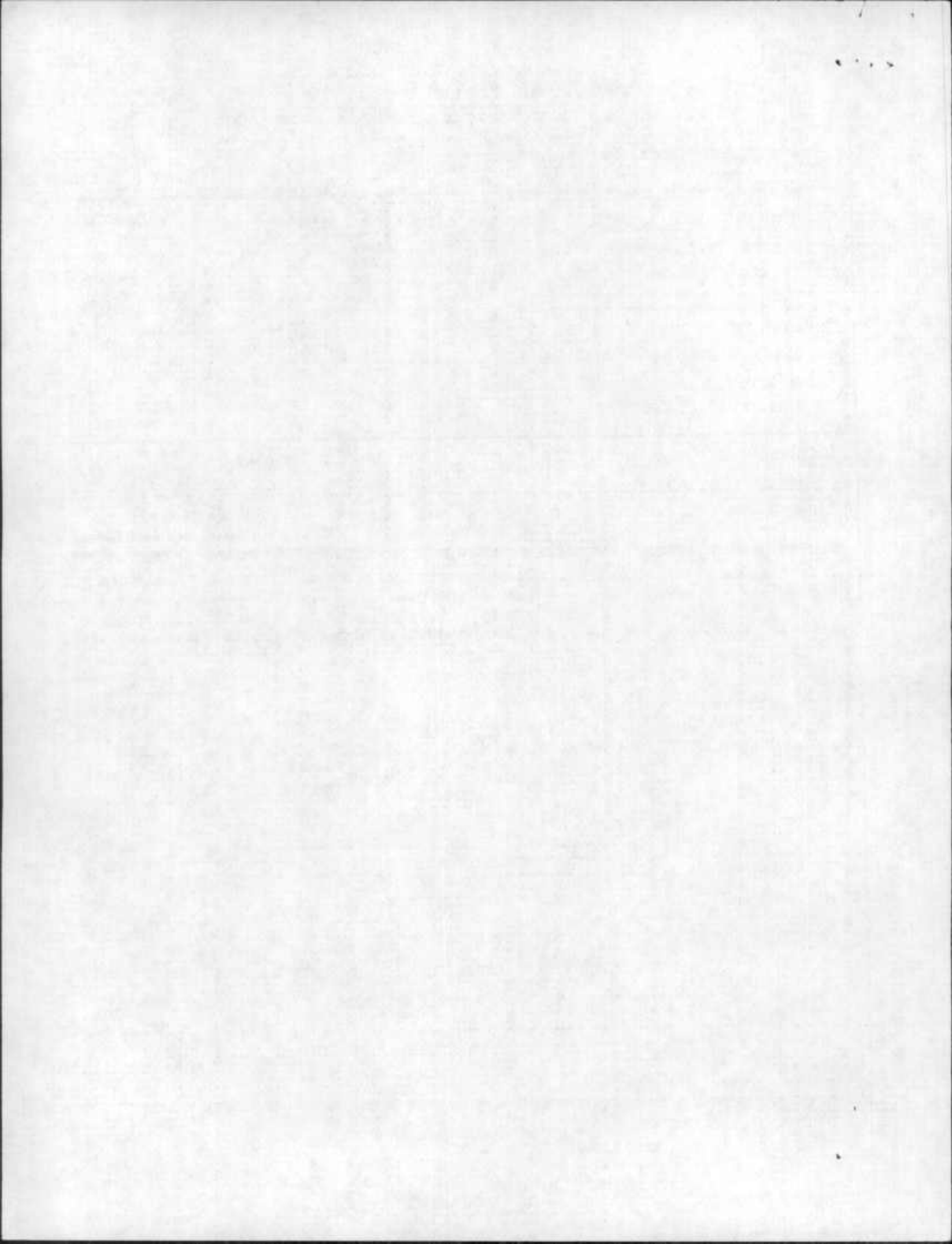




DEPARTMENT OF GENERAL SERVICES  
P.O. BOX 275, JESSUP, MD. 20794 (TELEPHONE 799-1379)  
RECORDS TRANSMITTAL AND RECEIPT

Directions: Please Type Or Print Clearly All Entries

<b>A. Agency</b> 1. Cecil Co. Health Dept.		<b>Accession No.</b>	<b>Date Rec'd</b>
			<b>RM Code</b>
<b>B. Division/Unit</b> Administration Division		<b>Location</b> Range                      Section(s)	<b>No. of Cu. Ft</b>
<b>C. Mailing Address</b> 401 Bow Street Elkton, MD 21921			
<b>D. Phone No.</b> 410-996-5550		<b>Records Center Manager</b>	
<b>E. Agency Official</b> Brenda Henson, Director		<b>To Be Completed At</b> <b>State Records Management Center</b>	
2. Box Numbers	3. Description of Records with Inclusive Dates	4. Disposal Authority Schedule, Item No Disposal Date	
17 18 19 20 21 22 23 24 25 26 27 28	A/R 1/98-12-98 sign-in sheets & deposits A/R Receipts 12/97-3/98 A/R Receipts 4/98-6/98 A/R Receipts 7/98-12/98 A/R Receipts 5/99-9/99 A/R INS 1/98-9/98 & PRI 1/98-6/98 A/R PRI 7/98-12/99 A/R MAP 9/97-12/98 A/R MAP 1996-1997 Transportation Schedules FY2001 Milage Sheets 7/02-12/02 Fiscal - MISC	834 834 834 834 834 834 834 834 834 834 Transportation Grant Transportation Grant 834	



DEPARTMENT OF GENERAL SERVICES  
P.O. BOX 275, JESSUP, MD. 20794 (TELEPHONE 799-1379)  
RECORDS TRANSMITTAL AND RECEIPT

Directions: Please Type Or Print Clearly All Entries

<b>A. Agency</b> 1. <i>Cecil County Health Department</i>		<b>Accession No.</b>  	<b>Date Rec'd</b>  
<b>B. Division/Unit</b> <i>Alcohol and Drug Center</i>		<b>Location</b> Range                      Section(s)	<b>RM Code</b>  
<b>C. Mailing Address</b> <i>401 Bow Street  Elkton, Maryland 21921</i>		<b>No. of Cu. Ft.</b>  	
<b>D. Phone No.</b> <i>410-996-5106</i>		<b>Records Center Manager</b>  	
<b>E. Agency Official</b> <i>[Signature] Stephanie Garrity, Acting Director</i>		<b>To Be Completed At</b> <b>State Records Management Center</b>	

2. Box Numbers	3. Description of Records with Inclusive Dates	Disposal Authority Schedule, Item No. Disposal Date
1	<i>closed Alcohol and Drug files from early 2001</i>	<i>1518</i>
2	<i>same as #1 2001</i>	<i>1518</i>
3	<i>same as #1 2001</i>	<i>1518</i>
4	<i>duplicates of Daily Registration sheets - 2003</i>	<i>834</i>
5	<i>duplicates of Daily Registration sheets - 2004</i>	<i>834</i>
6	<i>Accounts Receivable of 1997-2000</i>	<i>834</i>
7	<i>same as #1 2001</i>	<i>1518</i>
8	<i>same as #1 2001</i>	<i>1518</i>

STATE OF CALIFORNIA  
DEPARTMENT OF REVENUE  
SALES TAX RETURN

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SEP 18 2006

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Cecil County Health Dept.	Department of General Services Records Management Division 7275 Waterloo Road (Rte. 175) P.O. Box 275 Jessup, Maryland 20794-0275	Prepare in duplicate  Retain one (1) copy and forward Original to address at left.
Reporting Agency		
Special Populations Services		
Division or Unit		

## CERTIFICATE OF RECORDS DISPOSAL

No.	Description of Records (Same Title as listed on Schedule)	Authorization		Inclusive Dates of Records Destroyed	Volume Cubic Feet	Date of Disposal	Method of Disposal
		Retention Schedule No.	Item No.				
1	Client Files	1518	1	1982-1996	1 Box	3-9-07	Destroyed
2	Client Files	1518	1	1982-1996	1 Box	3-9-07	Destroyed

I hereby certify that the records listed above were disposed of as indicated.

*Dwayne Sommer*  
Signature

Director, Special Populations Services 7-26-07  
Title Date

*B. Heathery - Division Secretary*  
3/4/07

AUG 20 2007

MANAGEMENT  
RESEARCH

<i>Cecil County Health Department</i>	Department of General Services	
Reporting Agency	Records Management Division	Prepare in duplicate
<i>Alcohol and Drug Center</i>	7275 Waterloo Road (Rte. 175)	Retain one (1) copy and forward original to address at left.
Division or Unit	P.O. Box 275 Jessup, Maryland 20794-0275	

## CERTIFICATE OF RECORDS DISPOSAL



No.	Description of Records (Same Title as listed on Schedule)	Authorization		Inclusive Dates of Records Destroyed	Volume Cubic Feet	Date of Disposal	Method of Disposal
		Retention Schedule No.	Item No.				
	<i>Alcohol and Drug</i>	<i>1518</i>		<i>1999-2001</i>	<i>5</i>	<i>2007</i>	<i>BURY</i>

I hereby certify that the records listed above were disposed of as indicated.

*Brenda Herson*  
Signature
*Administrator*  
Title
*1/8/07*  
Date

100-100000-1000

JAN 16 2007

RECORDS MANAGEMENT  
DIVISION



DEPARTMENT OF GENERAL SERVICES  
P.O. BOX 275, JESSUP, MD 20794 (TELEPHONE 799-1379)  
RECORDS TRANSMITTAL AND RECEIPT

Directions: Please Type Or Print Clearly All Entries

<b>A. Agency</b> 1. Cecil County Health Department	Accession No.	Date Rec'd  RM Coe
<b>B. Division/Unit</b> Special Populations Services	<b>Location</b> Range Section(s)	<b>No. of Cu.Ft.</b>
<b>C. Mailing Address</b>  401 Bow Street Elkton, MD 21921		
<b>D. Phone No.</b>  410-996-5112	<b>Records Center Manager</b>	
<b>E. Agency Official</b>	<b>To Be Completed At  State Records Management Center</b>	
<b>2. Box Numbers</b>	<b>3. Description of Records with Inclusive Dates</b>	<b>4. Disposal Authority Schedule, Item No. Disposal Date</b>
#1 #2	Client Files - 1982-1996 Client Files - 1982-1996	Destroyed 3-9-07 Destroyed 3-9-07

RECEIVED

AUG 20 — 2017

RECORDS MANAGEMENT  
SECTION

Cecil County Health Dept.	Department of General Services Records Management Division 7275 Waterloo Road (Rte. 175) P.O. Box 275 Jessup, Maryland 20794-0275	Prepare in duplicate  Retain one (1) copy and forward Original to address at left.
Reporting Agency		
Special Populations Services		
Division or Unit		

### CERTIFICATE OF RECORDS DISPOSAL

No.	Description of Records (Same Title as listed on Schedule)	Authorization		Inclusive Dates of Records Destroyed	Volume Cubic Feet	Date of Disposal	Method of Disposal
		Retention Schedule No.	Item No.				
1	Client Files	1518	1	1980-1996	1 Box	3-13-07	Destroyed
2	Client Files	1518	2	1980-1996	1 Box	3-13-07	Destroyed
3	Client Files	1518	3	1980-1996	1 Box	3-13-07	Destroyed
4	Client Files	1518	4	1980-1996	1 Box	3-13-07	Destroyed

I hereby certify that the records listed above were disposed of as indicated.

Dr. Michael Ammen  
Signature

Director, Special Populations Services 7-26-07  
Title Date

*B. Meadeley - Division Secretary*  
3/18/07

AUG 20 2017

AMERICAN MUSEUM OF NATURAL HISTORY  
NEW YORK

DEPARTMENT OF GENERAL SERVICES  
P.O. BOX 275, JESSUP, MD 20794 (TELEPHONE 799-1379)  
RECORDS TRANSMITTAL AND RECEIPT

Directions: Please Type Or Print Clearly All Entries

<b>A. Agency</b> 1. Cecil County Health Department		Accession No.	Date Rec'd  RM Coe
<b>B. Division/Unit</b> Special Populations Services		Location  Range Section(s)	No. of Cu.Ft.
<b>C. Mailing Address</b>  401 Bow Street Elkton, MD 21921			
<b>D. Phone No.</b>  410-996-5112		Records Center Manager	
<b>E. Agency Official</b>		<b>To Be Completed At  State Records Management Center</b>	
2. Box Numbers	3. Description of Records with Inclusive Dates	4. Disposal Authority Schedule, Item No. Disposal Date	
#1	Client Files - 1980-1996	Destroyed 3-13-07	
#2	Client Files - 1980-1996	Destroyed 3-13-07	
#3	Client Files - 1980-1996	Destroyed 3-13-07	
#4	Client Files - 1980-1996	Destroyed 3-13-07	

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RECORDS MANAGEMENT  
SECTION

Cecil County Health Dept.	Department of General Services Records Management Division 7275 Waterloo Road (Rte. 175) P.O. Box 275 Jessup, Maryland 20794-0275	Prepare in duplicate Retain one (1) copy and forward Original to address at left.
Reporting Agency		
Special Populations Services		
Division or Unit		

**C E R T I F I C A T E O F R E C O R D S D I S P O S A L**

No.	Description of Records (Same Title as listed on Schedule)	Authorization		Inclusive Dates of Records Destroyed	Volume Cubic Feet	Date of Disposal	Method of Disposal
		Retention Schedule No.	Item No.				
1	Client Files	1518	1	1980-1996	1 Box	3-13-07	Destroyed
2	Client Files	1518	1	1980-1996	1 Box	3-13-07	Destroyed

I hereby certify that the records listed above were disposed of as indicated.

\_\_\_\_\_  
Signature

Director, Special Populations Services \_\_\_\_\_  
Title \_\_\_\_\_ Date 7-26-07

B. Keatley - Division Secretary  
DGS 550-2 (Rev. 1/93) 3/13/07

RECEIVED

AUG 20 2007

RECEIVED MANAGEMENT  
PLANNING



DEPARTMENT OF GENERAL SERVICES  
P.O. BOX 275, JESSUP, MD 20794 (TELEPHONE 799-1379)  
RECORDS TRANSMITTAL AND RECEIPT

Directions: Please Type Or Print Clearly All Entries

<b>A. Agency</b> 1. Cecil County Health Department	Accession No.	Date Rec'd  RM Coe
<b>B. Division/Unit</b> Special Populations Services	Location Range Section(s)	No. of Cu.Ft.
<b>C. Mailing Address</b>  401 Bow Street Elkton, MD 21921		
<b>D. Phone No.</b>  410-996-5112	Records Center Manager	
<b>E. Agency Official</b>	<b>To Be Completed At  State Records Management Center</b>	
<b>2. Box  Numbers</b>	<b>3. Description of Records  with Inclusive Dates</b>	<b>4. Disposal Authority  Schedule, Item No.  Disposal Date</b>
#1 #2	Client Files - 1980-1996 Client Files - 1980-1996	Destroyed 3-13-07 Destroyed 3-13-07

~~CONFIDENTIAL~~

AUG 20 2007



~~CONFIDENTIAL~~  
BRANCH

Cecil County Health Dept. Reporting Agency	Department of General Services Records Management Division 7275 Waterloo Road (Rte. 175) P.O. Box 275 Jessup, Maryland 20794-0275	Prepare in duplicate Retain one (1) copy and forward Original to address at left.
Special Populations Services Division or Unit		

**C E R T I F I C A T E O F R E C O R D S D I S P O S A L**

No.	Description of Records (Same Title as listed on Schedule)	Authorization		Inclusive Dates of Records Destroyed	Volume Cubic Feet	Date of Disposal	Method of Disposal
		Retention Schedule No.	Item No.				
1	Client Files	1518	1	1980-1996	1 Box	3-14-07	Destroyed

I hereby certify that the records listed above were disposed of as indicated.

  
\_\_\_\_\_  
Signature  
  
Division Secretary  
3/14/07

Director, Special Populations Services      7-26-07  
\_\_\_\_\_  
Title    Date

REC'D  
AUG 20 2007  
RECORDS MANAGEMENT  
SECTION

DEPARTMENT OF GENERAL SERVICES  
P.O. BOX 275, JESSUP, MD 20794 (TELEPHONE 799-1379)  
RECORDS TRANSMITTAL AND RECEIPT

Directions: Please Type Or Print Clearly All Entries

<b>A. Agency</b> 1. Cecil County Health Department	<b>Accession No.</b>	<b>Date Rec'd</b>  RM Coe
<b>B. Division/Unit</b> Special Populations Services	<b>Location</b>  Range Section(s)	<b>No. of Cu.Ft.</b>
<b>C. Mailing Address</b>  401 Bow Street Elkton, MD 21921		
<b>D. Phone No.</b>  410-996-5112	<b>Records Center Manager</b>	
<b>E. Agency Official</b>	<b>To Be Completed At  State Records Management Center</b>	
<b>2. Box  Numbers</b>	<b>3. Description of Records  with Inclusive Dates</b>	<b>4. Disposal Authority  Schedule, Item No.  Disposal Date</b>
#1	Client Files - 1982-1996	Destroyed 3-14-07

1971

AUG 20 2w1

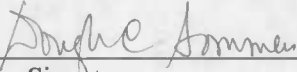
WELLS MANAGEMENT  
CORPORATION

Cecil County Health Dept.	Department of General Services Records Management Division 7275 Waterloo Road (Rte. 175) P.O. Box 275 Jessup, Maryland 20794-0275	Prepare in duplicate  Retain one (1) copy and forward Original to address at left.
Reporting Agency		
Special Populations Services		
Division or Unit		

### CERTIFICATE OF RECORDS DISPOSAL

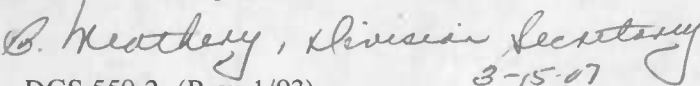
No.	Description of Records (Same Title as listed on Schedule)	Authorization		Inclusive Dates of Records Destroyed	Volume Cubic Feet	Date of Disposal	Method of Disposal
		Retention Schedule No.	Item No.				
1	Client Files	1518	1	1980-1996	1 Box	3-15-07	Destroyed
2	Client Files	1518	2	1978-1996	1 Box	3-15-07	Destroyed
3	Client Files	1518	3	1980-1996	1 Box	3-15-07	Destroyed

I hereby certify that the records listed above were disposed of as indicated.

  
\_\_\_\_\_  
Signature

Director, Special Populations Services  
Title

7-26-07  
Date

  
\_\_\_\_\_  
Division Secretary  
3-15-07

AUG 20 1954  
W7  
RECEIVED  
LIBRARY



DEPARTMENT OF GENERAL SERVICES  
P.O. BOX 275, JESSUP, MD 20794 (TELEPHONE 799-1379)  
RECORDS TRANSMITTAL AND RECEIPT

Directions: Please Type Or Print Clearly All Entries

<b>A. Agency</b> 1. Cecil County Health Department	Accession No.	Date Rec'd  RM Coe
<b>B. Division/Unit</b> Special Populations Services	<b>Location</b> Range Section(s)	<b>No. of Cu.Ft.</b>
<b>C. Mailing Address</b>  401 Bow Street Elkton, MD 21921		
<b>D. Phone No.</b>  410-996-5112	<b>Records Center Manager</b>	
<b>E. Agency Official</b>	<b>To Be Completed At  State Records Management Center</b>	
<b>2. Box Numbers</b>	<b>3. Description of Records with Inclusive Dates</b>	<b>4. Disposal Authority Schedule, Item No. Disposal Date</b>
#1 #2 #3	Client Files - 1980-1996 Client Files - 1978-1996 Client Files - 1980-1997	Destroyed 3-15-07 Destroyed 3-15-07 Destroyed 3-15-07

RECEIVED  
AUG 20 1957

AUG 20 2W7

RECEIVED  
AUG 20 1957



22

RECEIVED

AUG 20 — Jw7

COMMUNICATIONS SECTION

DEPARTMENT OF GENERAL SERVICES  
P.O. BOX 275, JESSUP, MD 20794 (TELEPHONE 799-1379)  
RECORDS TRANSMITTAL AND RECEIPT

Directions: Please Type Or Print Clearly All Entries

<b>A. Agency</b> 1. Cecil County Health Department		Accession No.	Date Rec'd <hr/> RM Coe
<b>B. Division/Unit</b> Special Populations Services		Location Range Section(s)	No. of Cu.Ft.
<b>C. Mailing Address</b>  401 Bow Street Elkton, MD 21921			
<b>D. Phone No.</b>  410-996-5112		Records Center Manager	
<b>E. Agency Official</b>		<b>To Be Completed At  State Records Management Center</b>	
<b>2. Box  Numbers</b>	<b>3. Description of Records  with Inclusive Dates</b>	<b>4. Disposal Authority  Schedule, Item No.  Disposal Date</b>	
#1 #2	Client Files - 1982-1996 Client Files - 1982-1996	Destroyed 3-16-07 Destroyed 3-16-07	

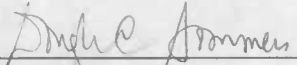
AUG 20 2W7  
SERIES 1000

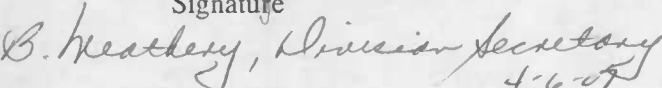
Cecil County Health Dept.	Department of General Services Records Management Division 7275 Waterloo Road (Rte. 175) P.O. Box 275 Jessup, Maryland 20794-0275	Prepare in duplicate  Retain one (1) copy and forward Original to address at left.
Reporting Agency		
Special Populations Services		
Division or Unit		

### CERTIFICATE OF RECORDS DISPOSAL

No.	Description of Records (Same Title as listed on Schedule)	Authorization		Inclusive Dates of Records Destroyed	Volume Cubic Feet	Date of Disposal	Method of Disposal
		Retention Schedule No.	Item No.				
1	Client Files	1518	1	1981-1996	1 Box	4-6-07	Destroyed
2	Client Files	1518	2	1981-1997	1 Box	4-6-07	Destroyed

I hereby certify that the records listed above were disposed of as indicated.

  
 \_\_\_\_\_  
 Signature

  
 \_\_\_\_\_  
 B. Keathery, Division Secretary

Director, Special Populations Services 7-26-07  
 Title Date

APPROVED FOR RELEASE

AUG 20 2W7

NEEDS MANAGEMENT



DEPARTMENT OF GENERAL SERVICES  
P.O. BOX 275, JESSUP, MD 20794 (TELEPHONE 799-1379)  
RECORDS TRANSMITTAL AND RECEIPT

Directions: Please Type Or Print Clearly All Entries

<b>A. Agency</b> 1. Cecil County Health Department	Accession No.	Date Rec'd  RM Coe
<b>B. Division/Unit</b> Special Populations Services	Location Range Section(s)	No. of Cu.Ft.
<b>C. Mailing Address</b>  401 Bow Street Elkton, MD 21921		
<b>D. Phone No.</b>  410-996-5112	Records Center Manager	
<b>E. Agency Official</b>	<b>To Be Completed At  State Records Management Center</b>	
<b>2. Box Numbers</b>	<b>3. Description of Records with Inclusive Dates</b>	<b>4. Disposal Authority Schedule, Item No. Disposal Date</b>
#1 #2	Client Files - 1981-1996 Client Files - 1981-1996	Destroyed 4-6-07 Destroyed 4-6-07

AUG 20

2007

RECORDS MANAGEMENT  
SECTION

Cecil County Health Dept.	Department of General Services Records Management Division 7275 Waterloo Road (Rte. 175) P.O. Box 275 Jessup, Maryland 20794-0275	Prepare in duplicate  Retain one (1) copy and forward Original to address at left.
Reporting Agency		
Special Populations Services		
Division or Unit		

### CERTIFICATE OF RECORDS DISPOSAL

No.	Description of Records (Same Title as listed on Schedule)	Authorization		Inclusive Dates of Records Destroyed	Volume Cubic Feet	Date of Disposal	Method of Disposal
		Retention Schedule No.	Item No.				
1	Client Files	1518	1	1981-1997	1 Box	5-10-07	Destroyed

I hereby certify that the records listed above were disposed of as indicated.

<u><i>Douglas Sommer</i></u> Signature	<u>Director, Special Populations Services</u> Title	<u>7-26-07</u> Date
<u><i>Barbara A. Keatley, Division Secretary</i></u> DGS 550-2 (Rev. 1/93)	<u>5-10-07</u>	

AUG 20 2017

RECORDS MANAGEMENT  
SECTION

DEPARTMENT OF GENERAL SERVICES  
P.O. BOX 275, JESSUP, MD 20794 (TELEPHONE 799-1379)  
RECORDS TRANSMITTAL AND RECEIPT

Directions: Please Type Or Print Clearly All Entries

<b>A. Agency</b> 1. Cecil County Health Department		Accession No.	Date Rec'd  RM Coe
<b>B. Division/Unit</b> Special Populations Services		Location Range Section(s)	No. of Cu.Ft.
<b>C. Mailing Address</b>  401 Bow Street Elkton, MD 21921			
<b>D. Phone No.</b>  410-996-5112		Records Center Manager	
<b>E. Agency Official</b>		<b>To Be Completed At  State Records Management Center</b>	
<b>2. Box  Numbers</b>	<b>3. Description of Records  with Inclusive Dates</b>	<b>4. Disposal Authority  Schedule, Item No.  Disposal Date</b>	
#1	Client Files - 1981-1997	Destroyed 5-10-07	

RECEIVED

AUG 20

207

RECORDS MANAGEMENT  
SECTION

Cecil County Health Dept.
Reporting Agency
Administration Div.
Division or Unit

**Dept. of General Services**  
 Records Management Division  
 7275 Waterloo Rd. (Rte. 175)  
 P O Box 275  
 Jessup, MD 20794-0275

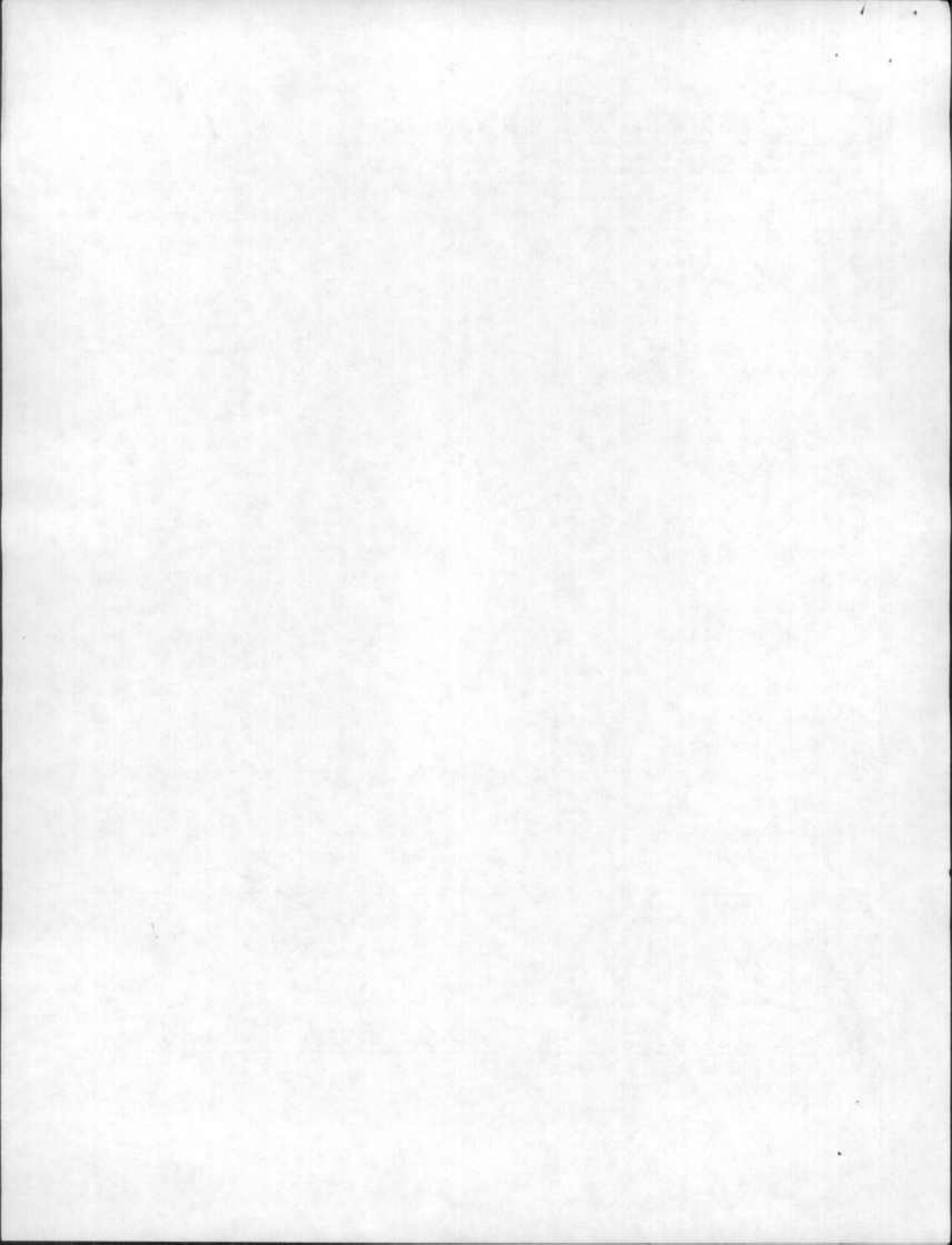
Instructions:  
 Prepare in duplicate  
 Retain one (1) copy & forward  
 original to address at left

Certificate of Records Disposal							
No.	Description of Records	Authorization		Inclusive Dates of	Volume	Date of	Method of
		Retention Schedule #	Item #	Records Destroyed	Cubic Feet	Disposal	Disposal
17	A/R 1/98-12/98 sign-in sheets & deposits	834 834	18	1/98-12/98	2	Jun-07	burial
18	A/R Receipts 12/97-3/98	834		12/97-3/98	1.5	Jun-07	burial
19	A/R Receipts 4/98-6/98	834		4/98-6/98	1.5	Jun-07	burial
20	A/R Receipts 7/98-12/98	834		7/98-12/98	1.5	Jun-07	burial
21	A/R Receipts 5/99-9/99	834		5/99-9/99	1.5	Jun-07	burial
22	A/R INS 1/98-9/98 & PRI 1/98-6/98	834		1/98-9/98	1.5	Jun-07	burial
23	A/R PRI 7/98-12/99	834		7/98-12/99	1.5	Jun-07	burial
24	A/R MAP 9/97-12/98	834		9/97-12/98	1.5	Jun-07	burial
25	A/R MAP 1996-1997	834		1/96-12/97	1.5	Jun-07	burial
26	Transportation Schedules FY2001	Transportion Grant		7/00-6/01	1.5	Jun-07	burial
27	Milage Sheets 7/02-12/02	Transportion Grant		7/02-12/02	1.5	Jun-07	burial
28	Fiscal - MISC	834		7/84-7/94	1.5	Jun-07	burial
					18.5		

44.5 total

I hereby certify that the records listed above were disposed of as indicated.

Brenda Herson signature      Administrator title      6/8/07 date





Cecil County Health Dept.
Reporting Agency
Administration Div.
Division or Unit

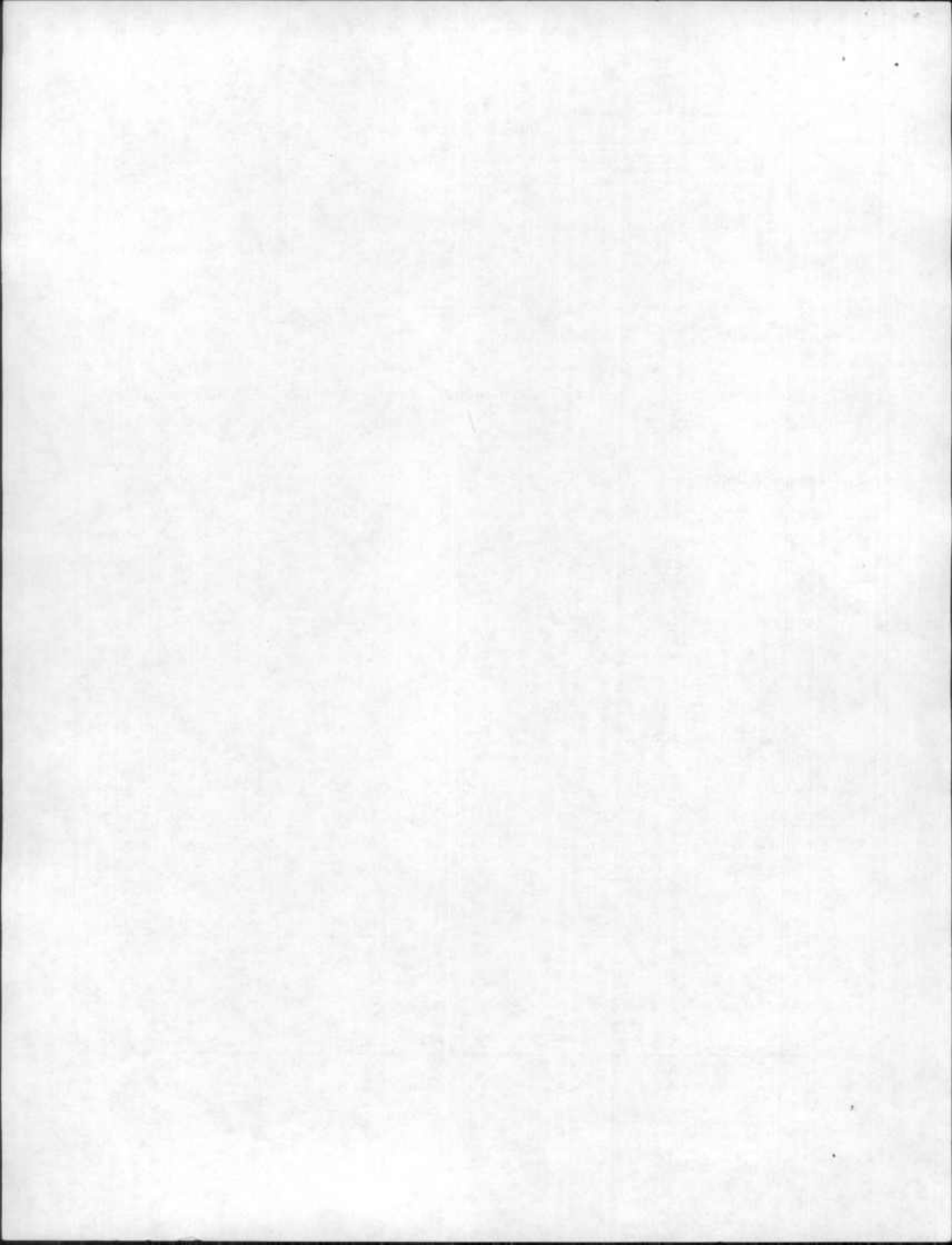
**Dept. of General Services**  
 Records Management Division  
 7275 Waterloo Rd. (Rte. 175)  
 P O Box 275  
 Jessup, MD 20794-0275

Instructions:  
 Prepare in duplicate  
 Retain one (1) copy & forward  
 original to address at left

Certificate of Records Disposal							
No.	Description of Records	Authorization Retention Schedule #	Item #	Inclusive Dates of Inclusive Dates	Volume Cubic Feet	Date of Disposal	Method of Disposal
1	Special Pay, Exception, & On-Call Reports 2001	834	/	1/01-12/01	1.5	June-07	burial
2	Timesheets A-Ha 2002	834		1/02-12/02	1.5	June-07	burial
3	Timesheets Ho-Ni 2002	834		1/02-12/02	1.5	June-07	burial
4	Timesheets Os-Y 2002	834		1/02-12/02	1.5	June-07	burial
5	Expired Contracts 1994-2000	834		1/94-12/00	1.5	June-07	burial
6	PO FY01-02-03 #5251-71	834		7/00-6-03	1.5	June-07	burial
7	Leave Reports 2001 & 2002	834 <del>1518</del>		1/01-12/02	0.5	June-07	burial
8	A/P A-B 7/01-6/02	834		7/01-6/02	1.5	June-07	burial
9	A/P C-D 7/01-6/02	834		7/01-6/02	1.5	June-07	burial
10	A/P E-M 7/01-6/02	834		7/01-6/02	1.5	June-07	burial
11	A/P N-T 7/01-6/02	834		7/01-6/02	1.5	June-07	burial
12	A/P U-V 7/01-6/02	834		7/01-6/02	1.5	June-07	burial
13	A/R MAP 1996-1997	834		1/96-12/97	1.5	June-07	burial
14	A/R MAP 9/97-1998	834		9/97-12/98	1.5	June-07	burial
15	A/R PRI 7/98-12/99	834		7/98-12-99	1.5	June-07	burial
16	A/R INS 1/98-9/98 & PRI 1/98-6/98	834		1/98-9/98	1.5	June-07	burial
					23		

I hereby certify that the records listed above were disposed of as indicated.

Brenda Hanson Administrator 6/8/07  
 signature title date



Cecil County Health Dept.	Department of General Services Records Management Division 7275 Waterloo Road (Rte. 175) P.O. Box 275 Jessup, Maryland 20794-0275	Prepare in duplicate
Reporting Agency		Retain one (1) copy and forward Original to address at left.
Special Populations Services		
Division or Unit		

## CERTIFICATE OF RECORDS DISPOSAL

No.	Description of Records (Same Title as listed on Schedule)	Authorization		Inclusive Dates of Records Destroyed	Volume Cubic Feet	Date of Disposal	Method of Disposal
		Retention Schedule No.	Item No.				
1	Client Files	1518	1	1982-1996	1 Box	7-30-07	Destroyed
2	Client Files	1518	1	1981-1997	1 Box	7-30-07	Destroyed
3	Client Files	1518	1	1982-1997	1 Box	7-30-07	Destroyed
4	Client Files	1518	1	1980-1996	1 Box	7-30-07	Destroyed

I hereby certify that the records listed above were disposed of as indicated.

*Doug C. Sommer*  
Signature

Director, Special Populations Services  
Title 7-30-2007  
Date

*Barbara G. Keasley, Division Secretary*  
7-30-07

RECEIVED

AUG 20

LM7

LIBRARY OF THE  
CONGRESS

DEPARTMENT OF GENERAL SERVICES  
P.O. BOX 275, JESSUP, MD 20794 (TELEPHONE 799-1379)  
RECORDS TRANSMITTAL AND RECEIPT

Directions: Please Type Or Print Clearly All Entries

<b>A. Agency</b> 1. Cecil County Health Department		Accession No.	Date Rec'd  RM Coe
<b>B. Division/Unit</b> Special Populations Services		Location Range Section(s)	No. of Cu.Ft.
<b>C. Mailing Address</b>  401 Bow Street Elkton, MD 21921			
<b>D. Phone No.</b>  410-996-5112		Records Center Manager	
<b>E. Agency Official</b>		<b>To Be Completed At  State Records Management Center</b>	
2. Box Numbers	3. Description of Records with Inclusive Dates	4. Disposal Authority Schedule, Item No. Disposal Date	
#1	Client Files - 1982-1996	Destroyed 7-30-07	
#2	Client Files - 1981-1997	Destroyed 7-30-07	
#3	Client Files - 1982-1997	Destroyed 7-30-07	
#4	Client Files - 1980-1996	Destroyed 7-30-07	

AUG 20 2007

PROJECTS MANAGEMENT  
EDUCATION

Cecil County Health Dept.	Department of General Services	Prepare in duplicate
Reporting Agency	Records Management Division	Retain one (1) copy and forward Original to address at left.
Special Populations Services	7275 Waterloo Road (Rte. 175)	
Division or Unit	P.O. Box 275	
	Jessup, Maryland 20794-0275	

## CERTIFICATE OF RECORDS DISPOSAL

No.	Description of Records <small>(Same Title as listed on Schedule)</small>	Authorization		Inclusive Dates of Records Destroyed	Volume Cubic Feet	Date of Disposal	Method of Disposal
		Retention Schedule No.	Item No.				
1	Client Files	1518	1	1981-1997	1 Box	7-6-07	Destroyed
2	Client Files	1518	1	1980-1996	1 Box	7-6-07	Destroyed
3	Client Files	1518	1	1981-1997	1 Box	7-6-07	Destroyed

I hereby certify that the records listed above were disposed of as indicated.

\_\_\_\_\_  
 Signature
 

 Director, Special Populations Services  
 \_\_\_\_\_  
 Title
 

 7-26-07  
 \_\_\_\_\_  
 Date

\_\_\_\_\_  
 DGS 550-2 (Rev. 1/93)     Division Secretary     7-6-07

AUG 20 2017

WILSON'S MANAGEMENT  
CENTRAL



DEPARTMENT OF GENERAL SERVICES  
P.O. BOX 275, JESSUP, MD 20794 (TELEPHONE 799-1379)  
RECORDS TRANSMITTAL AND RECEIPT

Directions: Please Type Or Print Clearly All Entries

<b>A. Agency</b> 1. Cecil County Health Department	Accession No.	Date Rec'd  RM Coe
<b>B. Division/Unit</b> Special Populations Services	Location Range Section(s)	No. of Cu.Ft.
<b>C. Mailing Address</b>  401 Bow Street Elkton, MD 21921		
<b>D. Phone No.</b>  410-996-5112	Records Center Manager	
<b>E. Agency Official</b>	<b>To Be Completed At  State Records Management Center</b>	

2. Box Numbers	3. Description of Records with Inclusive Dates	4. Disposal Authority Schedule, Item No. Disposal Date
#1	Client Files - 1981-1997	Destroyed 7-6-07
#2	Client Files - 1981-1996	Destroyed 7-6-07
#3	Client Files - 1980-1997	Destroyed 7-6-07

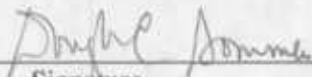


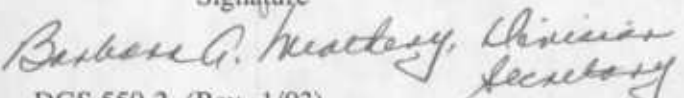
Cecil County Health Dept.	Department of General Services Records Management Division 7275 Waterloo Road (Rte. 175) P.O. Box 275 Jessup, Maryland 20794-0275	Prepare in duplicate  Retain one (1) copy and forward Original to address at left.
Reporting Agency		
Special Populations Services		
Division or Unit		

## CERTIFICATE OF RECORDS DISPOSAL

No.	Description of Records (Same Title as listed on Schedule)	Authorization		Inclusive Dates of Records Destroyed	Volume Cubic Feet	Date of Disposal	Method of Disposal
		Retention Schedule No.	Item No.				
1	Client Files	1518	1	1979-1997	1 Box	7-10-07	Destroyed
2	Client Files	1518	1	1980-1996	1 Box	7-10-07	Destroyed
3	Client Files	1518	1	1980-1997	1 Box	7-10-07	Destroyed
4	Client Files	1518	1	1980-1997	1 Box	7-10-07	Destroyed
5	Client Files	1518	1	1981-1997	1 Box	7-10-07	Destroyed
6	Client Files	1518	1	1980-1997	1 Box	7-10-07	Destroyed

I hereby certify that the records listed above were disposed of as indicated.

  
 \_\_\_\_\_  
 Signature

  
 \_\_\_\_\_  
 Division Secretary  
 7-10-07

Director, Special Populations Services  
 \_\_\_\_\_  
 Title

7-26-07  
 \_\_\_\_\_  
 Date

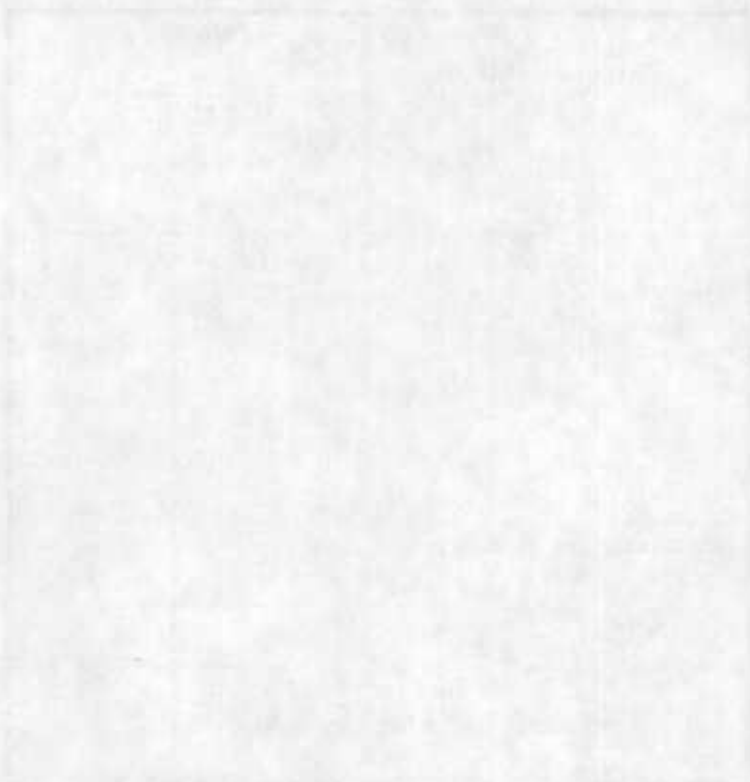
AUG 20 2007

RECORDS MANAGEMENT  
BRANCH

DEPARTMENT OF GENERAL SERVICES  
P.O. BOX 275, JESSUP, MD 20794 (TELEPHONE 799-1379)  
RECORDS TRANSMITTAL AND RECEIPT

Directions: Please Type Or Print Clearly All Entries

<b>A. Agency</b> 1. Cecil County Health Department		Accession No.	Date Rec'd  RM Coe
<b>B. Division/Unit</b> Special Populations Services		Location  Range Section(s)	No. of Cu.Ft.
<b>C. Mailing Address</b>  401 Bow Street Elkton, MD 21921			
<b>D. Phone No.</b>  410-996-5112		Records Center Manager	
<b>E. Agency Official</b>		<b>To Be Completed At  State Records Management Center</b>	
2. Box Numbers	3. Description of Records with Inclusive Dates	4. Disposal Authority Schedule, Item No. Disposal Date	
#1	Client Files - 1979-1997	Destroyed 7-10-07	
#2	Client Files - 1980-1996	Destroyed 7-10-07	
#3	Client Files - 1980-1997	Destroyed 7-10-07	
#4	Client Files - 1980-1997	Destroyed 7-10-07	
#5	Client Files - 1981-1997	Destroyed 7-10-07	
#6	Client Files - 1980-1997	Destroyed 7-10-07	



ST. LOUIS, MISSOURI

AUG 20 2007

ST. LOUIS, MISSOURI

Cecil County Health Dept.	Department of General Services Records Management Division 7275 Waterloo Road (Rte. 175) P.O. Box 275 Jessup, Maryland 20794-0275	Prepare in duplicate  Retain one (1) copy and forward Original to address at left.
Reporting Agency		
Special Populations Services		
Division or Unit		

## CERTIFICATE OF RECORDS DISPOSAL

No.	Description of Records (Same Title as listed on Schedule)	Authorization		Inclusive Dates of Records Destroyed	Volume Cubic Feet	Date of Disposal	Method of Disposal
		Retention Schedule No.	Item No.				
1	Client Files	1518	1	1980-1997	1 Box	7-12-07	Destroyed
2	Client Files	1518	1	1981-1996	1 Box	7-12-07	Destroyed
3	Client Files	1518	1	1979-1997	1 Box	7-12-07	Destroyed
4	Client Files	1518	1	1978-1997	1 Box	7-12-07	Destroyed
5	Client Files	1518	1	1979-1997	1 Box	7-12-07	Destroyed
6	Client Files	1518	1	1976-1997	1 Box	7-12-07	Destroyed
7	Client Files	1518	1	1978-1997	1 Box	7-12-07	Destroyed

I hereby certify that the records listed above were disposed of as indicated.

*Dwayne Thomas*  
Signature

Director, Special Populations Services 7-26-07  
Title Date

*Basil G. Heathley*  
DGS 550-2 (Rev. 1/93) *Division Secretary*  
*7-12-07*

RECEIVED  
AUG 20 - 2007  
FEDERAL BUREAU OF INVESTIGATION  
U.S. DEPARTMENT OF JUSTICE



DEPARTMENT OF GENERAL SERVICES  
P.O. BOX 275, JESSUP, MD 20794 (TELEPHONE 799-1379)  
RECORDS TRANSMITTAL AND RECEIPT

Directions: Please Type Or Print Clearly All Entries

<b>A. Agency</b> 1. Cecil County Health Department		Accession No.	Date Rec'd  RM Coe
<b>B. Division/Unit</b> Special Populations Services		Location Range Section(s)	No. of Cu.Ft.
<b>C. Mailing Address</b>  401 Bow Street Elkton, MD 21921			
<b>D. Phone No.</b>  410-996-5112		Records Center Manager	
<b>E. Agency Official</b>		<b>To Be Completed At  State Records Management Center</b>	
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#2	Client Files - 1981-1996	Destroyed 7-12-07	
#3	Client Files - 1979-1997	Destroyed 7-12-07	
#4	Client Files - 1978-1997	Destroyed 7-12-07	
#5	Client Files - 1979-1997	Destroyed 7-12-07	
#6	Client Files - 1976-1997	Destroyed 7-12-07	
#7	Client Files - 1978-1997	Destroyed 7-12-07	

2w7

Cecil County Health Dept.	Department of General Services Records Management Division 7275 Waterloo Road (Rte. 175) P.O. Box 275 Jessup, Maryland 20794-0275	Prepare in duplicate Retain one (1) copy and forward Original to address at left.
Reporting Agency		
Special Populations Services		
Division or Unit		

**CERTIFICATE OF RECORDS DISPOSAL**

No.	Description of Records (Same Title as listed on Schedule)	Authorization		Inclusive Dates of Records Destroyed	Volume Cubic Feet	Date of Disposal	Method of Disposal
		Retention Schedule No.	Item No.				
1	Client Files	1518	1	1981-1996	1 Box	7-17-07	Destroyed
2	Client Files	1518	1	1978-1997	1 Box	7-17-07	Destroyed
3	Client Files	1518	1	1979-1996	1 Box	7-17-07	Destroyed
4	Client Files	1518	1	1979-1996	1 Box	7-17-07	Destroyed
5	Client Files	1518	1	1982-1997	1 Box	7-17-07	Destroyed

I hereby certify that the records listed above were disposed of as indicated.

*Donna E. Ammen*  
\_\_\_\_\_  
Signature

Director, Special Populations Services  
\_\_\_\_\_  
Title 7-26-07  
Date

*Barbara G. Keatley*  
\_\_\_\_\_  
Director's Secretary  
7-17-07

RECEIVED

AUG 20 2w7

RECEIVED

DEPARTMENT OF GENERAL SERVICES  
P.O. BOX 275, JESSUP, MD 20794 (TELEPHONE 799-1379)  
RECORDS TRANSMITTAL AND RECEIPT

Directions: Please Type Or Print Clearly All Entries

<b>A. Agency</b> 1. Cecil County Health Department	Accession No.	Date Rec'd  RM Coe
<b>B. Division/Unit</b> Special Populations Services	<b>Location</b> Range Section(s)	<b>No. of Cu.Ft.</b>
<b>C. Mailing Address</b>  401 Bow Street Elkton, MD 21921		
<b>D. Phone No.</b>  410-996-5112	<b>Records Center Manager</b>	
<b>E. Agency Official</b>	<b>To Be Completed At  State Records Management Center</b>	
<b>2. Box Numbers</b>	<b>3. Description of Records with Inclusive Dates</b>	<b>4. Disposal Authority Schedule, Item No. Disposal Date</b>
#1	Client Files - 1981-1996	Destroyed 7-17-07
#2	Client Files - 1978-1997	Destroyed 7-17-07
#3	Client Files - 1979-1996	Destroyed 7-17-07
#4	Client Files - 1979-1996	Destroyed 7-17-07
#5	Client Files - 1982-1997	Destroyed 7-17-07

RECEIVED

AUG 20 2007

RECEIVED MANAGEMENT  
COUNCIL

Cecil County Health Dept.	Department of General Services Records Management Division 7275 Waterloo Road (Rte. 175) P.O. Box 275 Jessup, Maryland 20794-0275	Prepare in duplicate  Retain one (1) copy and forward Original to address at left.
Reporting Agency		
Special Populations Services		
Division or Unit		

## CERTIFICATE OF RECORDS DISPOSAL

No.	Description of Records (Same Title as listed on Schedule)	Authorization		Inclusive Dates of Records Destroyed	Volume Cubic Feet	Date of Disposal	Method of Disposal
		Retention Schedule No.	Item No.				
1	Client Files	1518	1	1981-1997	1 Box	7-19-07	Destroyed
2	Client Files	1518	1	1981-1997	1 Box	7-19-07	Destroyed
3	Client Files	1518	1	1981-1997	1 Box	7-19-07	Destroyed

I hereby certify that the records listed above were disposed of as indicated.

*Douglas Summen*  
 Signature
 

 Director, Special Populations Services  
 Title
 

 7-26-07  
 Date

*Barbara G. Keatley*, Division Secretary  
 7-19-07

~~XXXXXXXXXXXXXXXXXXXX~~

AUG 20 2007

BOOKS MANAGEMENT  
LIBRARY



DEPARTMENT OF GENERAL SERVICES  
P.O. BOX 275, JESSUP, MD 20794 (TELEPHONE 799-1379)  
RECORDS TRANSMITTAL AND RECEIPT

Directions: Please Type Or Print Clearly All Entries

<b>A. Agency</b> 1. Cecil County Health Department	Accession No.	Date Rec'd  RM Coe
<b>B. Division/Unit</b> Special Populations Services	Location Range Section(s)	No. of Cu.Ft.
<b>C. Mailing Address</b>  401 Bow Street Elkton, MD 21921		
<b>D. Phone No.</b>  410-996-5112	Records Center Manager	
<b>E. Agency Official</b>	<b>To Be Completed At  State Records Management Center</b>	
<b>2. Box Numbers</b>	<b>3. Description of Records with Inclusive Dates</b>	<b>4. Disposal Authority Schedule, Item No. Disposal Date</b>
#1	Client Files - 1981-1997	Destroyed 7-19-07
#2	Client Files - 1981-1997	Destroyed 7-19-07
#3	Client Files - 1981-1997	Destroyed 7-19-07

~~CONFIDENTIAL~~

AUG 20 2007

PROCESS MANAGEMENT  
~~CONFIDENTIAL~~

Cecil County Health Dept.	Department of General Services Records Management Division 7275 Waterloo Road (Rte. 175) P.O. Box 275 Jessup, Maryland 20794-0275	Prepare in duplicate  Retain one (1) copy and forward Original to address at left.
Reporting Agency		
Special Populations Services		
Division or Unit		

## CERTIFICATE OF RECORDS DISPOSAL

No.	Description of Records (Same Title as listed on Schedule)	Authorization		Inclusive Dates of Records Destroyed	Volume Cubic Feet	Date of Disposal	Method of Disposal
		Retention Schedule No.	Item No.				
1	Client Files	1518	1	1981-1996	1 Box	7-20-07	Destroyed
2	Client Files	1518	1	1981-1997	1 Box	7-20-07	Destroyed
3	Client Files	1518	1	1981-1996	1 Box	7-20-07	Destroyed
4	Client Files	1518	1	1981-1997	1 Box	7-20-07	Destroyed
5	Client Files	1518	1	1982-1997	1 Box	7-20-07	Destroyed
6	Client Files	1518	1	1981-1997	1 Box	7-20-07	Destroyed

I hereby certify that the records listed above were disposed of as indicated.

*Drayton A. Sommers*  
 Signature

Director, Special Populations Services 7-26-07  
 Title Date

*Barbara G. Keasler, Division Secretary*  
 7-20-07

100-100000

AUG 20

2007

MISSISSIPPI NATIONAL  
ARCHIVES

DEPARTMENT OF GENERAL SERVICES  
P.O. BOX 275, JESSUP, MD 20794 (TELEPHONE 799-1379)  
RECORDS TRANSMITTAL AND RECEIPT

Directions: Please Type Or Print Clearly All Entries

<b>A. Agency</b> 1. Cecil County Health Department	Accession No.	Date Rec'd  RM Coe
<b>B. Division/Unit</b> Special Populations Services	Location Range Section(s)	No. of Cu.Ft.
<b>C. Mailing Address</b>  401 Bow Street Elkton, MD 21921		
<b>D. Phone No.</b>  410-996-5112	Records Center Manager	
<b>E. Agency Official</b>	<b>To Be Completed At  State Records Management Center</b>	
<b>2. Box Numbers</b>	<b>3. Description of Records with Inclusive Dates</b>	<b>4. Disposal Authority Schedule, Item No. Disposal Date</b>
#1	Client Files - 1981-1996	Destroyed 7-12007
#2	Client Files - 1981-1997	Destroyed 7-20-07
#3	Client Files - 1981-1996	Destroyed 7-20-07
#4	Client Files - 1981-1997	Destroyed 7-20-07
#5	Client Files - 1982-1997	Destroyed 7-20-07
#6	Client Files - 1981-1997	Destroyed 7-20-07

AUG 20

zw7

RECORDS MANAGEMENT  
UNIT



~~RECEIVED~~

AUG 20 2007

WELLES MANAGEMENT  
BRANCH



DEPARTMENT OF GENERAL SERVICES  
P.O. BOX 275, JESSUP, MD 20794 (TELEPHONE 799-1379)  
RECORDS TRANSMITTAL AND RECEIPT

Directions: Please Type Or Print Clearly All Entries

<b>A. Agency</b> 1. Cecil County Health Department	Accession No.	Date Rec'd  RM Coe
<b>B. Division/Unit</b> Special Populations Services	Location  Range Section(s)	No. of Cu.Ft.
<b>C. Mailing Address</b>  401 Bow Street Elkton, MD 21921		
<b>D. Phone No.</b>  410-996-5112	Records Center Manager	
<b>E. Agency Official</b>	<b>To Be Completed At  State Records Management Center</b>	
<b>2. Box  Numbers</b>	<b>3. Description of Records  with Inclusive Dates</b>	<b>4. Disposal Authority  Schedule, Item No.  Disposal Date</b>
#1	Client Files - 1981-1997	Destroyed 7-24-07
#2	Client Files - 1981-1997	Destroyed 7-24-07
#3	Client Files - 1981-1996	Destroyed 7-24-07
#4	Client Files - 1981-1996	Destroyed 7-24-07

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AUG 20 2007

PROCESS MANAGEMENT  
CENTRE

Cecil County Health Dept.	Department of General Services Records Management Division 7275 Waterloo Road (Rte. 175) P.O. Box 275 Jessup, Maryland 20794-0275	Prepare in duplicate  Retain one (1) copy and forward Original to address at left.
Reporting Agency		
Special Populations Services		
Division or Unit		

## CERTIFICATE OF RECORDS DISPOSAL

No.	Description of Records (Same Title as listed on Schedule)	Authorization		Inclusive Dates of Records Destroyed	Volume Cubic Feet	Date of Disposal	Method of Disposal
		Retention Schedule No.	Item No.				
1	Client Files	1518	1	1981-1996	1 Box	7-25-07	Destroyed
2	Client Files	1518	1	1981-1996	1 Box	7-25-07	Destroyed
3	Client Files	1518	1	1982-1994	1 Box	7-25-07	Destroyed

I hereby certify that the records listed above were disposed of as indicated.

*Douglas Amman*  
Signature

Director, Special Populations Services 7-26-07  
Title Date

*Barbara A. Keating, Division Secretary*  
7-25-07

~~CONFIDENTIAL~~

AUG 20 2007

PROJECT MANAGEMENT  
GROUP

DEPARTMENT OF GENERAL SERVICES  
P.O. BOX 275, JESSUP, MD 20794 (TELEPHONE 799-1379)  
RECORDS TRANSMITTAL AND RECEIPT

Directions: Please Type Or Print Clearly All Entries

<b>A. Agency</b> 1. Cecil County Health Department		Accession No.	Date Rec'd  RM Coe
<b>B. Division/Unit</b> Special Populations Services		Location Range Section(s)	No. of Cu.Ft.
<b>C. Mailing Address</b>  401 Bow Street Elkton, MD 21921			
<b>D. Phone No.</b>  410-996-5112		Records Center Manager	
<b>E. Agency Official</b>		<b>To Be Completed At  State Records Management Center</b>	
2. Box Numbers	3. Description of Records with Inclusive Dates	4. Disposal Authority Schedule, Item No. Disposal Date	
#1	Client Files - 1981-1996	Destroyed 7-25-07	
#2	Client Files - 1981-1996	Destroyed 7-25-07	
#3	Client Files - 1982-1994	Destroyed 7-25-07	

AUG 30

2007

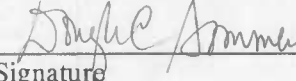
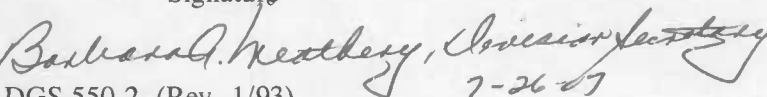
LIBRARY OF THE  
CONGRESS

Cecil County Health Dept.	Department of General Services Records Management Division 7275 Waterloo Road (Rte. 175) P.O. Box 275 Jessup, Maryland 20794-0275	Prepare in duplicate  Retain one (1) copy and forward Original to address at left.
Reporting Agency		
Special Populations Services		
Division or Unit		

## CERTIFICATE OF RECORDS DISPOSAL

No.	Description of Records (Same Title as listed on Schedule)	Authorization		Inclusive Dates of Records Destroyed	Volume Cubic Feet	Date of Disposal	Method of Disposal
		Retention Schedule No.	Item No.				
1	Client Files	1518	1	1981-1996	1 Box	7-26-07	Destroyed
2	Client Files	1518	1	1981-1996	1 Box	7-26-07	Destroyed
3	Client Files	1518	1	1982-1997	1 Box	7-26-07	Destroyed
4	Client Files	1518	1	1979-1997	1 Box	7-26-07	Destroyed
5	Client Files	1518	1	1981-1997	1 Box	7-26-07	Destroyed

I hereby certify that the records listed above were disposed of as indicated.

 Signature	Director, Special Populations Services Title	Date
 Barbara A. Keatley, Commission Secretary DGS 550-2 (Rev. 1/93)      7-26-07		

AUG 20

2007

MANAGEMENT



DEPARTMENT OF GENERAL SERVICES  
P.O. BOX 275, JESSUP, MD 20794 (TELEPHONE 799-1379)  
RECORDS TRANSMITTAL AND RECEIPT

Directions: Please Type Or Print Clearly All Entries

<b>A. Agency</b> 1. Cecil County Health Department	Accession No.	Date Rec'd <hr/> RM Coe
<b>B. Division/Unit</b> Special Populations Services	<b>Location</b> Range Section(s)	<b>No. of Cu.Ft.</b>
<b>C. Mailing Address</b>  401 Bow Street Elkton, MD 21921		
<b>D. Phone No.</b>  410-996-5112	<b>Records Center Manager</b>	
<b>E. Agency Official</b>	<b>To Be Completed At  State Records Management Center</b>	
<b>2. Box Numbers</b>	<b>3. Description of Records with Inclusive Dates</b>	<b>4. Disposal Authority Schedule, Item No. Disposal Date</b>
#1	Client Files - 1981-1996	Destroyed 7-26-07
#2	Client Files - 1981-1996	Destroyed 7-26-07
#3	Client Files - 1982-1997	Destroyed 7-26-07
#4	Client Files - 1979-1997	Destroyed 7-26-07
#5	Client Files - 1981-1997	Destroyed 7-26-07

RECEIVED

AUG 20 1957

RECORDS MANAGEMENT  
SECTION

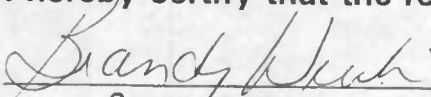
<b>DEPT OF HEALTH &amp; MENTAL HYGIENE</b>	<b>State Records Center</b> Dept of General Services 7275 Waterloo Road P.O. Box 275 Jessup MD 20794-0275 (410) 799-1379	<b>DHMH Instructions:</b> Prepare 4 Copies Distribution: 1. YOUR UNIT'S FILE 2. RECORDS COORDINATOR (PRGM/ADMIN) FILE 3. STATE RECORDS CTR 4. DHMH RECORDS OFFICER (Notify before Disposal) (410) 767-5934
EXEC - HCF - PHS - OPS SECRETARIAT		
Wicomico Co Health Dept OFFICE / ADMINISTRATION / LOCATION		
Administration DIVISION / UNIT		

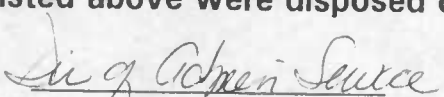
## CERTIFICATE OF RECORDS DISPOSAL

No.	DESCRIPTION OF RECORDS (FROM SCHEDULE FORM) (FORMAT: PAPER, FILM, DISK, ETC)	AUTHORIZATION*		INCLUSIVE DATES OF RECORDS	VOLUME (FT <sup>3</sup> ) (BOXES)	DATE OF DISPOSAL	DISPOSAL METHOD (TRASH, SHRED, BURN, ETC)
		SCHEDULE #	ITEM				
1.	Accts Receivable Daily Log FY 99	834	1E	7/1/98 - 6/30/99	24	11/14/05	Shred
2.	Nations Bank check # 0691-0100	834	1E	Acct # 3934342093		11/28/05	Shred
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							

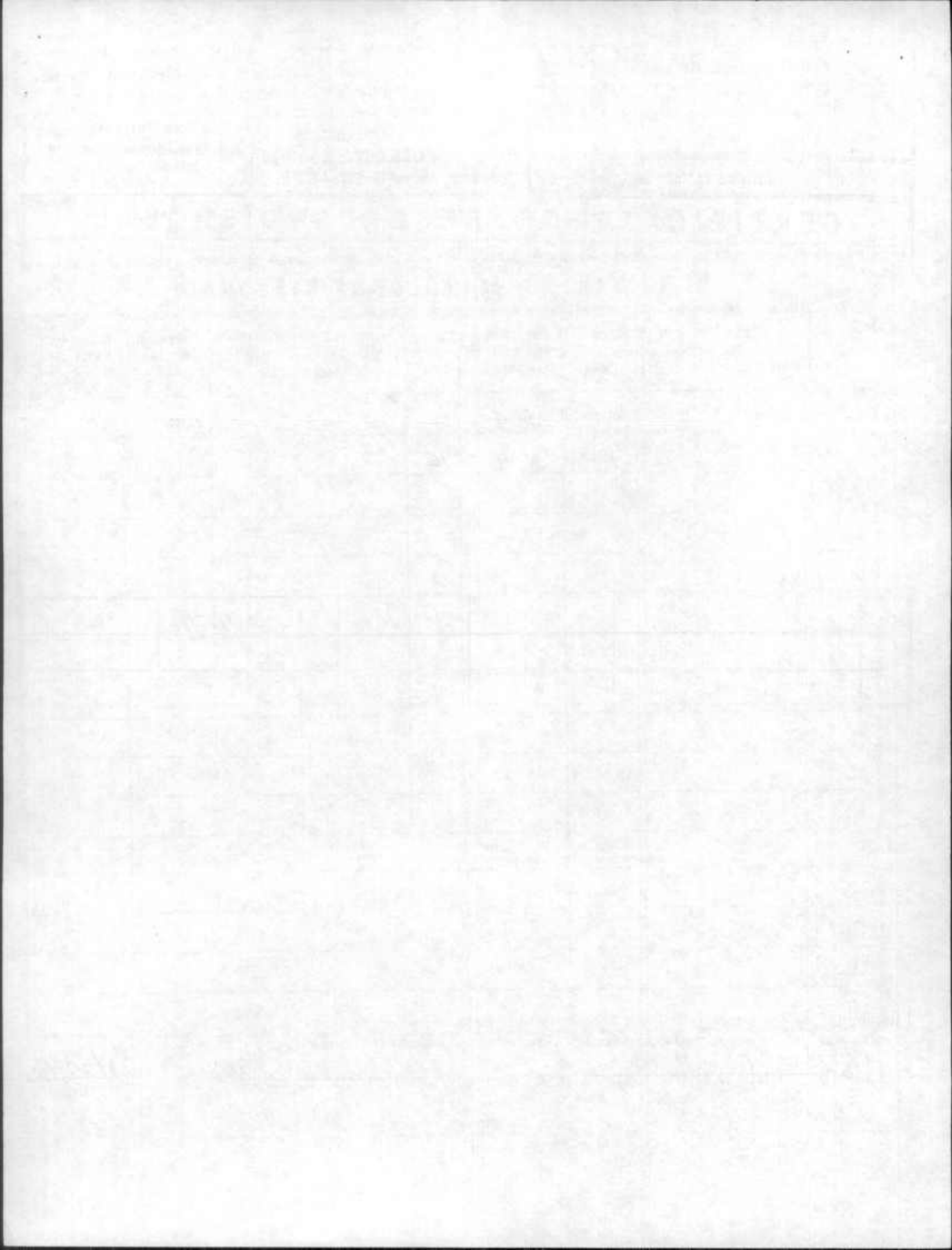
\*RECORDS MUST BE LISTED ON AN AUTHORIZED SCHEDULE, DGS 550-1, AND MEET RETENTION REQUIREMENTS BEFORE DISPOSAL IS ALLOWED.

I hereby certify that the records listed above were disposed of as indicated.

  
 SIGNATURE
 

  
 TITLE
 

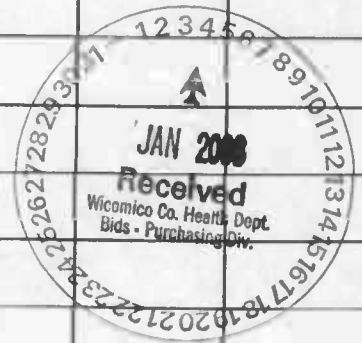
 11/28/05  
 DATE



<b>DEPT OF HEALTH &amp; MENTAL HYGIENE</b>	<b>State Records Center</b> Dept of General Services 7275 Waterloo Road P.O. Box 275 Jessup MD 20794-0275 (410) 799-1379	<b>DHMH Instructions:</b> <b>Prepare 4 Copies</b> Distribution: <b>1.YOUR UNIT - 5 FILE</b> <b>2.RECORDS COORDINATOR (PRGM/ADMIN) FILE</b> <b>3.STATE RECORDS CTR</b> <b>4.DHMH RECORDS OFFICER</b> (Notify before Disposal) (410) 767-5934
EXEC - HCF - PHS - OPS SECRETARIAT		
<i>Wicomico Co. Health Dept</i> OFFICE / ADMINISTRATION / LOCATION		
<i>Administration</i> DIVISION / UNIT		

## CERTIFICATE OF RECORDS DISPOSAL

No.	DESCRIPTION OF RECORDS (FROM SCHEDULE FORM) [FORMAT: PAPER, FILM, DISK, ETC]	AUTHORIZATION*		INCLUSIVE DATES OF RECORDS	VOLUME (FT <sup>3</sup> ) (BOXES)	DATE OF DISPOSAL	DISPOSAL METHOD (TRASH, SHRED, BURN, ETC)
		SCHEDULE #	ITEM				
1.	Risk Management	2112	1	1993-		12/30/05	Shred
2.	Quarterly Summary			1998			
3.	Risk Management	2112	1	1993-		12/30/05	Shred
4.	Committee Meeting Minutes			1998			
5.	Fire Drill Check off	2112	1	1997-		12/30/05	Shred
4.	list			1999			
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							



\*RECORDS MUST BE LISTED ON AN AUTHORIZED SCHEDULE, DGS 550-1, AND MEET RETENTION REQUIREMENTS BEFORE DISPOSAL IS ALLOWED.

I hereby certify that the records listed above were disposed of as indicated.

*Gandy Wink*                      *Director of Admin Serv.*                      *12/30/05*  
 SIGNATURE                                      TITLE                                      DATE

RECEIVED  
JAN 9  
2007

WCHD		<b>Department of General Services</b> Records Management Division 7275 Waterloo Road (Rte. 175) P.O. Box 275 Jessup, Maryland 20794-0275	Prepare in Duplicate  Retain one (1) copy and forward original to address on left.
Reporting Agency			
STD - DIS			
Division or Unit			

### CERTIFICATE OF RECORDS DISPOSAL

*1 1/2 cu. feet =  
one file drawer*

No.	Description of Records (Same Title as listed on Schedule)	Authorization		Inclusive Dates of Records Destroyed	Volume Cubic Feet	Date of Disposal	Method of Disposal
		Retention Schedule No.	Item No.				
	DIS cases CT+GC	1518	198, 19E	2000	1/8	1/9/06	shred

I hereby certify that the records listed above were disposed of as indicated.

*Christine Cove*  
 \_\_\_\_\_  
 Signature

*RN, DIS*  
 \_\_\_\_\_  
 Title

*2/7/06*  
 \_\_\_\_\_  
 Date

~~CONFIDENTIAL~~

FEB 13

*2016*

RECORDS MGMT  
DIVISION



Wicomico Co. Health Dept  
 Reporting Agency  
 Admin  
 Division or Unit

Department of General  
 Services  
 Records Management Division  
 7275 Waterloo Road (Rte. 175)  
 P.O. Box 275  
 Jessup, Maryland 20794-0275

Prepare in duplicate  
 Retain one (1) copy and forward  
 original to address at left

## CERTIFICATE OF RECORDS DISPOSAL

No.	Description of Records (Same Title as listed on Schedule)	Authorization		Inclusive Dates of Records Destroyed	Volume Cubic Feet	Date of Disposal	Method of Disposal
		Retention Schedule No	Item No				
	Cost Settlements	834	1E	F488	1 box	1/27/86	Trash
	Case formula	834	1E	F489	"	1/27/86	"
	"	834	1E	F490	"	1/27/86	"
	"	834	1E	F491	"	1/27/86	"
	"	834	1E	F492	"	1/27/86	"
	County Invoices	834	1E	F493	"	1/27/86	"
	"	834	1E	F494	"	1/27/86	"
	"	834	1E	F495	"	1/27/86	"
	"	834	1E	F496	"	1/27/86	"

I hereby certify that the records listed above were disposed of as indicated.

Brendy Wente  
 Signature

Dir of Admin Services  
 Title

1/27/86  
 Date

~~CONFIDENTIAL~~

FEB 3

RECORDS MANAGEMENT  
DIVISION

<b>DEPT OF HEALTH &amp; MENTAL HYGIENE</b>	<b>State Records Center</b> Dept of General Services 7275 Waterloo Road P.O. Box 275 Jessup MD 20794-0275 (410) 799-1379	<b>DHMH Instructions:</b> <b>Prepare 4 Copies</b> Distribution: 1. YOUR UNIT'S FILE 2. RECORDS COORDINATOR (PRGM/ADMIN) FILE 3. STATE RECORDS CTR 4. DHMH RECORDS OFFICER (Notify before Disposal) (410) 767-5934
EXEC - HCF - PHS - OPS SECRETARIAT		
OFFICE / ADMINISTRATION / LOCATION		
WICOMICO COUNTY HEALTH DEPT. DIVISION / UNIT		

**CERTIFICATE OF RECORDS DISPOSAL**

No.	DESCRIPTION OF RECORDS (FROM SCHEDULE FORM) [FORMAT: PAPER, FILM, DISK, ETC]	AUTHORIZATION*		INCLUSIVE DATES OF RECORDS	VOLUME (FT <sup>3</sup> ) (BOXES)	DATE OF DISPOSAL	DISPOSAL METHOD (TRASH, SHRED, BURN, ETC)
		SCHEDULE #	ITEM				
1.	MH Records - Community Board Program	1518	10	1995-1999	1 c.f	1/27/06	shred
2.							
3.							
4.							
5.							
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7.							
8.							
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11.							
12.							
13.							
14.							
15.							
16.							

\*RECORDS MUST BE LISTED ON AN AUTHORIZED SCHEDULE, DGS 550-1, AND MEET RETENTION REQUIREMENTS BEFORE DISPOSAL IS ALLOWED.

I hereby certify that the records listed above were disposed of as indicated.

M. B. Burt  
SIGNATURE

Program Director  
TITLE  
Mental Health  
Wicomico County Health Department  
2/2/06  
DATE

FFA 8

2006

FFA MANAGEMENT

<b>DEPT OF HEALTH &amp; MENTAL HYGIENE</b>	<b>State Records Center</b> Dept of General Services 7275 Waterloo Road P.O. Box 275 Jessup MD 20794-0275 (410) 799-1379	<b>DHMH Instructions:</b> Prepare 4 Copies Distribution: 1. YOUR UNIT'S FILE 2. RECORDS COORDINATOR (PRGM/ADMIN) FILE 3. STATE RECORDS CTR 4. DHMH RECORDS OFFICER (Notify before Disposal) (410) 767-5934
EXEC - HCF - PHS - OPS SECRETARIAT		
OFFICE / ADMINISTRATION / LOCATION		
<i>WICOMICO COUNTY HEALTH DEPT.</i> DIVISION / UNIT		

**CERTIFICATE OF RECORDS DISPOSAL**

No.	DESCRIPTION OF RECORDS (FROM SCHEDULE FORM) [FORMAT: PAPER, FILM, DISK, ETC]	AUTHORIZATION*		INCLUSIVE DATES OF RECORDS	VOLUME (FT <sup>3</sup> ) (BOXES)	DATE OF DISPOSAL	DISPOSAL METHOD (TRASH, SHRED, BURN, ETC)
		SCHEDULE #	ITEM				
1.	Peninsula Bank	834	IE	N/A	—	02/21/06	Shred
2.	Checking Account						
3.	# 005 0365177						
4.	"CVH Account"						
5.	.. checks #1058-1501						
6.	(ACCOUNT CLOSED)						
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							



\*RECORDS MUST BE LISTED ON AN AUTHORIZED SCHEDULE, DGS 550-1, AND MEET RETENTION REQUIREMENTS BEFORE DISPOSAL IS ALLOWED.

I hereby certify that the records listed above were disposed of as indicated.

*Paul Carr*  
SIGNATURE

Agency Budget Spec. 02/21/06  
TITLE DATE  
*Super.*

WICOMICO COUNTY HEALTH DEPARTMENT

RECEIVED

MAR 1 1966

NEEDS MANAGEMENT

*Purchasing*

<b>DEPT OF HEALTH &amp; MENTAL HYGIENE</b>	<b>State Records Center</b> Dept of General Services 7275 Waterloo Road P.O. Box 275 Jessup MD 20794-0275 (410) 799-1379	<b>DHMH Instructions:</b> <b>Prepare 4 Copies</b> Distribution: 1.YOUR UNIT'S FILE 2.RECORDS COORDINATOR (PRGM/ADMIN) FILE 3.STATE RECORDS CTR 4.DHMH RECORDS OFFICER (Notify before Disposal) (410) 767-5934
EXEC - HCF - PHS - OPS SECRETARIAT		
OFFICE / ADMINISTRATION / LOCATION		
WICOMICO COUNTY HEALTH DEPARTMENT DIVISION / UNIT		

**CERTIFICATE OF RECORDS DISPOSAL**

No.	DESCRIPTION OF RECORDS (FROM SCHEDULE FORM) [FORMAT: PAPER, FILM, DISK, ETC]	AUTHORIZATION*		INCLUSIVE DATES OF RECORDS	VOLUME (Ft <sup>3</sup> ) (BOXES)	DATE OF DISPOSAL	DISPOSAL METHOD (TRASH, SHRED, BURN, ETC)
		SCHEDULE #	ITEM				
1.	OMHC - MH Records	1518	10	1980- 1999	2 cF	2/27/06	Shred
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\*RECORDS MUST BE LISTED ON AN AUTHORIZED SCHEDULE, DGS 550-1, AND MEET RETENTION REQUIREMENTS BEFORE DISPOSAL IS ALLOWED.

I hereby certify that the records listed above were disposed of as indicated.

*Mully Barks*  
SIGNATURE

Program Director  
TITLE

3/3/06  
DATE

WICOMICO COUNTY HEALTH DEPARTMENT

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RECORDS MANAGEMENT DIVISION

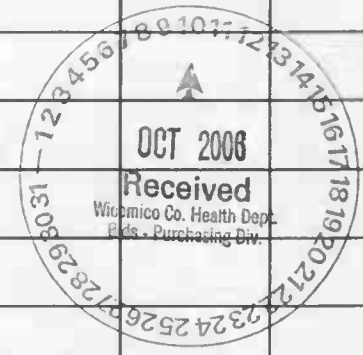
DEPARTMENT OF HEALTH AND HUMAN SERVICES



<b>DEPT OF HEALTH &amp; MENTAL HYGIENE</b>	<b>State Records Center</b> Dept of General Services 7275 Waterloo Road P.O. Box 275 <b>Jessup MD 20794-0275</b> (410) 799-1379	<b>DHMH Instructions:</b> <b>Prepare 4 Copies</b> Distribution: <b>1.YOUR UNIT -S FILE</b> <b>2.RECORDS COORDINATOR</b> <b>(PRGM/ADMIN) FILE</b> <b>3.STATE RECORDS CTR</b> <b>4.DHMH RECORDS OFFICER</b> (Notify before Disposal) (410) 767-5934
<i>Wicomico Co. Health Dept</i> EXEC HCF PHS OPS SECRETARIAT		
<i>Admin.</i> OFFICE / ADMINISTRATION / LOCATION		
DIVISION / UNIT		

## CERTIFICATE OF RECORDS DISPOSAL

No.	DESCRIPTION OF RECORDS (FROM SCHEDULE FORM) [FORMAT: PAPER, FILM, DISK, ETC]	AUTHORIZATION*		INCLUSIVE DATES OF RECORDS	VOLUME (Ft <sup>3</sup> ) (BOXES)	DATE OF DISPOSAL	DISPOSAL METHOD (TRASH, SHRED, BURN, ETC)
		SCHEDULE #	ITEM				
1.	<i>Closed Accts. Royola &amp; Crestar</i>	<i>834</i>			<i>1</i>	<i>9/29/06</i>	<i>Shred</i>
2.	<i>Deposit slips</i>			<i>FY 92-99</i>			
3.	<i>Acct. statements</i>			<i>FY 93-99</i>			
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I hereby certify that the records listed above were disposed of as indicated.

*Brandy Webb*                      *Director of Admin Services*                      *9/29/06*  
 SIGNATURE    TITLE    DATE

~~CONFIDENTIAL~~

OCT 12 1964

ALLS DS MANAGEMENT  
FBI/DOJ

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<b>DEPT OF HEALTH &amp; MENTAL HYGIENE</b>  EXEC - HCF - PHS - OPS SECRETARIAT  <i>WICOMICO COUNTY HEALTH DEPT.</i> OFFICE / ADMINISTRATION / LOCATION  DIVISION / UNIT	<b>State Records Center</b> Dept of General Services 7275 Waterloo Road P.O. Box 275 Jessup MD 20794-0275 (410) 799-1379	<b>DHMH Instructions:</b> Prepare 4 Copies Distribution: <b>1. YOUR UNIT'S FILE</b> <b>2. RECORDS COORDINATOR (PRGM/ADMIN) FILE</b> <b>3. STATE RECORDS CTR</b> <b>4. DHMH RECORDS OFFICER</b> (Notify before Disposal) (410) 767-5934
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**CERTIFICATE OF RECORDS DISPOSAL**

No.	DESCRIPTION OF RECORDS (FROM SCHEDULE FORM) (FORMAT: PAPER, FILM, DISK, ETC)	AUTHORIZATION*		INCLUSIVE DATES OF RECORDS	VOLUME (FT <sup>3</sup> ) (BOXES)	DATE OF DISPOSAL	DISPOSAL METHOD (TRASH, SHRED, BURN, ETC)
		SCHEDULE #	ITEM				
1.	CCU paperwork to	2369	9	6'91-5'00	—	2'07	shred
2.	include copies and						
3.	originals of:						
4.	New referrals,						
5.	acknowledgments,						
6.	debt adjustments,						
7.	abatements, debt						
6.	payments, STARS						
3.	payments reports,						
10.	and debtor changes.						
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\*RECORDS MUST BE LISTED ON AN AUTHORIZED SCHEDULE, DGS 550-1, AND MEET RETENTION REQUIREMENTS BEFORE DISPOSAL IS ALLOWED.

I hereby certify that the records listed above were disposed of as indicated.

Ruth Pusey                      Fiscal Accts. Clerk II                      4/11/07  
 SIGNATURE                                      TITLE                                      DATE

*4/23/07 Cynthia M. Fazel, Records Coordinator, Wicomico Co Health Dept.*

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MAY 1 1977

RECORDS MANAGEMENT  
FBI

**DEPT OF HEALTH & MENTAL HYGIENE**

EXEC - HCF - PHS - OPS  
SECRETARIAT

*WICOMICO COUNTY HEALTH DEPT.*  
OFFICE / ADMINISTRATION / LOCATION

DIVISION / UNIT

State Records Center  
Dept of General Services  
7275 Waterloo Road  
P.O. Box 275  
Jessup MD 20794-0275  
(410) 799-1379

**DHMH Instructions:**

Prepare 4 Copies

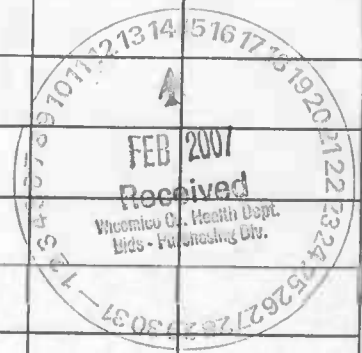
Distribution:

1. YOUR UNIT-S FILE
2. RECORDS COORDINATOR (PRM/ADMIN) FILE
3. STATE RECORDS CTR
4. DHMH RECORDS OFFICER (Notify before Disposal)

(410) 767-5934

**CERTIFICATE OF RECORDS DISPOSAL**

No.	DESCRIPTION OF RECORDS (FROM SCHEDULE FORM) [FORMAT: PAPER, FILM, DISK, ETC]	AUTHORIZATION*		INCLUSIVE DATES OF RECORDS	VOLUME (FT <sup>3</sup> ) (BOXES)	DATE OF DISPOSAL	DISPOSAL METHOD (TRASH, SHRED, BURN, ETC)
		SCHEDULE #	ITEM				
1.	<i>Family Planning - Paper</i>	<i>1518</i>	<i>6</i>	<i>11/1/1996 - 12/31/1996</i>	<i>6</i>	<i>2/12/07</i>	<i>Shred</i>
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I hereby certify that the records listed above were disposed of as indicated.

*Michelle Pilchard*  
SIGNATURE

*Office Supervisor*  
TITLE

*2/12/07*  
DATE

*Empassel, Agency Records Coordinator  
Wicomico County Health Dept.*

MAR 2 1972

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<b>DEPT OF HEALTH &amp; MENTAL HYGIENE</b>	State Records Center Dept of General Services 7275 Waterloo Road P.O. Box 275 Jessup MD 20794-0275 (410) 799-1379	<b>DHMH Instructions:</b> <b>Prepare 4 Copies</b> Distribution: <b>1.YOUR UNIT'S FILE</b> <b>2.RECORDS COORDINATOR (PRGM/ADMIN) FILE</b> <b>3.STATE RECORDS CTR</b> <b>4.DHMH RECORDS OFFICER</b> (Notify before Disposal) (410) 767-5934
EXEC - HCF - PHS - OPS SECRETARIAT		
<i>Wicomico County Health Dept.</i> OFFICE / ADMINISTRATION / LOCATION		
DIVISION / UNIT		

## CERTIFICATE OF RECORDS DISPOSAL

No.	DESCRIPTION OF RECORDS (FROM SCHEDULE FORM) (FORMAT: PAPER, FILM, DISK, ETC)	AUTHORIZATION*		INCLUSIVE DATES OF RECORDS	VOLUME (Ft <sup>3</sup> ) (BOXES)	DATE OF DISPOSAL	DISPOSAL METHOD (TRASH, SHRED, BURN, ETC)
		SCHEDULE #	ITEM				
1.	OMHC-MH Records	1518	10	1984-2000	7 CF	4/23/07	shred
2.	Phoenix MH Records	1518	10	2000	1 CF	4/24/07	" "
3.	Community MH Records	1518	10	2000	1 CF	4/24/07	" "
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I hereby certify that the records listed above were disposed of as indicated.

*Maria Sauter*                      Program Director                      4/26/07  
 SIGNATURE                                      TITLE                                      DATE

*4/27/07 Cynthia M. Fassel, Records Coordinator, Wicomico County Health Dept.*

APR 30 2007

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<i>Wicomico County Health DEPT.</i> OFFICE / ADMINISTRATION / LOCATION			
DIVISION / UNIT			

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## CERTIFICATE OF RECORDS DISPOSAL

No.	DESCRIPTION OF RECORDS (FROM SCHEDULE FORM) (FORMAT: PAPER, FILM, DISK, ETC)	AUTHORIZATION*		INCLUSIVE DATES OF RECORDS	VOLUME (FT <sup>3</sup> ) (BOXES)	DATE OF DISPOSAL	DISPOSAL METHOD (TRASH, SHRED, BURN, ETC)
		SCHEDULE #	ITEM				
1.	<i>DBA- Resource Coordinators Rosters/TCM-Billing</i>	<i>834</i>	<i>1</i>	<i>1998-2000</i>	<i>2</i>	<i>5/11/07</i>	<i>Shred</i>
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I hereby certify that the records listed above were disposed of as indicated.

*Joy D. Alline*      *CSC I*      *5/14/07*  
 SIGNATURE      TITLE      DATE  
*Cynthia M. Fassel, Agency Records Coordinator*      *5/25/07*

MAY 29

*JW*

RECORDS MANAGEMENT  
BY: *JW*

<b>DEPT OF HEALTH &amp; MENTAL HYGIENE</b>	<b>State Records Center</b> Dept of General Services 7275 Waterloo Road P.O. Box 275 Jessup MD 20794-0275 (410) 799-1379	<b>DHMH Instructions:</b> <b>Prepare 4 Copies</b> Distribution: <b>1.YOUR UNIT-S FILE</b> <b>2.RECORDS COORDINATOR (PRGM/ADMIN) FILE</b> <b>3.STATE RECORDS CTR</b> <b>4.DHMH RECORDS OFFICER</b> (Notify before Disposal) (410) 767-5934
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<i>Wicomico County Health Department</i> OFFICE / ADMINISTRATION / LOCATION		
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## CERTIFICATE OF RECORDS DISPOSAL

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		SCHEDULE #	ITEM				
1.	<i>AMHC + Mobile service MH Records</i>	<i>151 F</i>	<i>10</i>	<i>1974 - 2000</i>	<i>1 cF</i>	<i>9/1/07</i>	<i>shred</i>
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*M. Barts*  
SIGNATURE

*Program Director*  
TITLE

*9/12/07*  
DATE

*Cynthia M. Fassel*

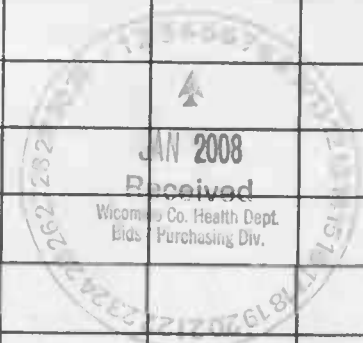
*Agency Records Coordinator  
Wicomico County Health Department*

SEP 26 207

<b>DEPT OF HEALTH &amp; MENTAL HYGIENE</b>	<b>State Records Center</b> Dept of General Services 7275 Waterloo Road P.O. Box 275 Jessup MD 20794-0275 (410) 799-1379	<b>DHMH Instructions:</b> <b>Prepare 4 Copies</b> Distribution: <b>1.YOUR UNIT -S FILE</b> <b>2.RECORDS COORDINATOR</b> <b>(PRGM/ADMIN) FILE</b> <b>3.STATE RECORDS CTR</b> <b>4.DHMH RECORDS OFFICER</b> (Notify before Disposal) (410) 767-5934
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## CERTIFICATE OF RECORDS DISPOSAL

No.	DESCRIPTION OF RECORDS (FROM SCHEDULE FORM) (FORMAT: PAPER, FILM, DISK, ETC)	AUTHORIZATION*		INCLUSIVE DATES OF RECORDS	VOLUME (FT <sup>3</sup> ) (BOXES)	DATE OF DISPOSAL	DISPOSAL METHOD (TRASH, SHRED, BURN, ETC)
		SCHEDULE #	ITEM				
7.	<i>First National Bank Petty Cash # 1805-2033</i>	<i>2112</i>	<i>2a</i>	<i>12/2001</i>		<i>9/25/07</i>	<i>Shred</i>
7.	<i>First Shore Federal Vital Records #141-182</i>	<i>2112</i>	<i>2a</i>	<i>12/04/01</i>		<i>9/25/07</i>	<i>Shred</i>
3.	<i>First Shore Federal Vital Records #96-100</i>	<i>2112</i>	<i>2a</i>	<i>6/1999- 8/2001</i>		<i>9/25/07</i>	<i>Shred.</i>
4.	<i>Crestar Bank Vital Records #155-195</i>	<i>2112</i>	<i>2a</i>	<i>Acct Closed 8/17/1999</i>		<i>9/25/07</i>	<i>Shred</i>
5.	<i>Peninsula Bank Petty Cash # 3096-3000</i>	<i>2112</i>	<i>2a</i>	<i>Bank changed to PNC</i>		<i>9/25/07</i>	<i>Shred</i>
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I hereby certify that the records listed above were disposed of as indicated.

<i>Bandy Wink</i>	<i>Dir of Admin Service</i>	<i>9/25/07</i>
SIGNATURE	TITLE	DATE
<i>Cynthia M. Fassel</i>	<i>Agency Records Coordinator</i>	<i>1/7/08</i>

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**DEPT OF HEALTH & MENTAL HYGIENE**

EXEC - HCF - PHS - OPS

SECRETARIAT

*Wisconsin Health Dept*  
OFFICE / ADMINISTRATION / LOCATION

*Administration*  
DIVISION / UNIT

State Records Center  
Dept of General Services  
7275 Waterloo Road  
P.O. Box 275  
Jessup MD 20794-0275  
(410) 799-1379

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3. STATE RECORDS CTR
4. DHMH RECORDS OFFICER (Notify before Disposal)

(410) 767-5934

**CERTIFICATE OF RECORDS DISPOSAL**

No.	DESCRIPTION OF RECORDS (FROM SCHEDULE FORM) [FORMAT: PAPER, FILM, DISK, ETC]	AUTHORIZATION*		INCLUSIVE DATES OF RECORDS	VOLUME (FT <sup>3</sup> ) (BOXES)	DATE OF DISPOSAL	DISPOSAL METHOD (TRASH, SHRED, BURN, ETC)
		SCHEDULE #	ITEM				
1.	<i>Accts Receivable</i> <sup><i>Daily logs</i></sup>	2112	<i>acc</i>	F401	32	10/1/07	<i>Shred</i>
2.	<i>Transit Drivers log</i>	"	"	F401	4	"	"
3.	<i>Accts Payable</i> <sup><i>Payroll &amp; Check log</i></sup>	"	"	F402	2	"	"
4.	<i>Accts payable</i> <sup><i>Invoices &amp; Timesheets</i></sup>	"	"	F402	9	"	"
5.	<i>Accts payable</i> <sup><i>Budget folders</i></sup>	"	"	F402	3	"	"
6.	<i>Accts Receivable</i> <sup><i>Bank statements</i></sup>	"	"	F401	1	"	"
7.	<i>Accts Receivable</i> <sup><i>Patient Bills</i></sup>	"	"	F401	1	"	"
8.	<i>Accts Receivable</i> <sup><i>Month End upats</i></sup>	"	"	F401	1	"	"
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I hereby certify that the records listed above were disposed of as indicated.

*Brandy Wank Div of Admin Servs* 10/1/07  
SIGNATURE TITLE DATE

*Cynthia M. Fassel, Agency Records Coordinator* 1/7/08

FOR

MEMBERSHIP SOCIETY

JAN 18

*ms*

[REDACTED]



<b>DEPT OF HEALTH &amp; MENTAL HYGIENE</b>	<b>State Records Center</b> Dept of General Services 7275 Waterloo Road P.O. Box 275 Jessup MD 20794-0275 (410) 799-1379	<b>DHMH Instructions:</b> <b>Prepare 4 Copies</b> Distribution: 1. YOUR UNIT'S FILE 2. RECORDS COORDINATOR (PRGM/ADMIN) FILE 3. STATE RECORDS CTR 4. DHMH RECORDS OFFICER (Notify before Disposal) (410) 767-5934
EXEC - HCF - PHS - OPS SECRETARIAT		
<i>WICOMICO COUNTY HEALTH DEPT.</i> OFFICE / ADMINISTRATION / LOCATION		
DIVISION / UNIT		

**CERTIFICATE OF RECORDS DISPOSAL**

No.	DESCRIPTION OF RECORDS (FROM SCHEDULE FORM) [FORMAT: PAPER, FILM, DISK, ETC]	AUTHORIZATION*		INCLUSIVE DATES OF RECORDS	VOLUME (Ft <sup>3</sup> ) (BOXES)	DATE OF DISPOSAL	DISPOSAL METHOD (TRASH, SHRED, BURN, ETC)
		SCHEDULE #	ITEM				
1.	<i>Sexually Transmitted Disease</i>	<i>1518</i>	<i>15</i>	<i>11/196 12/31/97</i>	<i>3</i>	<i>12/17/07</i>	<i>Shred</i>
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I hereby certify that the records listed above were disposed of as indicated.

*Hille Pilchard*                      *Alice Supervisor*                      *12/17/07*  
 SIGNATURE                                      TITLE                                      DATE

DGS 550-2 (DHMH 2002)  
*Cynthia M. Fassel*                      *Agency Records Coordinator*                      *12/19/07*

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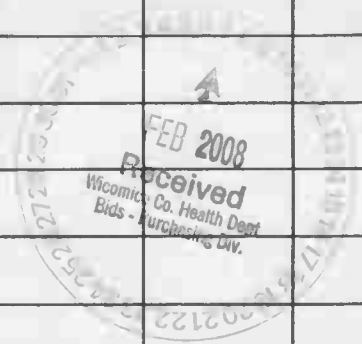
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<b>DEPT OF HEALTH &amp; MENTAL HYGIENE</b>	<b>State Records Center</b> Dept of General Services 7275 Waterloo Road P.O. Box 275 Jessup MD 20794-0275 (410) 799-1379	<b>DHMH Instructions:</b> Prepare 4 Copies Distribution: 1. YOUR UNIT'S FILE 2. RECORDS COORDINATOR (PRGM/ADMIN) FILE 3. STATE RECORDS CTR 4. DHMH RECORDS OFFICER (Notify before Disposal) (410) 767-5934
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<i>WICOMICO COUNTY HEALTH DEPT.</i> OFFICE / ADMINISTRATION / LOCATION		
DIVISION / UNIT		

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		SCHEDULE #	ITEM				
1.	<i>PURCHASING RECORDS</i>	<i>834</i>	<i>F</i>	<i>1/1/1989 - 12/31/2000</i>	<i>2</i>	<i>1/28/08</i>	<i>SHRED</i>
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I hereby certify that the records listed above were disposed of as indicated.

<i>Cynthia M. Fassel</i> _____ SIGNATURE	<i>Purchasing &amp; D.H.S Supervisor</i> _____ TITLE  <i>Agency Records Coordinator WiCHD</i>	<i>2/8/08</i> _____ DATE
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DIVISION / UNIT		

## CERTIFICATE OF RECORDS DISPOSAL

No.	DESCRIPTION OF RECORDS (FROM SCHEDULE FORM) [FORMAT: PAPER, FILM, DISK, ETC]	AUTHORIZATION*		INCLUSIVE DATES OF RECORDS	VOLUME (Ft <sup>3</sup> ) (BOXES)	DATE OF DISPOSAL	DISPOSAL METHOD (TRASH, SHRED, BURN, ETC)
		SCHEDULE #	ITEM				
1.	Family Planning <sup>(paper)</sup> Records	1518	6	11/1/97 12/31/97	16	2/6/08	Shred
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\*RECORDS MUST BE LISTED ON AN AUTHORIZED SCHEDULE, DGS 550-1, AND MEET RETENTION REQUIREMENTS BEFORE DISPOSAL IS ALLOWED.

I hereby certify that the records listed above were disposed of as indicated.

*Mellie Pilchard*  
 \_\_\_\_\_  
 SIGNATURE TITLE DATE 2/6/08

DGS 550-2 (DHMH 2002)

*Cynthia M. Fassel*  
 \_\_\_\_\_  
 Agency Records Coordinator 2/8/08  
 WLCHD

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J. J. ...  
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BOSTON  
FEBRUARY 11 2008

FEB 11

2008



*Wicomico Co Health Dept*

Reporting Agency

*Admin*

Division or Unit

Department of General  
Services

Records Management Division  
7275 Waterloo Road-(Rte. 175)  
P.O. Box 275  
Jessup, Maryland 20794-0275

Prepare in duplicate

Retain one (1) copy and forward  
original to address at left.

**CERTIFICATE OF RECORDS DISPOSAL**

No.	Description of Records (Same Title as listed on Schedule)	Authorization		Inclusive Dates of Records Destroyed	Volume Cubic Feet	Date of Disposal	Method of Disposal
		Retention Schedule No	Item No				
<i>1</i>	<i>FY02 Purchase F.M.S. Orders #P2211000 - #P2218500 old #'s 3992-4826</i>	<i>2112</i>	<i>29</i>	<i>FY02</i>	<i>1</i>	<i>3/17/08</i>	<i>shred</i>

I hereby certify that the records listed above were disposed of as indicated.

*Brandy West*  
Signature

*Director of Admin*  
Title

*3/17/08*  
Date

*Cynthia ... Agency Records Coordinator*

*3/21/08*

601112

44209530

~~REDACTED~~

MAR 29 - *WY*

~~REDACTED~~  
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<b>DEPT OF HEALTH &amp; MENTAL HYGIENE</b>	<b>State Records Center</b> Dept of General Services 7275 Waterloo Road P.O. Box 275 Jessup MD 20794-0275 (410) 799-1379	<b>DHMH Instructions:</b> Prepare 4 Copies Distribution: <b>1.YOUR UNIT-S FILE</b> <b>2.RECORDS COORDINATOR (PRGM/ADMIN) FILE</b> <b>3.STATE RECORDS CTR</b> <b>4.DHMH RECORDS OFFICER</b> (Notify before Disposal) (410) 767-5934
EXEC - HCF - PHS - OPS SECRETARIAT		
<i>Wicomico County Health Dept.</i> OFFICE / ADMINISTRATION / LOCATION		
DIVISION / UNIT		

## CERTIFICATE OF RECORDS DISPOSAL

No.	DESCRIPTION OF RECORDS (FROM SCHEDULE FORM) [FORMAT: PAPER, FILM, DISK, ETC]	AUTHORIZATION*		INCLUSIVE DATES OF RECORDS	VOLUME (Ft <sup>3</sup> ) (BOXES)	DATE OF DISPOSAL	DISPOSAL METHOD (TRASH, SHRED, BURN, ETC)
		SCHEDULE #	ITEM				
1.	<i>DATE Form # Phoenix + Mobile Crisis Call Records</i>	151f	10	2001	2cf	<i>9/17/08</i>	<i>shred</i>
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\*RECORDS MUST BE LISTED ON AN AUTHORIZED SCHEDULE, DGS 550-1, AND MEET RETENTION REQUIREMENTS BEFORE DISPOSAL IS ALLOWED.

I hereby certify that the records listed above were disposed of as indicated.

*Muddy Sells*  
SIGNATURE

*Program Director*  
TITLE

*10/17/08*  
DATE

*Cynthia M Fassel*

*Agency Records Coordinator  
Wicomico County Health Dept*

*10/28/08*

OCT. 31 2008

<b>DEPT OF HEALTH &amp; MENTAL HYGIENE</b>	<b>State Records Center</b> Dept of General Services 7275 Waterloo Road P.O. Box 275 Jessup MD 20794-0275 (410) 799-1379	<b>DHMH Instructions:</b> <b>Prepare 4 Copies</b> Distribution: 1. YOUR UNIT=S FILE 2. RECORDS COORDINATOR (PRGM/ADMIN) FILE 3. STATE RECORDS CTR 4. DHMH RECORDS OFFICER (Notify before Disposal) (410) 767-5934
EXEC - HCF - PHS - OPS SECRETARIAT		
WORCESTER COUNTY HEALTH DEPARTMENT		
DIVISION / UNIT		

**CERTIFICATE OF RECORDS DISPOSAL**

No.	DESCRIPTION OF RECORDS (FROM SCHEDULE FORM) [FORMAT: PAPER, FILM, DISK, ETC]	AUTHORIZATION*		INCLUSIVE DATES OF RECORDS	VOLUME (FT <sup>3</sup> ) (BOXES)	DATE OF DISPOSAL	DISPOSAL METHOD (TRASH, SHRED, BURN, ETC)
		SCHEDULE #	ITEM				
1.	BRIEF SERVICE CARD FILES	1518	23	2000-2004	10	04/28/05	SHRED
2.	BRIEF SERVICE CARD FILES	1518	23	2000-2004	2	04/29/05	SHRED
3.	BRIEF SERVICE CARD FILES	1518	23	2000-2004	1	05/02/05	SHRED
4.	BRIEF SERVICE CARD FILES	1518	23	2000-2004	3	05/03/05	SHRED
5.	BRIEF SERVICE CARD FILES	1518	23	2000-2004	1	05/04/05	SHRED
6.	BRIEF SERVICE CARD FILES	1518	23	2000-2004	7	05/06/05	SHRED
7.	BRIEF SERVICE CARD FILES	1518	23	2000-2004	12	05/12/05	SHRED
8.	BRIEF SERVICE CARD FILES	1518	23	2000-2004	34	05/16/05	SHRED
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\*RECORDS MUST BE LISTED ON AN AUTHORIZED SCHEDULE, DGS 550-1, AND MEET RETENTION REQUIREMENTS BEFORE DISPOSAL IS ALLOWED.

I hereby certify that the records listed above were disposed of as indicated.

*Sharon M. Beyma*  
 SHARON BEYMA  
 PRINT/SIGNATURE

DIRECTOR, ADMINISTRATIVE SERVICES  
 TITLE

*5/16/05*  
 DATE

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<b>DEPT OF HEALTH &amp; MENTAL HYGIENE</b>	<b>State Records Center</b> Dept of General Services 7275 Waterloo Road P.O. Box 275 Jessup MD 20794-0275 (410) 799-1379	<b>DHMH Instructions:</b> <b>Prepare 4 Copies</b> Distribution: 1. YOUR UNIT'S FILE 2. RECORDS COORDINATOR (PRGM/ADMIN) FILE 3. STATE RECORDS CTR 4. DHMH RECORDS OFFICER (Notify before Disposal) (410) 767-5934
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WORCESTER COUNTY HEALTH DEPARTMENT		
DIVISION / UNIT		

**CERTIFICATE OF RECORDS DISPOSAL**

No.	DESCRIPTION OF RECORDS (FROM SCHEDULE FORM) [FORMAT: PAPER, FILM, DISK, ETC]	AUTHORIZATION*		INCLUSIVE DATES OF RECORDS	VOLUME (FT <sup>3</sup> ) (BOXES)	DATE OF DISPOSAL	DISPOSAL METHOD (TRASH, SHRED, BURN, ETC)
		SCHEDULE #	ITEM				
1.	COMMUNITY MENTAL HEALTH FILES	1518	10	1980-2000	28	01/02/07	SHRED
2.	METHADONE & OTHER DRUG ABUSE CASE	1518	21	1980-2000	14	01/02/07	SHRED
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 \_\_\_\_\_  
 SIGNATURE

\_\_\_\_\_  
 HEALTH RECORDS CUSTODIAN  
 TITLE

\_\_\_\_\_  
 1/2/07  
 DATE

JAN 16 2W7  
RECORDS MAN  
DIVISION

<b>DEPT OF HEALTH &amp; MENTAL HYGIENE</b>	<b>State Records Center</b> Dept of General Services 7275 Waterloo Road P.O. Box 275 Jessup MD 20794-0275 (410) 799-1379	<b>DHMH Instructions:</b> <b>Prepare 4 Copies</b> Distribution: 1. YOUR UNIT=S FILE 2. RECORDS COORDINATOR (PRGM/ADMIN) FILE 3. STATE RECORDS CTR 4. DHMH RECORDS OFFICER (Notify before Disposal) (410) 767-5934
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**CERTIFICATE OF RECORDS DISPOSAL**

No.	DESCRIPTION OF RECORDS (FROM SCHEDULE FORM) [FORMAT: PAPER, FILM, DISK, ETC]	AUTHORIZATION*		INCLUSIVE DATES OF RECORDS	VOLUME (Ft <sup>3</sup> ) (BOXES)	DATE OF DISPOSAL	DISPOSAL METHOD (TRASH, SHRED, BURN, ETC)
		SCHEDULE #	ITEM				
1.	PEDIATRIC CASE FILES	1518	1	1972-1994	4	02/06/07	SHRED
2.	IMMUNIZATION RECORDS	1518	2	1985-1997	1	02/06/07	SHRED
3.	MATERNAL HEALTH CASE FILES	1518	4	1973-1981	1	02/06/07	SHRED
4.	FAMILY PLANNING CASE FILES	1518	6	1978-1998	11	02/06/07	SHRED
5.	COMMUNITY MENTAL HEALTH FILE	1518	18	1993-2000	1	02/06/07	SHRED
6.	COMMUNICABLE DISEASE RECORDS	1518	14	1972-1997	1	02/06/07	SHRED
7.	SEXUALLY TRANSMITTED DISEASE	1518	15	1982-1999	3	02/06/07	SHRED
8.	DEVELOPMENTALLY DISABLED PTS	1518	18	1984-1998	1	02/06/07	SHRED
9.	VETERINARY MEDICINE FILES	1518	18	1987-1999	1	02/06/07	SHRED
10.	METHADONE & OTHER DRUG ABUSE CASE	1518	21	1992-2000	3	02/06/07	SHRED
11.	BRIEF SERVICE CARD FILES	1518	23	1983-2000	4	02/06/07	SHRED
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I hereby certify that the records listed above were disposed of as indicated.

TOBY FAMBRO   
 PRINT/SIGNATURE

HEALTH RECORDS CUSTODIAN  
 TITLE

2/6/07  
 DATE

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BUSINESS



<b>DEPT OF HEALTH &amp; MENTAL HYGIENE</b>	<b>State Records Center</b> Dept of General Services 7275 Waterloo Road P.O. Box 275 Jessup MD 20794-0275 (410) 799-1379	<b>DHMH Instructions:</b> <b>Prepare 4 Copies</b> Distribution: 1. YOUR UNIT'S FILE 2. RECORDS COORDINATOR (PRGM/ADMIN) FILE 3. STATE RECORDS CTR 4. DHMH RECORDS OFFICER (Notify before Disposal) (410) 767-5934
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WORCESTER COUNTY HEALTH DEPARTMENT		
DIVISION / UNIT		

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No.	DESCRIPTION OF RECORDS (FROM SCHEDULE FORM) [FORMAT: PAPER, FILM, DISK, ETC]	AUTHORIZATION*		INCLUSIVE DATES OF RECORDS	VOLUME (Ft <sup>3</sup> ) (BOXES)	DATE OF DISPOSAL	DISPOSAL METHOD (TRASH, SHRED, BURN, ETC)
		SCHEDULE #	ITEM				
1.	PEDIATRIC CASE FILES	1518	1	1972-1996	4	03/06/07	SHRED
2.	IMMUNIZATION RECORDS	1518	2	1986-1996	2	03/06/07	SHRED
3.	MATERNAL HEALTH CASE FILES	1518	4	1976-1982	1	03/06/07	SHRED
4.	FAMILY PLANNING CASE FILES	1518	6	1979-1996	5	03/06/07	SHRED
5.	GERIATRICS CASE FILES	1518	8	1983-1992	1	03/06/07	SHRED
6.	COMMUNICABLE DISEASE RECORDS	1518	14	1985-1998	1	03/06/07	SHRED
7.	SEXUALLY TRANSMITTED DISEASE	1518	15	1989-1998	4	03/06/07	SHRED
8.	DEVELOPMENTALLY DISABLED PTS	1518	16	1978-2001	2	03/06/07	SHRED
9.	VETERINARY MEDICINE FILES	1518	18	1987-1997	1	03/06/07	SHRED
10.	METHADONE & OTHER DRUG ABUSE CASE	1518	21	1992-1997	1	03/06/07	SHRED
11.	BRIEF SERVICE CARD FILES	1518	23	1986-2002	4	03/06/07	SHRED
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TOBY FAMBRO  \_\_\_\_\_ HEALTH RECORDS CUSTODIAN \_\_\_\_\_ 3/6/07 \_\_\_\_\_  
 PRINT/SIGNATURE TITLE DATE

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RECORDS MANAGEMENT  
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		SCHEDULE #	ITEM				
1.	METHADONE & OTHER DRUG ABUSE CASE	1518	21	1992-2000	32	04/03/07	SHRED
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I hereby certify that the records listed above were disposed of as indicated.

TOBY FAMBRO   
 PRINT/SIGNATURE

HEALTH RECORDS CUSTODIAN  
 TITLE

4/3/07  
 DATE

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Snow Hill (Main Office)  
410-632-1100  
Fax 410-632-0906  
TTY 410-632-1100

**Worcester County**  
HEALTH DEPARTMENT  
P.O. Box 249 • Snow Hill, Maryland 21863-0249

facsimile  
TRANSMITTAL

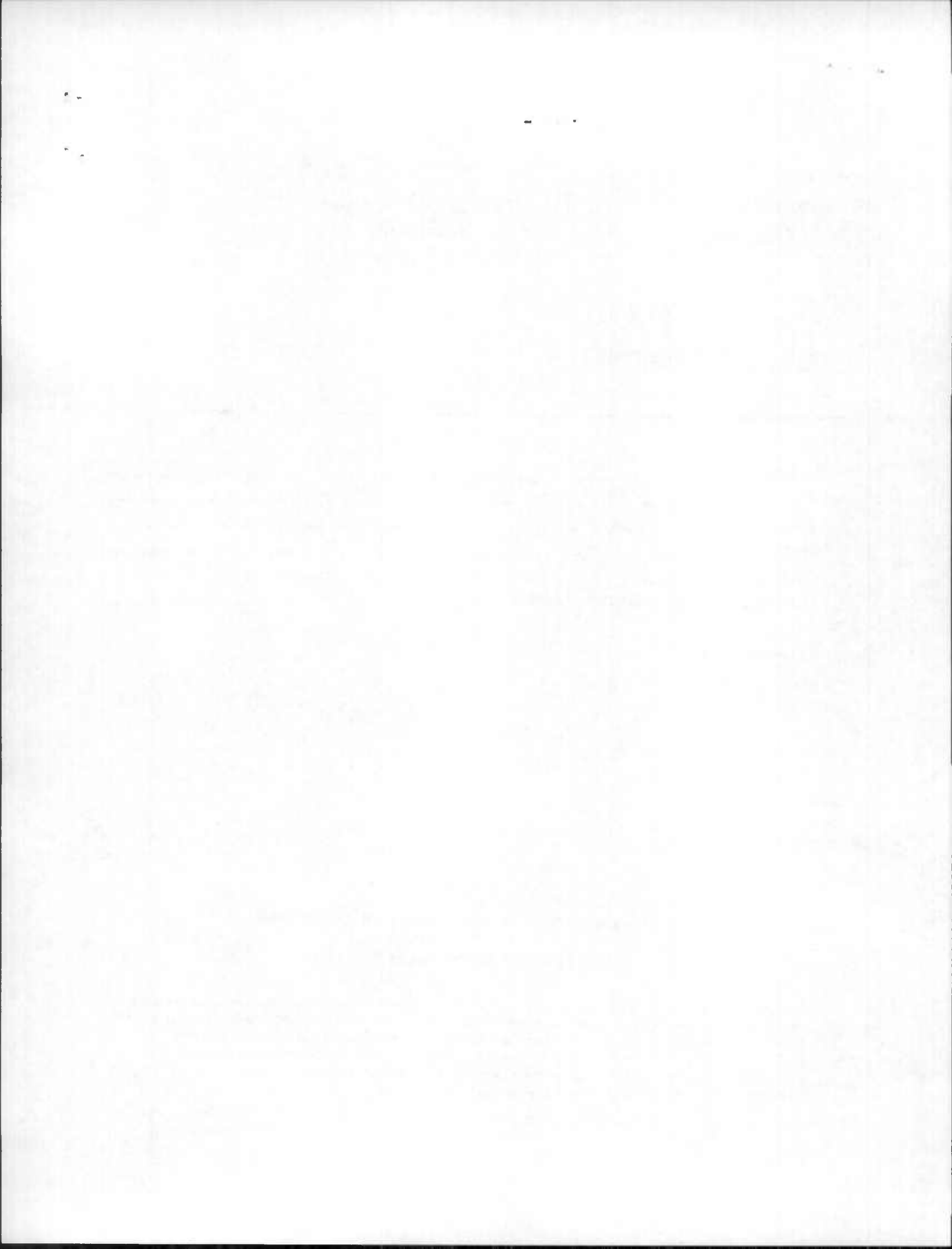
**Name:** Karen Lott  
**Fax #:** 410-799-8532  
**From:** Alice Dorsey  
**Date:** 4/4/07 **Time:** 840 AM  
**Subject:** cert. of Rec. Disposal  
**Pages (Including Cover Memo):** 2

**Comments:**

If there is a problem with this fax, please call (410-632-1100)

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DIVISION / UNIT		

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No.	DESCRIPTION OF RECORDS (FROM SCHEDULE FORM) [FORMAT: PAPER, FILM, DISK, ETC]	AUTHORIZATION *		INCLUSIVE DATES OF RECORDS	VOLUME (FT <sup>3</sup> ) (BOXES)	DATE OF DISPOSAL	DISPOSAL METHOD (TRASH, SHRED, BURN, ETC)
		SCHEDULE #	ITEM				
1.	MENTAL HEALTH CASE FILES	1518	10	1975-2001	21	05/01/07	SHRED
2.	BREIF SERVICE CARD FILES	1518	23	2003	1	05/01/07	SHRED
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\*RECORDS MUST BE LISTED ON AN AUTHORIZED SCHEDULE, DGS 550-1, AND MEET RETENTION REQUIREMENTS BEFORE DISPOSAL IS ALLOWED.

I hereby certify that the records listed above were disposed of as indicated.

TOBY FAMBRO   
 PRINT/SIGNATURE

HEALTH RECORDS CUSTODIAN  
 TITLE

5/11/07  
 DATE

~~CONFIDENTIAL~~

MAY 8 2007

RECORDS MANAGEMENT  
DIVISION



<b>DEPT OF HEALTH &amp; MENTAL HYGIENE</b>	<b>State Records Center</b> Dept of General Services 7275 Waterloo Road P.O. Box 275 Jessup MD 20794-0275 (410) 799-1379	<b>DHMH Instructions:</b>
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WORCESTER COUNTY HEALTH DEPARTMENT		
DIVISION / UNIT		

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		SCHEDULE #	ITEM				
1.	MENTAL HEALTHY CASE FILES	1518	10	1975-2001	21	05/01/07	SHRED
2.	BRIEF SERVICE CARD FILES	1518	23	2003	1	05/01/07	SHRED
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I hereby certify that the records listed above were disposed of as indicated.

TOBY FAMBRO *Toby Fambro*  
 PRINT/SIGNATURE

HEALTH RECORDS CUSTODIAN  
 TITLE

5/11/07  
 DATE

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RECORDS MANAGEMENT  
SECTION

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		SCHEDULE #	ITEM				
1.	MD CHILDREN'S HEALTH PROGRAM			2000-2003	88	08/07/07	SHRED
2.	GERIATRICS CASE FILES	1518	8	2003-2007	1	08/07/07	SHRED
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I hereby certify that the records listed above were disposed of as indicated.

ALICE DORSEY *Alice Dorsey* HEALTH RECORDS TECHNICIAN  
 PRINT/SIGNATURE TITLE  
 DATE 8/7/07

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FEDERAL BUREAU OF INVESTIGATION  
U.S. DEPARTMENT OF JUSTICE  
WASHINGTON, D.C. 20535

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WORCESTER COUNTY HEALTH DEPARTMENT		
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		SCHEDULE #	ITEM				
1.	MD CHILDREN'S HEALTH PROGRAM			2000-2003	88	08/07/07	SHRED
2.	GERIATRICS CASE FILES	1518	8	2003-2007	1	08/07/07	SHRED
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ALICE DORSEY  HEALTH RECORDS TECHNICIAN  
 PRINT/SIGNATURE TITLE  
 DATE 8/7/07

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PROJECT MANAGEMENT  
GROUP

<b>DEPT OF HEALTH &amp; MENTAL HYGIENE</b>  EXEC - HCF - PHS - OPS SECRETARIAT  WORCESTER COUNTY HEALTH DEPARTMENT  DIVISION / UNIT	State Records Center Dept of General Services 7275 Waterloo Road P.O. Box 275 Jessup MD 20794-0275 (410) 799-1379	<b>DHMH Instructions:</b> Prepare 4 Copies Distribution: 1. YOUR UNIT'S FILE 2. RECORDS COORDINATOR (PRGM/ADMIN) FILE 3. STATE RECORDS CTR 4. DHMH RECORDS OFFICER (Notify before Disposal) (410) 767-5934
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**CERTIFICATE OF RECORDS DISPOSAL**

No.	DESCRIPTION OF RECORDS (FROM SCHEDULE FORM) [FORMAT: PAPER, FILM, DISK, ETC]	AUTHORIZATION*		INCLUSIVE DATES OF RECORDS	VOLUME (FT <sup>3</sup> ) (BOXES)	DATE OF DISPOSAL	DISPOSAL METHOD (TRASH, SHRED, BURN, ETC)
		SCHEDULE #	ITEM				
1.	MD CHILDREN'S HEALTH PROGRAM			2000-2003	88	08/07/07	SHRED
2.	GERIATRICS CASE FILES	151R	8	2003-2007	1	08/07/07	SHRED
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\*RECORDS MUST BE LISTED ON AN AUTHORIZED SCHEDULE, DGS 550-1, AND MEET RETENTION REQUIREMENTS BEFORE DISPOSAL IS ALLOWED.

I hereby certify that the records listed above were disposed of as indicated.

ALICE DORSE  HEALTH RECORDS TECHNICIAN 8/7/07  
 PRINT/SIGNATURE TITLE DATE

OFFICE OF THE ATTORNEY GENERAL

AUG 13 — 2007

STATE OF MISSISSIPPI  
MEMPHIS





# Worcester County

HEALTH DEPARTMENT

P.O. Box 249 • Snow Hill, Maryland 21863-0249

Snow Hill (Main Office)  
410-632-1100  
Fax 410-632-0906  
TTY 410-632-1100

## facsimile TRANSMITTAL

Name: K. Lott

Fax #: 410-799-8532

From: Alice Dorsey

Date: 8/13/07 Time: \_\_\_\_\_

Subject: Rec. Disposal Cert.

Pages (Including Cover Memo): 2

Comments:

If there is a problem with this fax, please call (410-632-1100)

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<b>DEPT OF HEALTH &amp; MENTAL HYGIENE</b>	<b>State Records Center</b> Dept of General Services 7275 Waterloo Road P.O. Box 275 Jessup MD 20794-0275 (410) 799-1379	<b>DHMH Instructions:</b> <b>Prepare 4 Copies</b> Distribution: 1. YOUR UNIT'S FILE 2. RECORDS COORDINATOR (PRGM/ADMIN) FILE 3. STATE RECORDS CTR 4. DHMH RECORDS OFFICER (Notify before Disposal) (410) 767-5934
EXEC - HCF - PHS - OPS SECRETARIAT		
WORCESTER COUNTY HEALTH DEPARTMENT		
DIVISION / UNIT		

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		SCHEDULE #	ITEM				
1.	MATERNAL HEALTH CASE FILES	1518	6	1980-1982	1	11/20/07	SHRED
2.	FAMILY PLANNING CASE FILES	1518	6	1985-1993	1	11/20/07	SHRED
3.	COMMUNITY MENTAL HEALTH	1518	10	1989-1999	1	11/20/07	SHRED
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I hereby certify that the records listed above were disposed of as indicated.

*Sharon M. Beyma*  
 SHARON BEYMA  
 PRINT/SIGNATURE

ADMINISTRATION PROGRAM DIRECTOR  
 TITLE

*11/20/07*  
 DATE

Table with multiple columns and rows, containing mostly illegible text.

**FORM NO. 1 OF 1981**

Table with multiple columns and rows, containing mostly illegible text.

**SECRET**  
**REPRODUCTION STRICTLY PROHIBITED**

DEC 2 1981



**DEPT OF HEALTH & MENTAL HYGIENE**

EXEC - HCF - PHS - OPS  
SECRETARIAT

WORCESTER COUNTY HEALTH DEPARTMENT

DIVISION / UNIT

State Records Center  
Dept of General Services  
7275 Waterloo Road  
P.O. Box 275  
Jessup MD 20794-0275  
(410) 799-1379


**DRIVER INSTRUCTIONS:**  
**Prepare 4 Copies**  
Distribution:  
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2. RECORDS COORDINATOR (PRGM/ADMIN) FILE  
3. STATE RECORDS CYR  
4. DHMH RECORDS OFFICER (Notify before Disposal) (410) 767-5934

**CERTIFICATE OF RECORDS DISPOSAL**

No.	DESCRIPTION OF RECORDS (FROM SCHEDULE FORM) (FORMAT: PAPER, FILM, DISK, ETC)	AUTHORIZATION*		INCLUSIVE DATES OF RECORDS	VOLUME (FT <sup>3</sup> ) (BOXES)	DATE OF DISPOSAL	DISPOSAL METHOD (TRASH, SHRED, BURN, ETC)
		SCHEDULE #	ITEM				
1.	MATERNAL HEALTH CASE FILES	1518	4	1980-1982	2	10/30/07	SHRED
2.	COMMUNITY MENTAL HEALTH	1518	10	1983-2001	3	10/30/07	SHRED
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SHARON BEYMA  ADMINISTRATION PROGRAM DIRECTOR  
PRINT/SIGNATURE TITLE

11/2/07  
DATE

~~CONFIDENTIAL~~

OCT 31 2007

~~CONFIDENTIAL~~

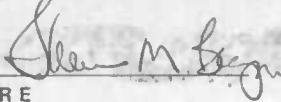
<b>DEPT OF HEALTH &amp; MENTAL HYGIENE</b>	<b>State Records Center</b> <b>Dept of General Services</b> <b>7275 Waterloo Road</b> <b>P.O. Box 275</b> <b>Jessup MD 20794-0275</b> <b>(410) 799-1379</b>	<b>DHMH Instructions:</b> <b>Prepare 4 Copies</b> Distribution: <b>1. YOUR UNIT'S FILE</b> <b>2. RECORDS COORDINATOR</b> <b>(PRGM/ADMIN) FILE</b> <b>3. STATE RECORDS CTR</b> <b>4. DHMH RECORDS OFFICER</b> (Notify before Disposal) (410) 767-5934
EXEC - HCF - PHS - OPS SECRETARIAT		
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		SCHEDULE #	ITEM				
1.	MATERNAL HEALTH CASE FILES	1518	4	1980-1982	2	10/30/07	SHRED
2.	COMMUNITY MENTAL HEALTH	1518	10	1983-2001	3	10/30/07	SHRED
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SHARON BEYMA  ADMINISTRATION PROGRAM DIRECTOR  
 PRINT/SIGNATURE TITLE

11/2/07  
DATE





<b>DEPT OF HEALTH &amp; MENTAL HYGIENE</b>	<b>State Records Center</b> Dept of General Services 7275 Waterloo Road P.O. Box 275 Jessup MD 20794-0275 (410) 799-1379	<b>DHMH Instructions:</b> <b>Prepare 4 Copies</b> Distribution: 1. YOUR UNIT=5 FILE 2. RECORDS COORDINATOR (PRGM/ADMIN) FILE 3. STATE RECORDS CTR 4. DHMH RECORDS OFFICER (Notify before Disposal) (410) 767-5934
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No.	DESCRIPTION OF RECORDS (FROM SCHEDULE FORM) [FORMAT: PAPER, FILM, DISK, ETC]	AUTHORIZATION*		INCLUSIVE DATES OF RECORDS	VOLUME (FT <sup>3</sup> ) (BOXES)	DATE OF DISPOSAL	DISPOSAL METHOD (TRASH, SHRED, BURN, ETC)
		SCHEDULE #	ITEM				
1.	GERIATRICS CASE FILES	1518	8	1994-2000	7	12/11/07	SHRED
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SHARON BEYMA   
 PRINT/SIGNATURE

ADMINISTRATION PROGRAM DIRECTOR  
 TITLE

12/11/07  
 DATE



<b>DEPT OF HEALTH &amp; MENTAL HYGIENE</b>	<b>State Records Center</b> <b>Dept of General Services</b> <b>7275 Waterloo Road</b> <b>P.O. Box 275</b> <b>Jessup MD 20794-0275</b> <b>(410) 799-1379</b>	<b>DHMH Instructions:</b> <b>Prepare 4 Copies</b> Distribution: 1. YOUR UNIT=S FILE 2. RECORDS COORDINATOR (PRGM/ADMIN) FILE 3. STATE RECORDS CTR 4. DHMH RECORDS OFFICER (Notify before Disposal) (410) 767-5934
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		SCHEDULE #	ITEM				
1.	MD CHILDREN'S HEALTH PROGRAM			2004	18	01/03/08	SHRED
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SHARON BEYMA  ADMINISTRATION PROGRAM DIRECTOR 1/3/2008  
 PRINT/SIGNATURE TITLE DATE

STATE OF ALABAMA  
SHERIFF'S OFFICE

1. Name of Deceased	2. Date of Death	3. Date of Burial
4. Name and Address of Burial Place		
5. Name and Address of Coroner		
6. Name and Address of Undertaker		
7. Name and Address of Physician		

**RETURN OF RECORDS TO DISPENSER**

No.	Name of Deceased	Sex	Age	Date of Death	Date of Burial	Name of Burial Place	Name of Coroner	Name of Undertaker	Name of Physician

**NOTARY PUBLIC**  
STATE OF ALABAMA  
**JAN 2 1908**  
[Signature]

<b>DEPT OF HEALTH &amp; MENTAL HYGIENE</b>	<b>State Records Center</b> Dept of General Services 7275 Waterloo Road P.O. Box 275 Jessup MD 20794-0275 (410) 799-1379	<b>DHMH Instructions:</b> <b>Prepare 4 Copies</b> Distribution: 1. YOUR UNIT=S FILE 2. RECORDS COORDINATOR (PRGM/ADMIN) FILE 3. STATE RECORDS CTR 4. DHMH RECORDS OFFICER (Notify before Disposal) (410) 767-5934
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WORCESTER COUNTY HEALTH DEPARTMENT		
DIVISION / UNIT		

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		SCHEDULE #	ITEM				
1.	GERIATRICS CASE FILES	1518	8	2000-2002	3	10/21/08	SHRED
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I hereby certify that the records listed above were disposed of as indicated.

HEATHER BARTON  ADMINISTRATION PROGRAM DIRECTOR 10/22/08  
 PRINT/SIGNATURE TITLE DATE



DEPARTMENT OF GENERAL SERVICES  
 STATE RECORDS MANAGEMENT CENTER  
 7275 Waterloo Road (Rte. 175)  
 P.O. Box 275  
 Jessup, Maryland 20794-0275

C E R T I F I C A T E   O F   R E C O R D S   D I S P O S A L

Washington County Health Department

Reporting Agency

Health Services – Dental Program

Division or Bureau

PREPARE IN DUPLICATE

Retain one copy and forward original to above address

No.	Description of Records Include Title and/or Form Number	Authorization For Disposal		Inclusive Dates of Records Disposed of	Volume (Cubic feet)	Date of Disposal	Method of Disposal
		Retention Sched. No.	Item No.				
	Dental records	1518	3	1994 – 2000	1,260	4/24/08 thru 5/20/08	Shredded  (Dental x-ray films being stored in clinic area for pickup by Reliant.)

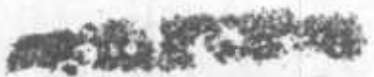
I hereby certify that the above listed records were disposed of as indicated.

*Ann M. Swope*  
 Signature

Dental hygienist  
 Title

May 27, 2008  
 Date

RECEIVED  
JUN 3 2008  
RECORDS MANAGEMENT



JUN 3 2008

RECORDS MANAGEMENT



Washington Co. Health Dept Reporting Agency 1302 Penna. Ave Hagerstown, MD 21742 Division or Unit Nursing	<b>Department of General Services</b> Records Management Division 7275 Waterloo Road (Rte. 175) P.O. Box 275 Jessup, Maryland 20794-0275	Prepare in Duplicate  Retain one (1) copy and forward original to address on left.
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### CERTIFICATE OF RECORDS DISPOSAL

No.	Description of Records (Same Title as listed on Schedule)	Authorization		Inclusive Dates of Records Destroyed	Volume Cubic Feet	Date of Disposal	Method of Disposal
		Retention Schedule No.	Item No.				
	Geriatric files	1518	8	Inactive 1999	3 <sup>c</sup> ft.	1-4-2006	Shred
	Geriatric files	1518	8	Inactive 1996	2 <sup>c</sup> ft	1-4-2006	Shred
	Geriatric files	1518	8	Inactive 1997	3 <sup>c</sup> ft	1-11-2006	Shred
	Geriatric files	1518	8	Inactive 1998	3 <sup>c</sup> ft	1-12-06	Shred
	Family Planning	1518	7	Inactive 1992	3 <sup>c</sup> ft	1-3-04	Shred
	CM Services	1518	16	Inactive 1970	4 <sup>c</sup> ft	2-2-04	Shred
	Family Planning	1518	7	Inactive 1993	2 <sup>c</sup> ft	12-8-05	Shred
	Family Planning	1518	7	Inactive 1992	1 <sup>c</sup> ft	12-8-05	Shred
	CM Services	1518	16	Inactive 1970	2 <sup>c</sup> ft	12-20-05	Shred
	S.T.D.	1518	19	Inactive 1998	4 <sup>c</sup> ft	1-4-05	Shred
	STD	1518	19	Inactive 2000	2 <sup>c</sup> ft	2-2-06	Shred
	Geriatric files	1518	8	Inactive 1998	2 <sup>c</sup> ft	1-4-05	Shred
	STD	1518	19	Inactive 2000	2 <sup>c</sup> ft	2-7-06	Shred

I hereby certify that the records listed above were disposed of as indicated.

Jennifer Smith  
 Signature  
 DGS 550-2 (rev. 1/93) 240-313-3228

Medical Records Tech. 2-28-06  
 Title Date

177

870 170 10 1000 1000 1000 1000

MAR 10 2016

LANDS MANAGEMENT  
FBI/DOJ