

TANT MOTOR

| | CERTIFICATE OF | DESTRUCTION |
|--|--|---|
| QUEEN ANNE COUNTY - HEALTH DEPARTMENT 206 N COMMERCE ST CENTREVILLE, MD 216171049 | SERVICE TICKET #: DATE: CUSTOMER #: SERVICE/TYPE: NEXT SERVICE DATE: NEXT SERVICE TYPE: | 00D86 - 120232 11/30/2007 969 Purge/Offsite 12/11/2007 Purge |
| SERVICE PERFORMED 64 Gallon Wheeled Container - (1) Pounds Minutes 4 boxes 706 N (ommerce St 1-64 de boxes | Lock(s) Present/Operable: Clasp(s) Present/Operable: | Yes No |
| COMMENTS: This certificate is to certify that Cintas Document Management will shred coregulations for the above-mentioned company. Offsite destruction services a | ALC TAXED CO. ST. T. T. | ding to HIPAA & GLBA e not NAID certified. |
| CUSTOMER SIGNATURE: SERVICE REP SIGNATURE: 6770 DAK HALL LN • SUITE 107 • COLUMBIA, | DATE: DATE: DATE: (240)294-0389 • Fax: (240)294-03 | |
| | | |

010 - 3M)

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

| Sched | ule | No. | 834 | |
|-------|-----|-----|-----|--|
| Page | 1 | of | 1 | |

Agency

Queen Anne's Co. Dept. of Health

Division/Unit
Administration/File Room

| Item No. | Descrip | tion | Retention |
|----------------|--|----------------------------|--------------|
| 1A | Accounts Rec | ceivable | Shred |
| 1E | Misc. Accounting | g Records | Shred |
| 24 | Financial files | | Shred |
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| 0-1-11 | | | |
| or Division Re | proved by Department, Agency, epresentative. | Schedule Authorized by Sta | te Archivist |
| Date | | Date | |
| Signature | | | |
| Typed Name | | Signature | |
| Title | | | |

DGS 550-1

Cintas:

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

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

(K)

Cintas is to call Grace with the weight. 8016

Deb



QUEEN ANNE COUNTY 205 N LIBERTY ST CENTREVILLE, MD 216171022

SERVICE PERFORMED Pounds Minutes

CERTIFICATE OF DESTRUCTION

SERVICE TICKET #:
DATE:
CUSTOMER #:
SERVICE/TYPE:
NEXT SERVICE DATE:
NEXT SERVICE TYPE:

00D86 - 175843 07/22/2008 5529 Purge/Offsite Not scheduled. Not scheduled.

SVC'D ADD'L

Lock(s) Present/Operable:

Yes No

Clasp(s) Present/Operable:

Yes No

Weight must be correct 8016,

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;

Jeanne M. Rose

DATE: 7/22/08

DATE: 7-22 08

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

1 114



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

| ENTRE | | | | SVC'D | ADD. |
|--|-----------|---|-----|-------|------|
| SERVICE PERFORMED 54 Gallon Wheeled | Container | - | (1) | | |
| Pounds | | | | | |
| Minutes | | | | | |
| | | | | | |

CERTIFICATE OF DESTRUCTION

| SERVICE TICKET #: DATE: CUSTOMER #: SERVICE/TYPE: NEXT SERVICE DATE: NEXT SERVICE TYPE: | 00D86 - 171788 07/02/2008 969 Purge/Offsite Not scheduled. Not scheduled. |
|---|--|
| Lock(s) Present/Operable: Clasp(s) Present/Operable: | Yes No Yes No |
| | CT DA |

| COMMENTS: This certificate is to certify that Cintas Document Management will shred confidence of the confidence of the certificate of the certif | 1 wording to HIPAA & GLBA |
|--|--|
| | I have a systemer's instructions and according to the certified |
| COMMENTS: will shred confide | ntial data per customer destruction services are not NATO certified. |
| is to certify that Cintas Document Management tion convices are NA | AID certified. Non-paper desiration |
| This certificate is to certify the company Offshe destruction services are | |

regulations for the above-mentioned company. Offshe destruction services are NAID certified. Non-paper destruction services are no

CUSTOMER SIGNATURE: SERVICE REP SIGNATURE:

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





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 | Descrip | tion | Retention |
|---------------------------------------|------------------------|------------------------------|-----------|
| No. | | | |
| | | | |
| 31 | Unified Medica | al Records | Shred |
| 18 c | Rabies Immu | nizations | Shred |
| 2 | Immuniza | ations | Shred |
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| Schedule Approved or Division Represe | by Department, Agency, | Schedule Authorized by State | Archivist |
| D 1 | | Date | |
| Signature | | | |
| Typed Name | | Signature | |
| Title | | | |
| | | | |

DGS 550-1





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. | Descrip | tion | Retention |
|--------------------------------------|--|------------------------------|--------------|
| 1 C | Budget & Fiscal Pl | anning Record | Shred |
| 1 D | Payroll Exception | Time Report | Shred |
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| Schedule Ap or Division F Date | oproved by Department, Agency, Representative. | Schedule Authorized by State | te Archivist |
| Signature | | Date | |
| Typed Name | | Signature | |
| Title | | | |

DGS 550-1

200 7 2 W



EASTON MD 216

Queen Anne's County Health Department

State of Maryland

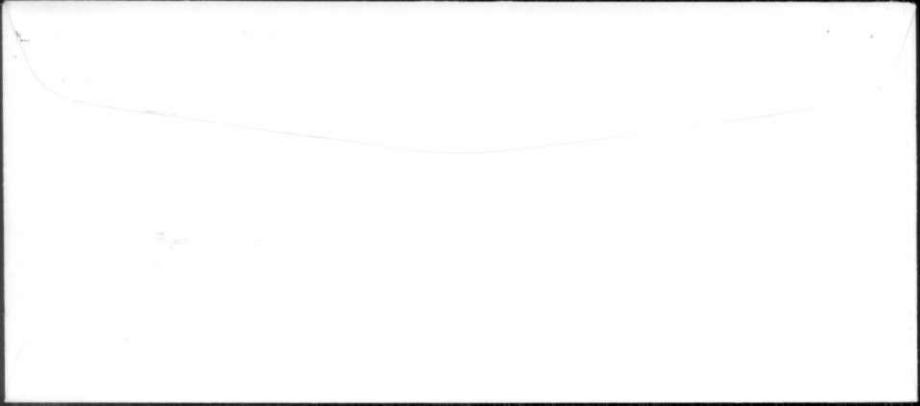
25 OCT 2006 PM





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

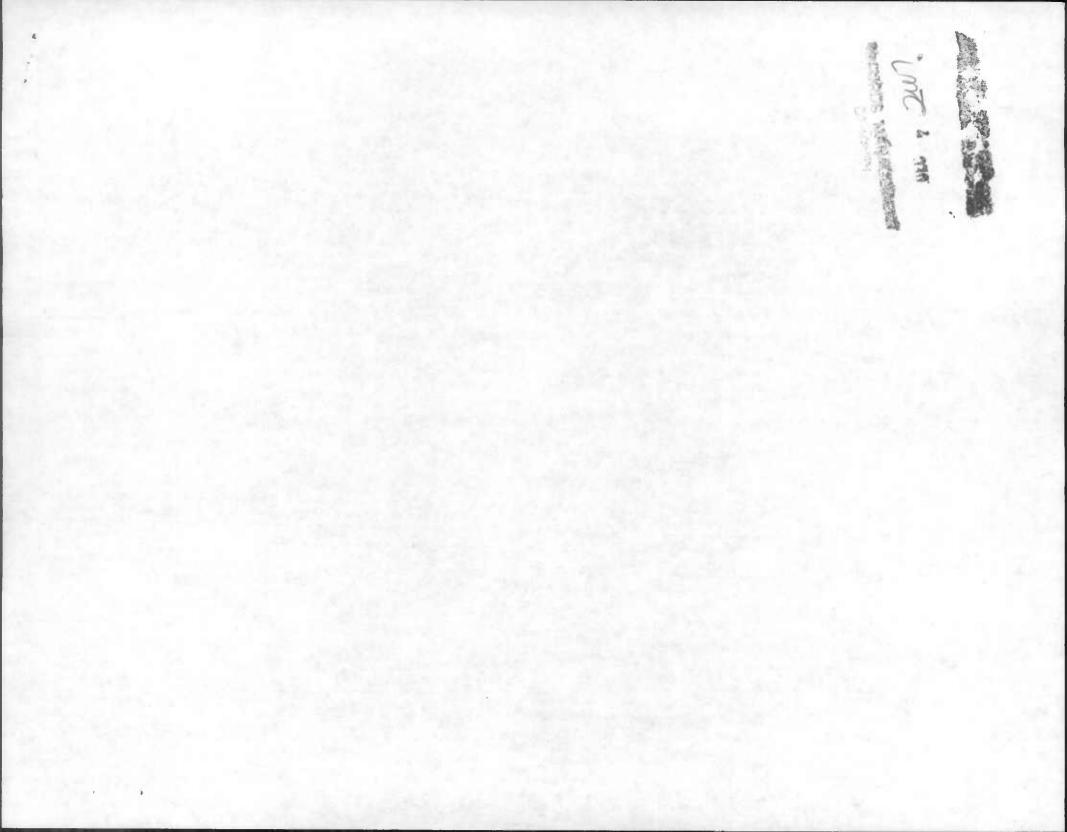
STATE RECORDS CENTER
DEPT.OF GENERAL SERVICES
P. O. BOX 275
JESSUP, MD 20794-0275





CERTIFICATE OF DESTRUCTION

| | 02111 | |
|--|--|------------------------------|
| CINTAS® | SERVICE TICKET #: DATE: | 00D86 - 120232 11/30/2007 |
| DOCUMENT MANAGEMENT | CUSTOMER #: SERVICE/TYPE: | Purge/Offsite 12/11/2007 |
| QUEEN ANNE COUNTY - HEALTH DEPARTMENT 206 N COMMERCE ST CENTREVILLE, MD 216171049 | NEXT SERVICE TYPE: | Purge |
| SERVICE PERFORMED 64 Gallon Wheeled Container - (1) SYC'D A | Lock(s) Present/Operable: | Yes No |
| Pounds Minutes 4 boxe 5 | Clasp(s) Present/Operable: | Yes No |
| 206 N Commerce St/1-64 /4 boxes | | |
| 205 N liberty 5t/ 1 cart | MER COPI | |
| This certificate is to certify that Cintas Document Management will regulations for the above-mentioned company. Offsite destruction seems of the above-mentioned company. | Olylocs are 1000 | |
| CUSTOMER SIGNATURE: James Pruley | DATE DATE | : - 1 - 1 - 3 |
| 6770 OAK HALL LN · SUITE 107 · COL | JMBIA, MD 210454768 • Phone: (240)294-0389 • Fax: (240)294 | -0395 |
| | | |





Bill To:

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

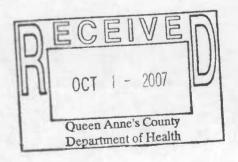
Service Address:

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

| Date | ST# | <u>Item</u> | Description | | Oty | Unit Price | Price T | ax |
|------------|--------|-------------|--|----|-----|-------------------|-------------|----|
| 09/18/2007 | 105131 | 0000425 | Purge Service - Offsite, Gal | 64 | 1 | \$ 75.00000 | \$ 75.00 | N |
| 09/18/2007 | 105131 | 0000427 | Purge Service - Offsite, Medium Box | | 4 | \$ 7.00000 | \$ 28.00 | N |

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

15 21845294/001



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 10/11/17 | | | |

oct: 28 : 7W



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

SERVICE PERFORMED 64 Gallon Wheeled Container - (1)

Pounds Minutes SYC'D ADD'L

CERTIFICATE OF DESTRUCTION

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

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

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:

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

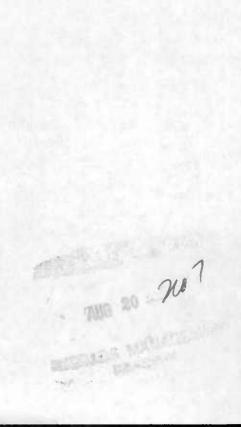
128may-18-00



Manual September 1970 Color September 1970 Color September 1970 Se

DEPARTMENT OF GENERAL SERVICES Schedule No. RECORDS MANAGEMENT DIVISION Page 1 of 1 RECORDS RETENTION AND DISPOSAL SCHEDULE Agency Division/Unit Ollen Annia Co. Dept. of Health Item Description Administration-tileran No. Chipical Files - 1977 - 1996 Shredder Financial Files - 1998 - 2003 Shredded Fiscul files - 2002 Shredded Clinical Addedions Files 1977-2000 Shredded Schedule Approved by Department, Agency, Schedule Authorized by State Archivist or Division Representative. Date 7-26-07 Date Signature Unceculo Min Typed Name Grace Smort's Signature Title Office Clerk TI

DGS 550-1



DEPT OF HEALTH & MENTAL HYGIENE

EXEC - HCF - PHS - OPS
SECRETARIAT

Queen Anne's Co. Dept. of Realth

OFFICE / ADMINISTRATION / LOCATION
File Room

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 UNTT=S FILE

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

CERTIFICATE OF RECORDS DISPOSAL

| No. | DESCRIPTION OF RECORDS (FROMSCHEDULE FORM) [FORMAT: PAPER, FILM, DISK, ETC] | Authorizatio | N* | INCLUSIVE | VOLUME | DATE OF DISPOSAL | DISPOSAL METHOD (TRASH, SHRED, BURN, ETC) |
|-------|---|--------------|------|--------------------|-------------------------------|---------------------|--|
| | | SCHEDULE # | ITEM | DATES OFRECORDS | (FT ³) (Boxes) | | |
| 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 | V | 7-2-08 | Shred |
| 6. | | | | | | | |
| 1. | | | | | | | |
| 9. | | | | | | | |
| 9. | | | | | | | |
| 10. | | | | | | | |
| 11. / | Approved by Tom Kravit | 2 | | | | | |
| 12. | Approved by Tom Kravit 7/1/08 2:45 p.m. | | | | | | |
| 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 Gonorios | Mar Clerk II | 7-3-08 |
|----------------|--------------|--------|
| SIGNATURE | 00 TITLE | DATE |



CERTIFICATE OF DESTRUCTION SERVICE TICKET #:

DATE:

00D86 - 177369 07/29/2008

| QUEEN ANNE COUNTY - HEALTH DEPARTMENT 206 N COMMERCE ST CENTREVILLE, MD 216171049 | CUSTOMER #: SERVICE/TYPE: NEXT SERVICE DATE: NEXT SERVICE TYPE: | 07/29/2008 969 Purge/Offsite Not scheduled. |
|---|---|--|
| SERVICE PERFORMED 64 Gallon Wheeled Container - (1) Pounds Minutes SVC'D AD TOTAL | Lock(s) Present/Operable: | Not scheduled. Yes No Yes No |
| COMMENTS: | | |
| This certificate is to certify that Cintas Document Management will shru regulations for the above-mentioned company. Offsite destruction service CUSTOMER SIGNATURE: SERVICE REP SIGNATURE: | 0 | ing to HIPAA & GLBA not NAID certified. |
| 6770 ØAK HALL LN•COLUMBIA, ME | DATE: | 1-19-08 |

DEPT OF HEALTH & MENTAL HYGIENE

EXEC - HCF - PHS - OPS

SECRETARIAT

Queen Anne's County Dept. of Health

OFFICE / ADMINISTRATION / LOCATION

File Room

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
(PRGM/ADMIN) FILE

3. STATE RECORDS CTR

4. DHMH RECORDS OFFICER (Notify before Disposal) (410) 767-5934

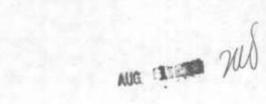
CERTIFICATE OF RECORDS DISPOSAL

| No. | DESCRIPTION OF RECORDS (FROMSCHEDULE FORM) [FORMAT: PAPER, FILM, DISK, ETC] | AUTHORIZATION | ٧* | INCLUSIVE DATES | VOLUME (FT ³) | DATE OF DISPOSAL | DISPOSAL METHOD |
|-----|---|---------------|------|-----------------|------------------------------|---------------------|------------------------------|
| | | SCHEDULE# | Ітем | OFRECORDS | (Boxes) | DISPOSAL | (TRASH, SHRED, BURN, ETC) |
| 1. | Paper | 834 | 1A | FY 2003 | 649218 | 7-29-08 | SHRED |
| 2. | Paper | 834 | 1E | FY 99-02 | 10 boxes | 7-29-08 | SHRED |
| 3. | | | | | | | |
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| 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.

| Gracismorio | Mis clabIT | | 7-29-08 |
|-------------|--------------|------|---------|
| SIGNATURE | Die Clark II | DATE | |



DEPT OF HEALTH & MENTAL HYGIENE

EXEC - HCF - PHS - OPS SECRETARIAT

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 (PRGM/ADMIN) FILE
- 3. STATE RECORDS CTR
- 4. DHMH RECORDS OFFICER (Notify before Disposal) (410) 767-5934

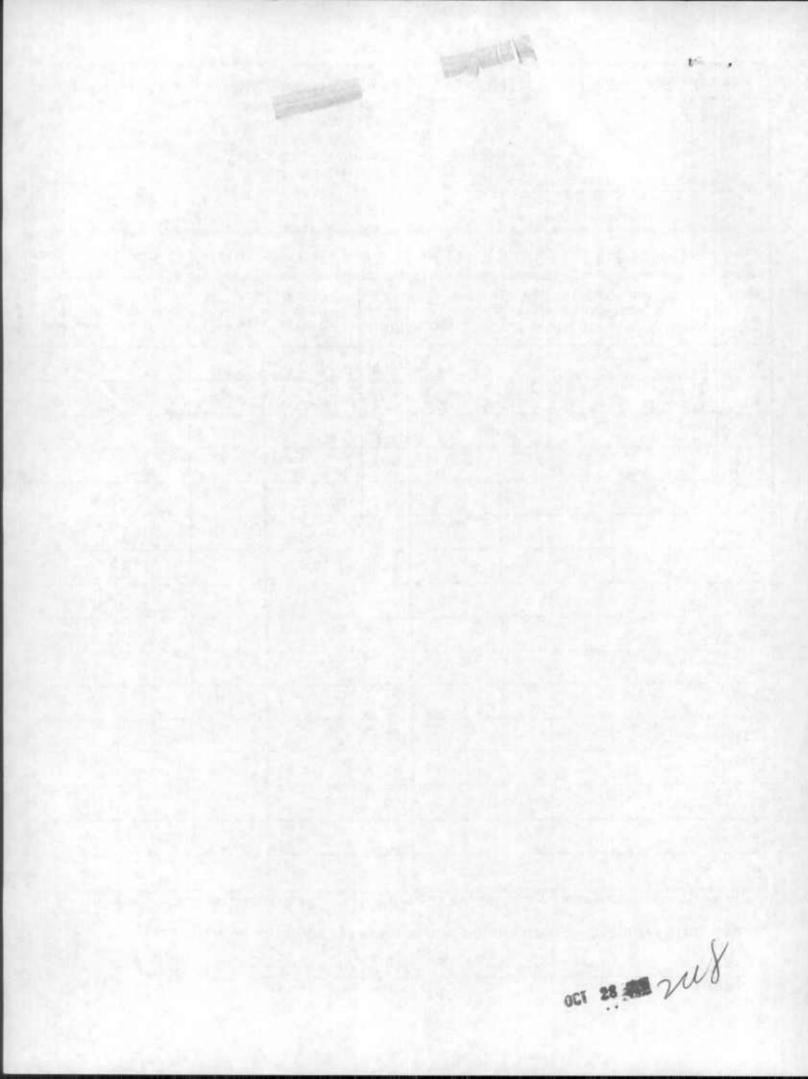
CERTIFICATE OF RECORDS DISPOSAL

| No. | DESCRIPTION OF RECORDS (FROMSCHEDULE FORM) [FORMAT: PAPER, FILM, DISK, ETC] | AUTHORIZATION | AUTHORIZATION* | | VOLUME | DATE OF | DISPOSAL |
|-----|--|---------------|----------------|--------------------|-------------------------------|-----------|--|
| | | SCHEDULE# | İTEM | DATES OFRECORDS | (FT ³) (BOXES) | DISPOSAL | METHOD (TRASH, SHRED, BURN, ETC) |
| 1. | Abstinence Cangeling Paper (8 EXIII) | 1518 | 22 | | 5.0 | Oct. 2008 | SHRFO |
| 2. | Abstrance Cangeling Paper (82×11") Dry Awse Reports - pusi Ins. InfoAccty. Lays (82) | 1)1518 | 24 | 1998-2002 | 5.0 | | SHRFO |
| 3. | | | | | | | |
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| 16. | | | | | | | |

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

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

| John Manager | 10/14/08 |
| SIGNATURE | DATE |



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

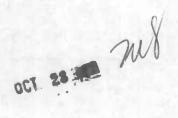
| Sched | lule l | Vo. | 1518 | Ţ, |
|-------|--------|-----|------|----|
| Page | 1 | of | 1 | |

Agency Queen Anne's Co. Dept. of Health

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Division/Unit Administration/File Room

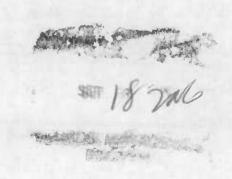
| Item No. | Descrip | tion | Retention |
|---------------|---|----------------------------|---------------|
| | | | |
| 24 | Financial files Drug Abuse reports | | Shred |
| 22 | Abstinence Counseling paper | | Shred |
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| or Division F | pproved by Department, Agency, Representative. | Schedule Authorized by Sta | ate Archivist |
| DateSignature | | Date | |
| Typed Name | | Signature | |
| | | | |
| DGS 550- | 1 000 83 700 | | |



| Cecil County Health Department Reporting Agency Alcohol and Drug Center Division or Unit | | Rec 727 | Department of General Services Records Management Division 7275 Waterloo Road (Rte. 175) P.O. Box 275 Jessup, Maryland 20794-0275 | | | Prepara in duplicate Ratain one (1) copy and for original to address at left. | |
|--|--------------------------------------|--------------------------|---|--------------------|------------|--|-----------------|
| | CERTIFICATE OF | | | RECORD | | ISPO | SAL |
| No. | Description of Records | Authoriz | T | Inclusive Dates of | Volume | Date of Disposal | Method of Dispo |
| | (Same Title as listed on Schedule) | Retention Schedule No | No. | Records Destroyed | Cubic Feet | | |
| | Alcohol and Drug | 1518 | | 200/ | 5 | 2006 | BURY |
| | Alcohol and Drug Alcohol and Drug | 834 | | 1997-2004 | 3 | 2006 | BURY |
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DGS 550-2 (Rev 1/93).

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



| | Cecil County Health Department Reporting Agency Alcohol and Drug Center Division or Unit | | | Department of General Services Records Management Division | | | re in duplicete |
|-----|--|--------------------------|-------------|--|--|-------------------------|-------------------|
| _/ | | | | '5 Waterloo Road (F P.O. Box 275 ssup, Maryland 207 | Retain one (1) copy and forward original to eddress at left. | | |
| | CERTIFICATE OF | | FF | RECORD | ISPO | SAL | |
| | Description of Records | Authoriz | ation | Inclusive Dates of | Voluma | Date of Disposal Met | Mathed of Discour |
| No. | (Sema Title as listed on Schedule) | Retention Schedule No | Item No. | Records Destroyed | Cubic Feet | | Method of Dispose |
| | Alcohol and Drug | 1518 | | 2001 | 7 | 2006 | BURY |
| | Alcohol and Drug Alcohol and Drug | 834 | | 2001-2002 | 2 | 2006 | BURY |
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DGS 550-2 (Rev 1/93).

ADMINISTRATOR Title

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

Signature

men with the same

| Cecil | County Health Department | | | | |
|--------|--------------------------|--|--|--|--|
| | Reporting Agency | | | | |
| Alcoho | I and Drug Center | | | | |

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

| | Description of Records | Authoriz | ation | Inclusive Dates of | Volume | Date of | |
|-----|--------------------------------------|--------------------------|-------------|--------------------|------------|----------|-------------------|
| No. | (Sama Title as listed on Schedule) | Retention Schedule No | Item No. | Racords Destroyed | Cubic Feet | Disposal | Method of Disposa |
| | Alcohol and Drug | 1518 | | 2001 | 3 | 2006 | BURY |
| | Alcohol and Drug Alcohol and Drug | 834 | | 1999-2004 | 8 | 2006 | BURY |
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| I hereby certify that the records listed above were dis | sposed of as indicated. | |
|---|-------------------------|--------|
| Thank The | DHD | Coplar |
| Signature | Title | Date |

DGS 550-2 (Rev 1/93).

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JULO S MARKET

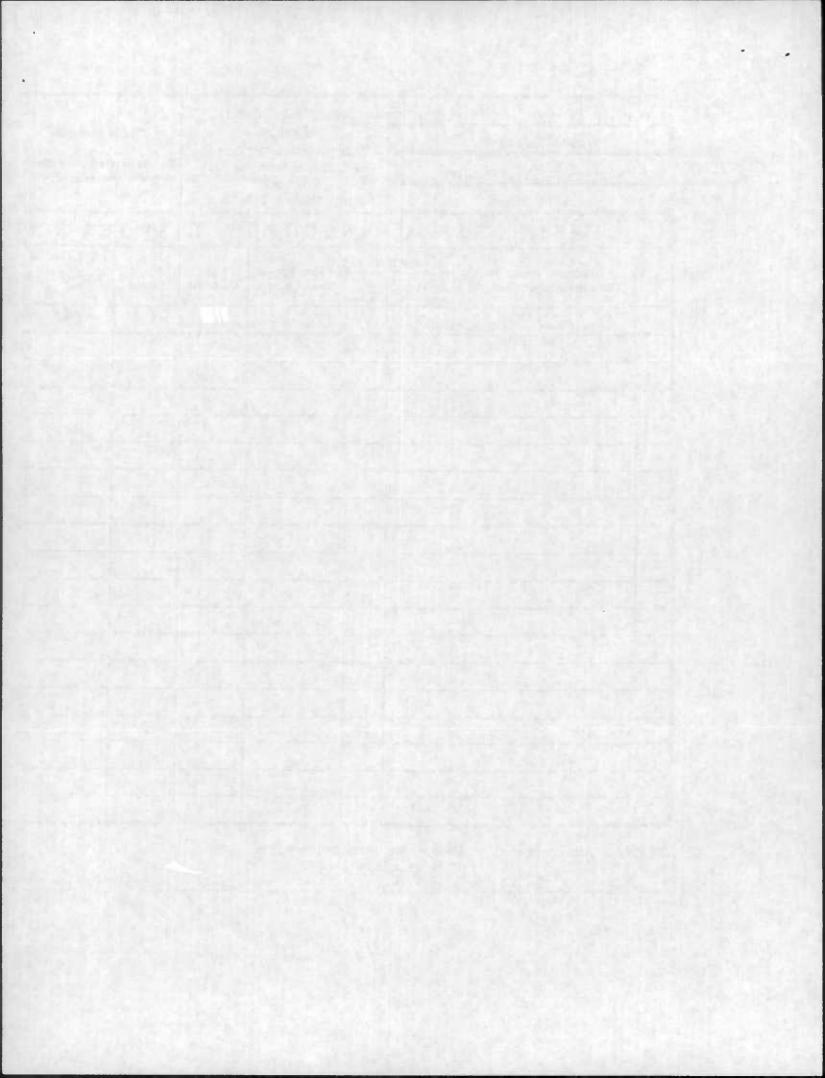
| | Reporting Agency Lohol and Drug Cente Division or Unit | and Drug Center | | | Department of General Services Records Management Division 7275 Waterloo Road (Rte. 175) P.O. Box 275 Jessup, Maryland 20794-0275 | | |
|-----|--|---------------------------|-------------|--------------------|---|----------|-----------------|
| | CERTIFICAT | E O | FI | RECORD | S D | ISPO | SAL |
| No. | Description of Records | Authoriz | ation | Inclusive Dates of | Voluma | Date of | Method of Dispo |
| No. | (Sama Title as listed on Schedule) | Retention Schedule No. | Item No. | Records Destroyed | Cubic Feet | Disposal | method of Dispo |
| | Alcohol and Drug | 1518 | | 1998-2001 | 7 | 2006 | BURY |
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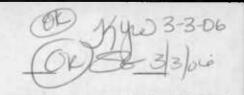
I hereby certify that the records listed above were disposed of as indicated.

Signature

| 1/30/06 | Administrator
| Date

DGS 550-2 (Rev 1/93).





| Cecil | County | Heath | Department | | |
|-------|-------------------------|-------|------------|--|--|
| | Reporting Agency | | | | |
| Alcoh | Alcohol and Drug Center | | | | |
| | 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

| | Description of Records | Authoriza | ation | Inclusive Dates of | Volume | Date of | |
|-----|--------------------------------------|---------------------------|-------------|--------------------|------------|----------|------------------|
| No. | (Same Title es listed on Schedule) | Retention Schedule No. | Item No. | Records Destroyed | Cubic Feet | Disposal | Method of Dispos |
| | Alcohol and Drug | 1518 | | 1999-2001 | 3 | 2006 | Bury |
| | Alcohol and Drug Alcohol and Drug | 834 | | 1998-2000 | 6 | 2006 | Bury |
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I hereby certify that the records listed above were disposed of as indicated.

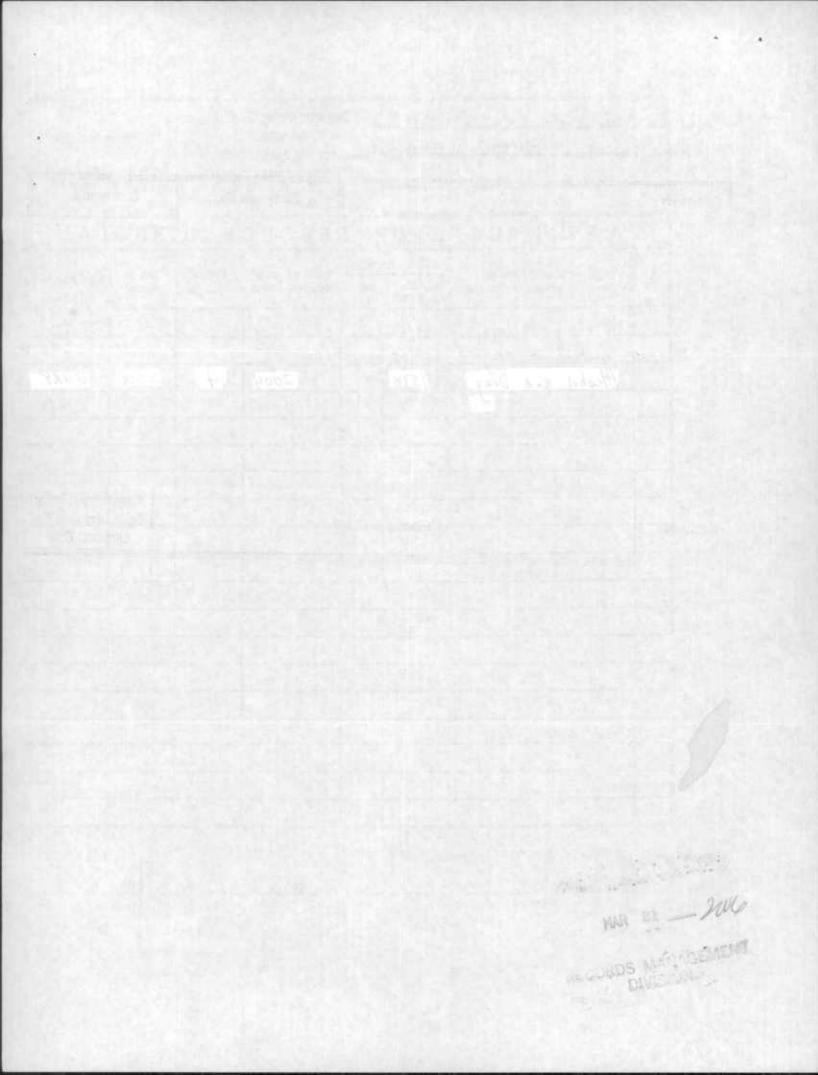
Greada Housan Signature SA

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3-16-06

DGS 550-2 (Rev 1/93).

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| A. Agency | ecil County Health Department | Accession No. | Date Rec'd |
|-------------------|---|-------------------------------------|--|
| 1. <i>C</i> | ecil County Health Gepartmen | | RM Code |
| B. Division/Un | it cohol and Drug Center | Location Range Section(s) | No. of Cu. Ft |
| C. Mailing Ad | , | | |
| D Phone No. | | Records Center Manager | |
| E. Agency Of | ficial Stephanie Garrity, Acting Director | To Be Complete State Records Manage | |
| 2. Box Numbers | 3. Description of Recor with Inclusive Date: | | Disposal Authority Schedule, Item No Disposal Date |
| 1 | accounts receivable of Alcohol an | | 834 |
| 2 | insurance forms of Alcohol and | | 834 |
| 3 | insurance forms of Alcohol and | | 834 |
| 4 | accounts receivable of Alcohol an | ./ | 934 |
| 5 | accounts receivable of Alcohol ar | | 834 |
| 6 | accounts receivable of Alcohol a | nd Drug 1998-1999 | 834 |
| 7 | closed Alcohol and Drug files for and also early 1999 | also #27 | 1518 |
| 8 | closed Alcohol and Drug files | From early 2001 also 29 | 8 1518 |
| 9 | closed Alcohol and Drug files closed Alcohol and Drug files | from early 2001 also#20 | 15/8 |
| | | | |
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Ve. 21-206 53 N - , 31 mm

| A. Agency | County Health Department | Accession No. | Date Rec'd |
|-------------------|---|---|--|
| 1. Cecil | County Free in Ve parties | | RM Code |
| B. Division/Uni | ol and Drug Center | Location Range Section(s) | No. of Cu. Ft. |
| C. Mailing Add | ress Bow Street , Maryland 21921 | | |
| D. Phone No. | 996 - 5106 | Records Center Manager | |
| | | To Be Com State Records Mar | |
| 2. Box Numbers | 3. Description of Reco | | Disposal Authority Schedule, Item No. Disposal Date |
| 1 4 5 6 7 9 10 | Closed Alcohol and Drug Files | from late 2000 also # | 22 1518 23 1518 25 1518 24 1518 24 1518 20 1518 |

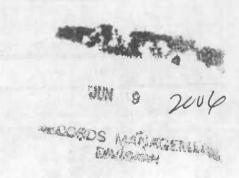
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Closed TEA E. D. 2001

June 7th Elec 200-

Fab 13, 2006

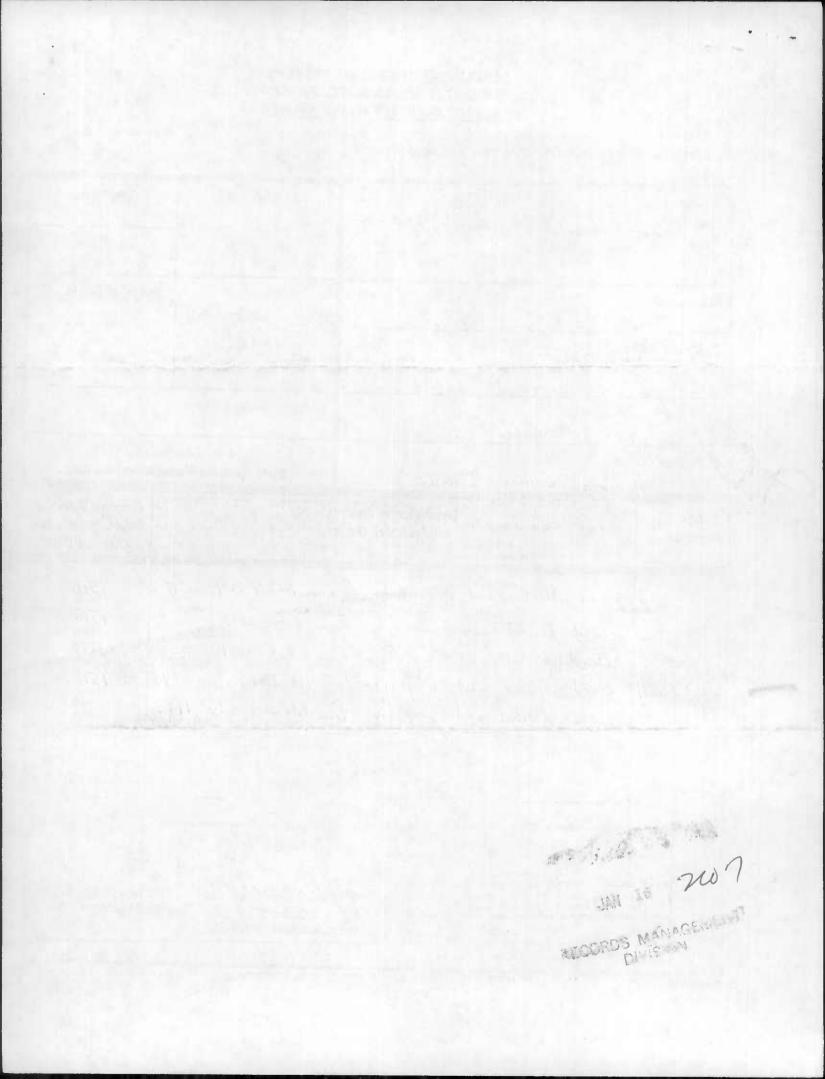
| . (e | cil County Health. Department | Accession No. | Date Rec'd |
|-------------------|---|----------------------------------|--|
| | | | RM Code |
| 3. Division/Unit | Icohol and Drug Center | Location Range Section(s) | No. of Cu. Ft |
| C. Mailing Add | | | |
| D. Phone No. | 410 - 996 - 5106 | Records Center Manager | |
| E. Agency Office | cial Stephanie Garrity, Acting Director | To Be Comp State Records Mana | |
| 2. Box Numbers | 3. Description of Recor with Inclusive Date | | Oisposal Authority Schedule, Item No Disposal Date |
| | registration sheets 2004 | | 834 |
| 2 | registration sheets 2002 and insurance | papers 2000 - early 200 | 834 |
| 3 | repistration sheets 2001 | | 834 |
| 4 | list of client urines and non-client | urines/part of registration shee | 834 834 |
| 5 | courselor appointment schedules and | DWI Assessment Forms | 874 |
| 6 | DWI Assessment Forms (ie, computer lists of client balances | scoring sheets) and | 834 |
| 8 | list of client wrines and non-client | t unines (part of registrations | heets) 834 |
| | ON OTHER SIDE OF FIRST | - BOOKCASE ON LEFT SI | DE |
| | 1. + Libe from early 2001 | also # 34 | 1518 |
| 10 | 1 1 x file tron early 2001 | also # 35 also # 36 | 1518 |



| A. Agency 1. De nother t | Accession No. | Date Rec'd | |
|---|---------------------------------|--|--|
| 1. Cecil County Health Department | | RM Code | |
| B. Division/Unit Alcohol and Drug Center | Location Range Section(s) | No. of Cu. Ft | |
| C. Mailing Address 401 Bow Street | | | |
| Elkton, Maryland 21921 D. Phone No. Records Center Manage 410 -996 - 5106 | | | |
| E. Agency Official Garrity, Acting Director | To Be Comp State Records Man | | |
| 2. Box 3. Description of Reco | | Disposal Authority Schedule, Item No Disposal Date | |
| 1 closed Alcohol and Drug Files From 2 Same as Box 1 3 same as Box 1 4 2001-02 duplicate Daily Reg. 5 same as Box 4 6 same as Box 1 7 same as Box 1 8 same as Box 1 9 same as Box 1 | | 1518 1518 1518 834 834 1518 1518 1518 | |

pay : o JAM 16 2W7 VECORDS MANAGEMENT

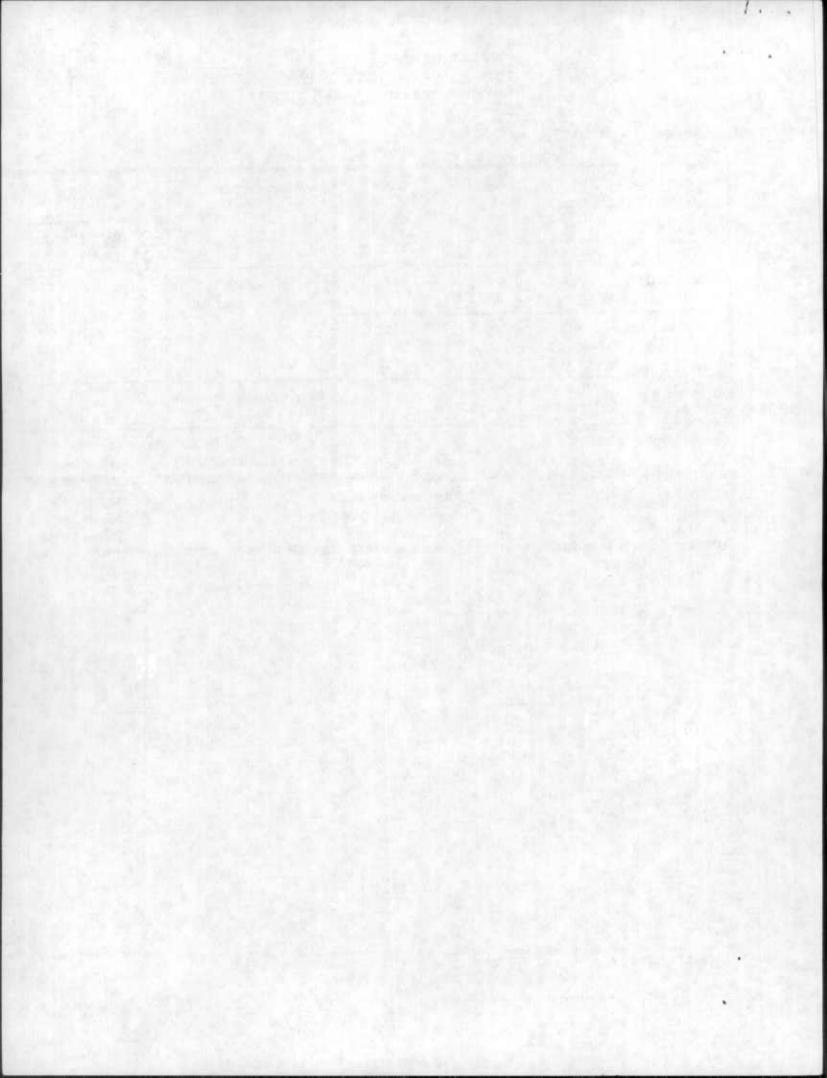
| A. Agency Cecil County Health Department | | Accession No. | Date Rec'd |
|---|---|---|--|
| Cecil County | y Health Departme | | RM Code |
| B. Division/Unit Alcohol and | Drug Center | Location Range Section(s) | No. of Cu. Ft |
| C. Mailing Address 401 Bow | St. | | |
| Elkton, M. D. Phone No. ' 410 - 996 | oryland 21921 | Records Center Manager | |
| P Agency Official | Collins Director | To Be Comp State Records Mana | |
| 2. Box 3. Numbers | Description of with Inclusive | | Disposal Authority Schedule, Item No Disposal Date |
| | | | |
| 1 closed A | Alcohol and Drug Files | from and late 2001, also 19 | 1518 |
| 1 closed A | Alcohol and Drug Files | from and late 2001, also 19 | 1518 1518 |
| 7 closed | Alcohol and Drug file | s from lete 2001 | 1518 1518 1518 |
| 2 closed | Alcohol and Drug file Alcohol and Drug file | s from late 2001 | 1518 |
| 2 closed 3 closed 4 closed | Alcohol and Drug file Alcohol and Drug file Alcohol and Drug file | s from lete 2001 | 1518 |
| 2 closed 3 closed 4 closed | Alcohol and Drug file Alcohol and Drug file Alcohol and Drug file | es from late 2001 es from late 2001 es from late 2001, also 199 | 1518 |
| 2 closed 3 closed 4 closed | Alcohol and Drug file Alcohol and Drug file Alcohol and Drug file | es from late 2001 es from late 2001 es from late 2001, also 199 | 1518 |



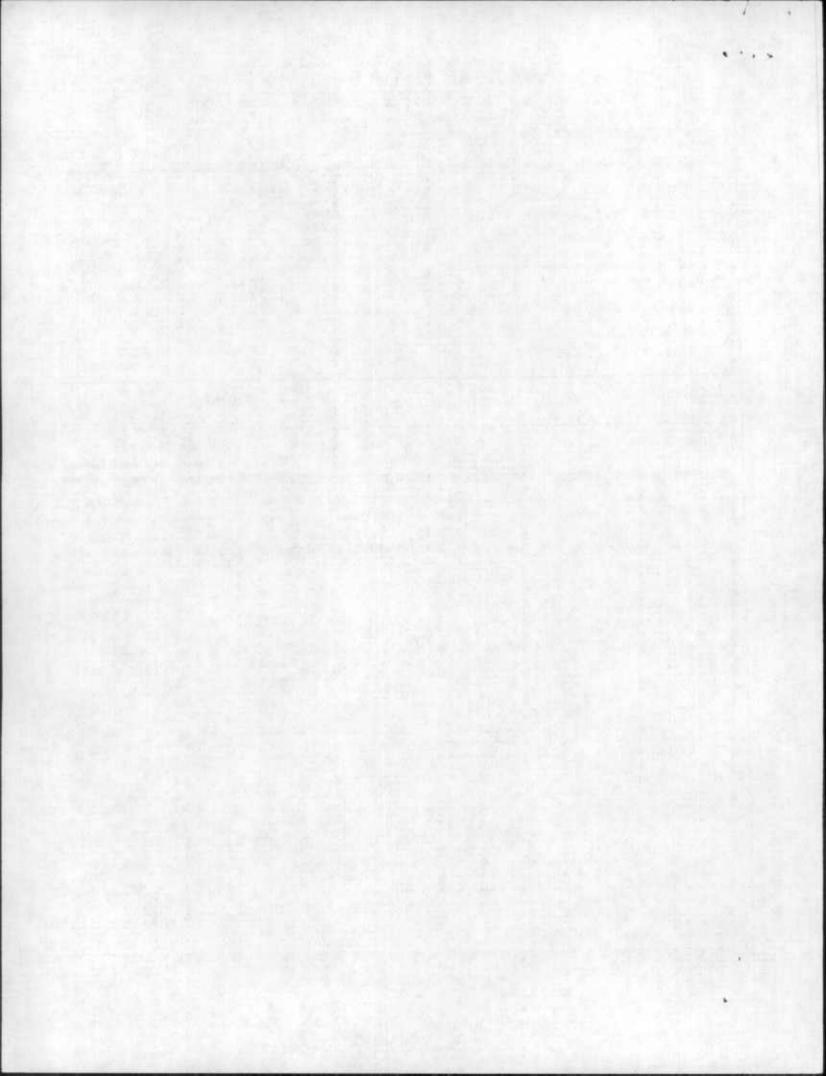
| A. Agency 1. | | Accession No. | Date Rec'd |
|-------------------|---|----------------------------------|--|
| 1. Ceci | 1 County Health Department | | RM Code |
| B. Division/Uni | of and Drug Ceriter | Location Range Section(s) | No. of Cu. Ft |
| C. Mailing Add | Bow Street | | |
| D. Phone No. | - 996 - 5106 | Records Center Manager | |
| | | To Be Comp State Records Mana | |
| 2. Box Numbers | 3. Description of Recor with Inclusive Date | | Disposal Authority Schedule, Item No Disposal Date |
| 1 | Daily Registration Sheets - DUPLICATE | INFORMATION 2001 | 834 |
| 2 | Duily Registration Sheets - DUPLICATE | INFORMATION 2001, 200 | |
| 3 | Daily Registration Sheets - DUPLICATE | | 834 |
| 4 | Daily Registration Sheets - DUPLICATE | : INFORMATION ZOOZ, 200 | 3 . 834 |
| 5 | Daily Registration Sheets - DUPLICATE | E INFORMATION 2002, 20 | 03 834 |
| | AND AD JUSTMENTS 2001, price | | 2-1 |
| 6 | ADJUSTMENTS 2000-2001, prior + | 07-1-01 | 834 |
| 7 | AD JUSTMENTS 2000-2001, prior. | to 7-1-01 | 834 |
| 8 | closed Aleuhol and Drug files from | n early 2000 also # 3 | 1518 |
| 9 | closed Alcohol and Drug files from | n early 2001 also # : | 31 1518 |
| 10 | closed Alcohol and Drug files from closed Alcohol and Drug files from | m early 2001 also #. | 32 1518 |
| 11 | Timesheets from 2001 | | 834 |
| | 2.7% | | |

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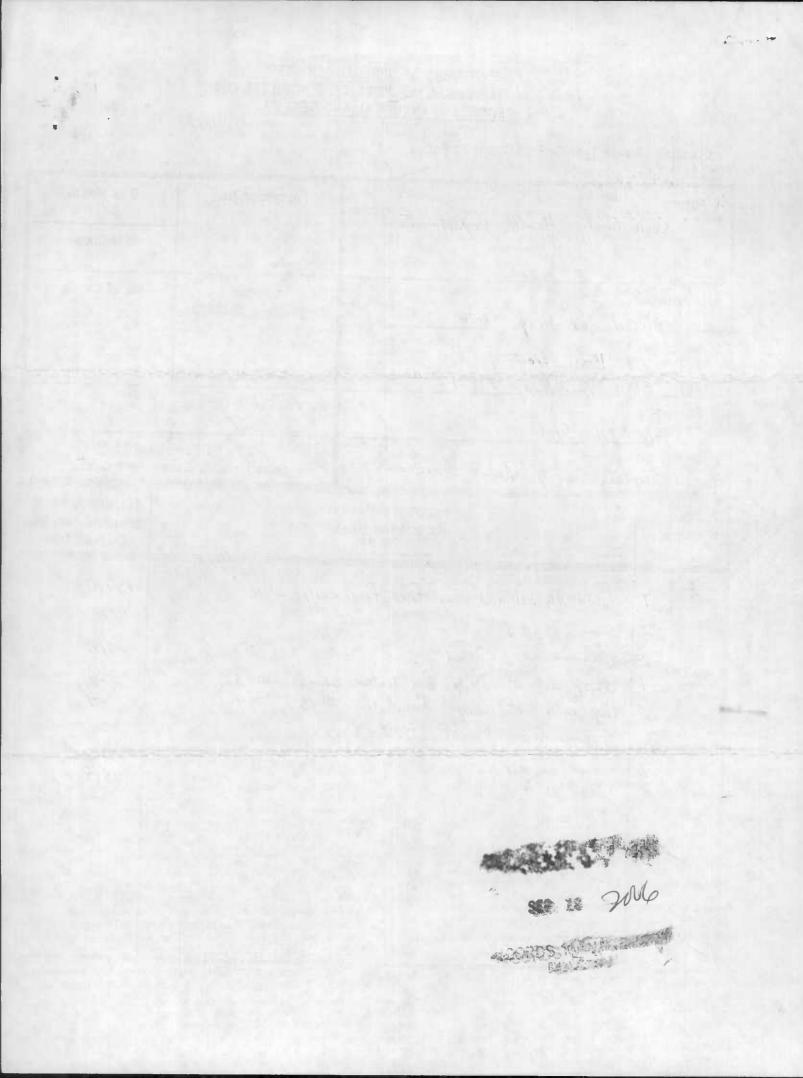
| A. Agency 1. Cecil Co. Health Dept. | | Accession No. | Date Rec'd | |
|--|--|----------------------------------|---|--|
| | | | RM Code | |
| B. Division/Un Admin | nit istration Division | Location Range Section(s) | No. of Cu. Ft. | |
| | dress ow Street n, MD 21901 | | | |
| D. Phone No 410-9 | 96-5550 | Records Center Manager | | |
| E. Agency Of Brend | ficial a Henson, Director | To Be Comp State Records Mana | | |
| 2. Box Numbers | 3. Description of Rewith Inclusive D | | Disposal Authoric Schedule, Item No Disposal Date | |
| 1 2 3Times 4 5 6 7 8 9 10 11 12 13 | Special Pay, Exception, & On Timesheets A-Ha 2002 sheets Ho-Ni 2002 Timesheets Os-Y 2002 Expired Cobtracts 1994-2000 PO FY01-02-03 #5251-71 Leave Reports 2001 & 2002 A/P A-B 7/01-6/02 A/P C D 7/01-6/02 A/P C-M 7/01-6/02 A/P U-V 7/01-6/02 A/P U-V 7/01-6/02 A/R MAP 1996-1997 A/R MAP 9/97-1998 A/R PRI 7/98-12/99 | Call Reports 2001 | 834 834 834 824 834 834 834 834 834 834 834 834 834 | |



| A. Agency 1. Cecil Co. Health Dept. | | Accession No. | Date Rec'd | |
|--|---|----------------------------------|---|--|
| | | | RM Code | |
| B. Division/U | | Location | No. of Cu. Ft. | |
| | istration Division | Range Section(s) | | |
| C. Mailing Ad | ow Street | | | |
| | n, MD 21921 | | | |
| D. Phone No. | | Records Center Manager | | |
| 410-9 | 96-550 | | | |
| E. Agency Of Brend | a Henson, Director | To Be Comp State Records Mana | leted At agement Center | |
| 2. Box Numbers | 3. Description of Reco | | Disposal Authorit Schedule, Item No Disposal Date | |
| 17 18 19 20 21 22 23 24 25 | A/R 1/98-12-98 sign-in sheets A/R Receipts 12/97-3/98 A/R Recipts 4/98-6/98 A/R Recipts 7/98-12/98 A/R Receipts 5/99-9/99 A/R INS 1/98-9/98 & PRI 1/98- A/R PRI 7/98-12/99 A/R MAP 9/97-12/98 A/R MAP 1996-1997 Insportation Schedules FY2001 Milage Sheets 7/02-12/02 | | 834 834 834 834 834 834 834 834 Transportation Gran | |



| A. Agency 1. Cecil County Health Department | Accession No. | Date Rec'd | |
|--|---------------------------------|--|--|
| Cecil County Treatin Department | | RM Code | |
| B. Division/Unit Mohol and Drug Center C. Mailing Address 401 Bow Street | Location Range Section(s) | No. of Cu. Ft | |
| Elkton, Maryland 21921 D. Phone No. 410 - 996 - 5106 | Records Center Manager | | |
| E. Agency Official Stephanie Garity, Acting Director | To Be Comp State Records Man | | |
| 2. Box 3. Description of Recor with Inclusive Date | | Disposal Authority Schedule, Item No Disposal Date | |
| 1 closed Alcohol and Drug Files from 2 same as # 1 2001 3 same as # 1 2001 4 duplicates of Daily Registration 5 duplicates of Daily Registration 6 Accounts Receivable of 1997-200 7 same as # 1 2001 8 same as # 1 2001 | sheets - 2003 sheets - 2004 | 1518 1518 1518 834 834 1518 1518 | |



Cecil County Health Dept.

Reporting Agency

Special Populations Services
Division or Unit

Department of General
Services
Records Management Division
7275 Waterloo Road (Rte. 175)
P.O. Box 275

Prepare in duplicate

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

| Division or Unit | | J | essup, Ma | | | | |
|------------------|---|---------------------------|-------------|---|----------------------|---------------------|--------------------|
| | CERTIFIC | CATE | O F | RECORD | S D | ISPOS. | A L |
| Vo. | Description of Records (Same Title as listed on Schedule) | Author | ization | Inclusive Dates of Records Destroyed | Volume Cubic Feet | Date of Disposal | Method of Disposal |
| | | Retention Schedule No. | ltem No. | | | | |
| l | 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 |
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| I hereby certify that the records listed above were disposed | of as indicated. | |
|--|--|-----------------|
| Signature Signature | Director, Special Populations Services Title | 7-26-07 Date |
| B. Heathery - Unision Secretary DGS 550-2 (Rev. 1/93) | | |

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DESCRIPTION

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| Reporting Agency | | | | | | |
| Alcohol | and | Drug | (e. | nter | • | |
| | Divi | sion or U | nit | | | |

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.

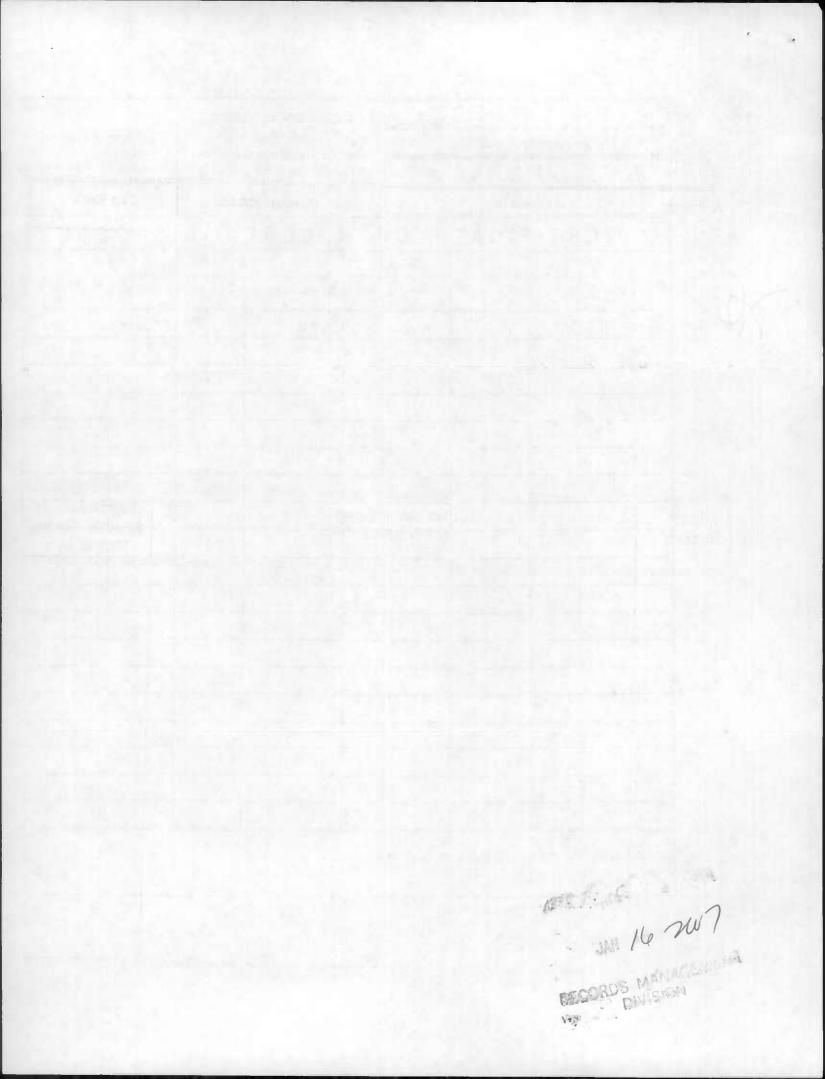
DISPOSAL CERTIFICATE OF RECORDS

| Description of Records (Same Title as listed on Schedule) | Authorization | | Inclusive Dates of | Volume | Date of | |
|--|--|---|---|---|--|--|
| | Retention Schedule No. | Item No. | Records Destroyed | Cubic Feet | Disposal | Method of Dispose |
| Alcohol and Drug | 1518 | | 1999-2001 | 5 | 2007 | BURY |
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| | | | | | | |
| | (Same Title as listed on Schedule) Alcohol and Drug | Description of Records (Same Title as listed on Schedule) Retention Schedule No. Alcohol and Drug 1518 | Description of Records (Same Title as listed on Schedule) Retention Schedule No. Alcohol and Drug 1518 | Description of Records (Same Title as listed on Schedule) Retention Schedule No. Records Destroyed 1518 1999 - 2001 | Description of Records (Same Title as listed on Schedule) Retention Schedule No. Alcohol and Drug is 18 Inclusive Dates of Records Destroyed Cubic Feet 1999 - 2001 5 | Description of Records (Same Title as listed on Schedule) Alcohol and Drug 1518 Item No. Records Destroyed Cubic Feet Disposal 1999 - 200/ 1999 - 200/ 1999 - |

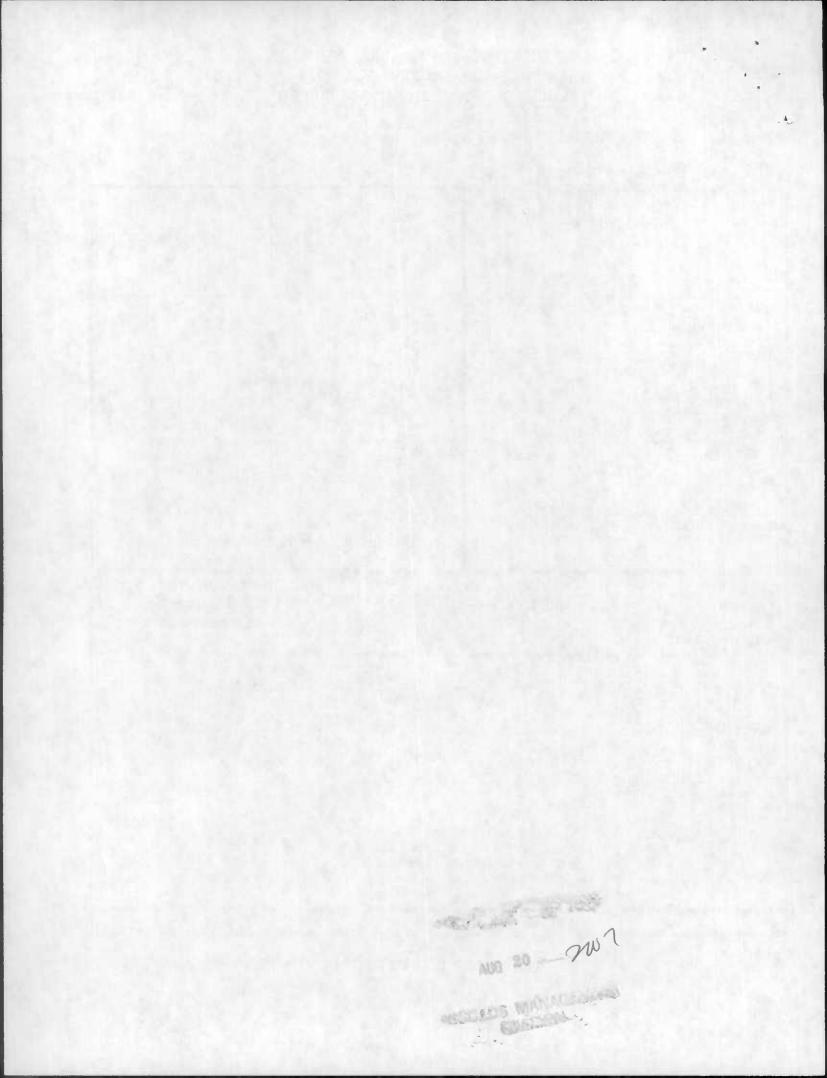
I hereby certify that the records listed above were disposed of as indicated.

Signature

DGS 550-2 (Rev 1/93).



| A. Agency 1. Cecil County Health Department | | Accession No. | Date Rec'd | |
|--|--|--|--|--|
| | ny mandra department | | RM Coe | |
| B. Division/Uspecial Popula | | Location Range Section(s) | No. of Cu.Ft. | |
| C. Mailing Ad 401 Bow Stree Elkton, MD 2 | et | | | |
| D. Phone No. 410-996-5112 | | Records Center Manag | ger | |
| E. Agency Of | ficial | To Be Completed At State Records Management Center | | |
| 2. Box Numbers | 3. Description of R with Inclusive | | 4. Disposal Authority Schedule, Item No. Disposal Date | |
| #1 #2 | Client Files - 1982-1996 Client Files - 1982-1996 | | Destroyed 3-9-07 Destroyed 3-9-07 | |
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Cecil County Health Dept.

Reporting Agency

Special Populations Services

Division or Unit

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

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| | CERTIFIC | CATE | O F | RECORD | | ISPOS | A L |
| lo. | Description of Records (Same Title as listed on Schedule) | | rization | Inclusive Dates of Records Destroyed | Volume Cubic Feet | Date of Disposal | Method of Disposa |
| | | Retention Schedule No. | ltem No. | | | | |
| | 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 |
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| I hereby certify that the records listed above were disposed | of as indicated. | |
|--|--|---------|
| Dryhe Sommen | Director, Special Populations Services | 7-26-67 |
| Signature | Title | Date |
| B. Meschery - Clevesian Secretary DGS 550-2 (Rev. 1/93) 3/18/07 | | |

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| A. Agency 1. Cecil County Health Department | | Accession No. | Date Rec'd | |
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| | | | RM Coe | |
| B. Division/Un Special Populat | | Location Range Section(s) | No. of Cu.Ft. | |
| C. Mailing Add 401 Bow Street Elkton, MD 21 | | Section(s) | | |
| D. Phone No. 410-996-5112 | | Records Center Manag | er | |
| E. Agency Off | icial | To Be Completed At State Records Management Center | | |
| 2. Box Numbers | 3. Description of R with Inclusive | | 4. Disposal Authority Schedule, Item No. Disposal Date | |
| #1 #2 #3 #4 | Client Files - 1980-1996 Client Files - 1980-1996 Client Files - 1980-1996 Client Files - 1980-1996 | | Destroyed 3-13-07 Destroyed 3-13-07 Destroyed 3-13-07 Destroyed 3-13-07 | |

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Cecil County Health Dept.

Reporting Agency

Special Populations Services
Division or Unit

Department of General
Services
Records Management Division
7275 Waterloo Road (Rte. 175)
P.O. Box 275

Prepare in duplicate

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

| | Division or Unit | J | lessup, Ma | aryland 20794-0275 | | | |
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| | CERTIFIC | CATE | O F | RECORD | S D | ISPOS | |
| Vo. | Description of Records (Same Title as listed on Schedule) | Author | rization | Inclusive Dates of Records Destroyed | Volume Cubic Feet | Date of Disposal | Method of Disposal |
| | | Retention Schedule No. | ltem 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 |
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| I hereby certify that the records listed above were dispose | ed of as indicated. | |
|---|--|-----------------|
| Signature Aymus | Director, Special Populations Services Title | 7-26-07 Date |
| B. Kentlery - Ornisian fectory DGS 550-2 (Rev. 1/93) 3/13/07 | | |

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| A. Agency 1. Cecil Cour | nty Health Department | Accession No. | Date Rec'd |
|--|--|---------------------------------|--|
| | | | RM Coe |
| B. Division/U Special Popula | | Location Range Section(s) | No. of Cu.Ft. |
| C. Mailing Ac 401 Bow Stree Elkton, MD 2 | et | _ Section(3) | |
| D. Phone No. 410-996-5112 | | Records Center Manag | ger |
| E. Agency Of | ficial | | Be Completed At rds Management Center |
| 2. Box Numbers | 3. Description of R with Inclusive | | 4. Disposal Authority Schedule, Item No. Disposal Date |
| #1 #2 | Client Files - 1980-1996 Client Files - 1980-1996 | | Destroyed 3-13-07 Destroyed 3-13-07 |
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MID 20 2W 7

Cecil County Health Dept. Department of General Prepare in duplicate Services Reporting Agency Records Management Division 7275 Waterloo Road (Rte. 175) Special Populations Services P.O. Box 275 Division or Unit

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

| | Division of Unit | | Jessup, M | aryland 20794-0275 | | | |
|-----|---|---------------------------|-------------|---|----------------------|---------------------|--------------------|
| | CERTIFIC | | O F | RECORD | | ISPOS | AL |
| No. | Description of Records (Same Title as listed on Schedule) | Autho | rization | 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 |
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| I | hereby | certify | that | the | records | listed | above | were | disposed | of as | s indicated | |
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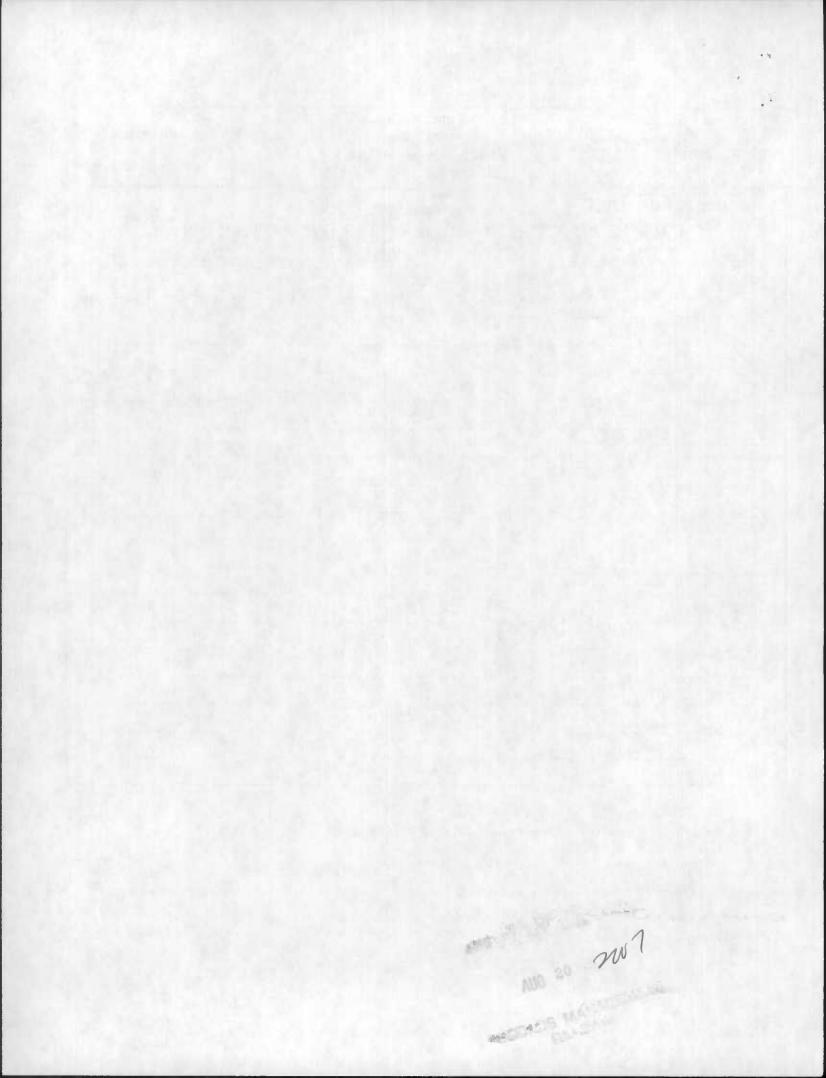
Signature

B. Keathery, Devision Secretary

DGS 550-2 (Rev. 1/93)

Director, Special Populations Services 7-26-67 Title

Date



| The state of the state of | | Accession No. | |
|-----------------------------------|-------------------------------|--|---|
| 1. Cecil County Health Department | | | RM Coe |
| t ons Services | | Location Range | No. of Cu.Ft. |
| ress | | Section(s) | |
| 921 | | | |
| | | Records Center Manag | ger |
| | | | |
| cial | | | Be Completed At ords Management Center |
| 3. | | | 4. Disposal Authority Schedule, Item No. Disposal Date |
| Client Files | - 1982-1996 | | Destroyed 3-14-07 |
| | ons Services ress 221 2ial 3. | ons Services ress 21 21 21 21 221 23. Description of R | Range Section(s) Records Center Manage Section(s) Records Center Manage Section(s) To State Records with Inclusive Dates |

AND THE REAL PROPERTY. AUS 20 2W1 18 70 82 5 WARREN Cecil County Health Dept.
Reporting Agency

Special Populations Services

Division or Unit

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

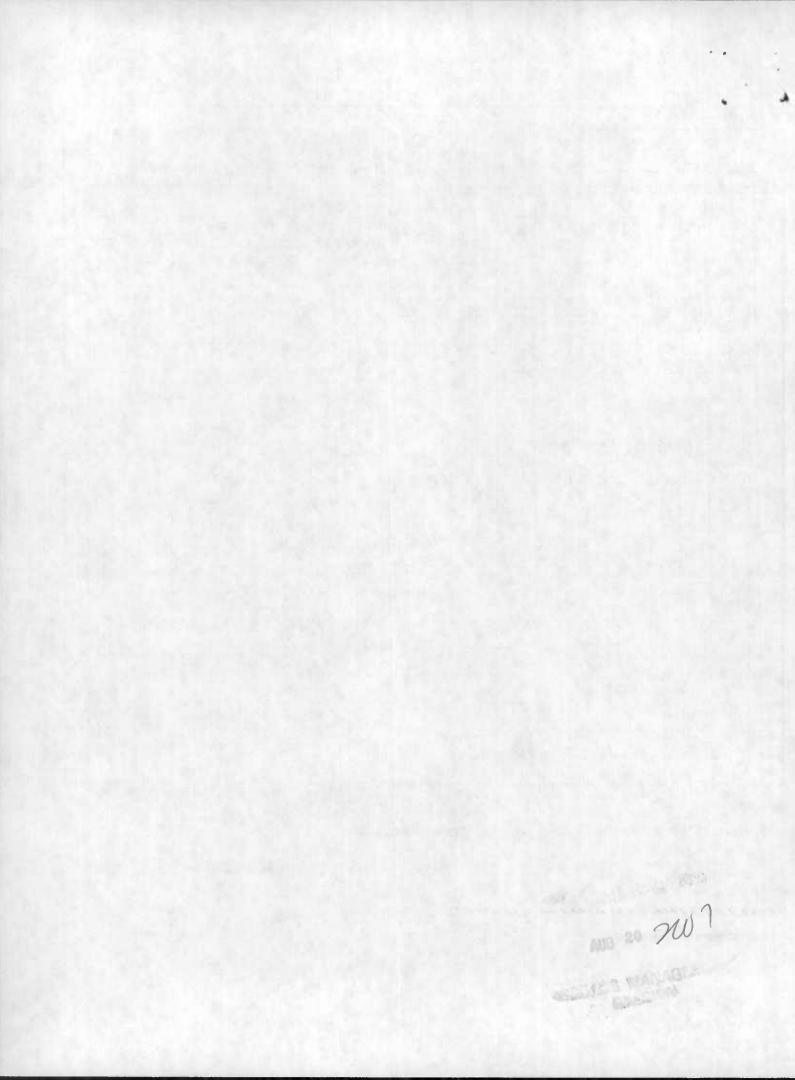
Prepare in duplicate

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

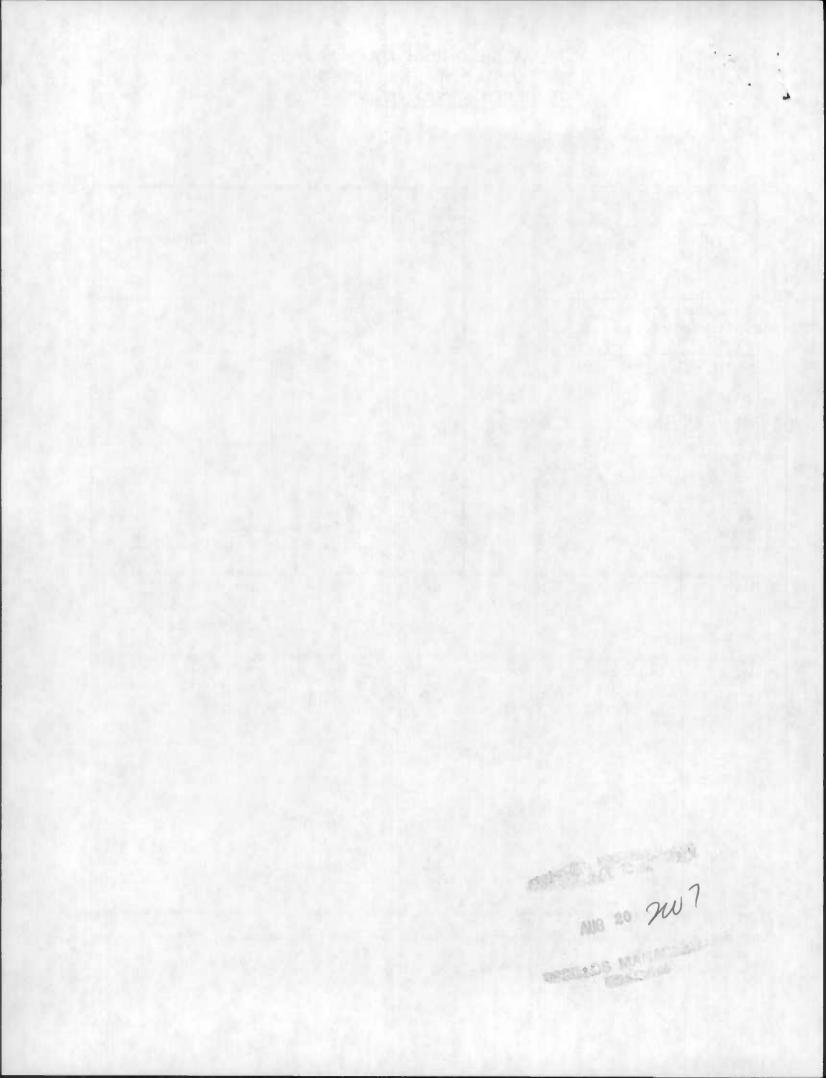
| CERTIFICATE OF RECORDS DISPO | OSAL |
|------------------------------|------|
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| No. | Description of Records (Same Title as listed on Schedule) | Author | ization | Inclusive Dates of Records Destroyed | Volume Cubic Feet | Date of Disposal | Method of Disposa |
|-----|---|---------------------------|-------------|---|----------------------|---------------------|-------------------|
| | | 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 |
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| I hereby certify that the records listed above were disposed of | of as indicated. | |
|---|--|---------|
| Double Somme | Director, Special Populations Services | 7-26-07 |
| Signature | Title | Date |
| DGS 550-2 (Rev. 1/93) 3-15-07 | | |
| DGS 550-2 (Rev. 1/93) | | |



| B. Division/Unit Special Populations Services C. Mailing Address 401 Bow Street Elkton, MD 21921 D. Phone No. 410-996-5112 E. Agency Official To Be Completed At State Records Management Center 2. Box 3. Description of Records Range Section(s) Range Section(s) To Be Completed At State Records Management Center | A. Agency I. Cecil County Health Department | Accession No. | Date Rec'd |
|--|--|------------------------|--------------------|
| Special Populations Services C. Mailing Address 401 Bow Street Elkton, MD 21921 D. Phone No. 410-996-5112 E. Agency Official To Be Completed At State Records Management Center 2. Box Numbers 3. Description of Records with Inclusive Dates 4. Disposal Authority Schedule, Item No Disposal Date #1 Client Files - 1980-1996 #2 Client Files - 1978-1996 Destroyed 3-15-07 Destroyed 3-15-07 | | | RM Coe |
| C. Mailing Address 401 Bow Street Elkton, MD 21921 D. Phone No. 410-996-5112 E. Agency Official To Be Completed At State Records Management Center 2. Box Numbers 3. Description of Records with Inclusive Dates 4. Disposal Authority Schedule, Item No Disposal Date #1 Client Files - 1980-1996 #2 Client Files - 1978-1996 Destroyed 3-15-07 | | Range | No. of Cu.Ft. |
| E. Agency Official To Be Completed At State Records Management Center 2. Box Numbers 3. Description of Records with Inclusive Dates 4. Disposal Authority Schedule, Item No Disposal Date #1 Client Files - 1980-1996 #2 Client Files - 1978-1996 Destroyed 3-15-07 Destroyed 3-15-07 | 401 Bow Street | | |
| 2. Box Numbers 3. Description of Records with Inclusive Dates 4. Disposal Authority Schedule, Item No Disposal Date 4. Disposal Date 4. Disposal Date 5. Disposal Date 5. Destroyed 3-15-07 Destroyed 3-15-07 Destroyed 3-15-07 | | Records Center Manager | |
| Numbers with Inclusive Dates Schedule, Item No Disposal Date #1 Client Files - 1980-1996 Destroyed 3-15-07 #2 Client Files - 1978-1996 Destroyed 3-15-07 | E. Agency Official | | |
| #2 Client Files - 1978-1996 Destroyed 3-15-07 | | | Schedule, Item No. |
| | Client Files - 1978-1996 | D | estroyed 3-15-07 |



Cecil County Health Dept.

Reporting Agency

Special Populations Services
Division or Unit

No.

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

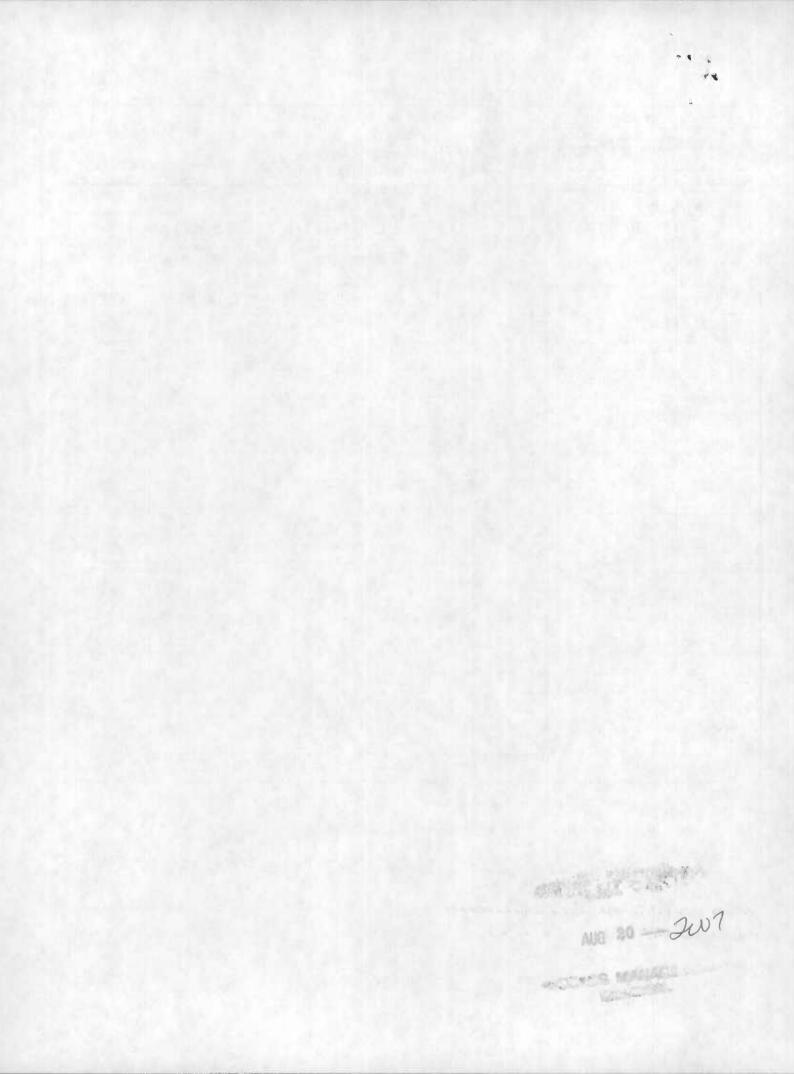
Prepare in duplicate

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

| CERTIFIC | CATE | O F | RECORD | S D | ISPOS | A L |
|--|---------------------------|-------------|---|----------------------|---------------------|--------------------|
| Description of Records (Same Title as listed on Schedule) | Authori | zation | Inclusive Dates of Records Destroyed | Volume Cubic Feet | Date of Disposal | Method of Disposal |
| | Retention Schedule No. | Item No. | | | | |
| Client Files | 1518 | 1 | 1980-1996 | 1 Box | 3-16-07 | Destroyed |

| | | Retention Schedule No. | Item No. | | | | |
|---|--------------|---------------------------|-------------|-----------|-------|---------|-----------|
| 1 | Client Files | 1518 | 1 | 1980-1996 | 1 Box | 3-16-07 | Destroyed |
| 2 | Client Files | 1518 | 2 | 1980-1997 | 1 Box | 3-16-07 | Destroyed |
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| Donelle Gommen | Director, Special Populations Services | 7-26-07 |
|----------------|--|---------|
| Signature | Title | Date |



| A. Agency 1. Cecil Cour | nty Health Department | Accession No. | Date Rec'd |
|--|--|---------------------------|--|
| | | | RM Coe |
| B. Division/U Special Popula | nit ations Services | Location Range Section(s) | No. of Cu.Ft. |
| C. Mailing Ad 401 Bow Stree Elkton, MD 2 | et | | |
| D. Phone No. 410-996-5112 | | Records Center Manage | er |
| E. Agency Of | ficial | | Be Completed At ds Management Center |
| 2. Box Numbers | 3. Description of F with Inclusive | | 4. Disposal Authority Schedule, Item No. Disposal Date |
| #1 #2 | Client Files - 1982-1996 Client Files - 1982-1996 | | Destroyed 3-16-07 Destroyed 3-16-07 |

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Cecil County Health Dept. Department of General Services Reporting Agency Records Management Division 7275 Waterloo Road (Rte. 175) Special Populations Services P.O. Box 275 Division or Unit

Prepare in duplicate

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

Title

Date

| | Division or Unit | | Jessup, Mar | ryland 20794-0275 | | | |
|-----|---|---------------------------|-------------|---|----------------------|---------------------|--------------------|
| | CERTIFIC | | | RECORD | | SPOS | AL |
| No. | Description of Records (Same Title as listed on Schedule) | | rization | 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 |
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| X 1 0 /2 | | |
|------------------|--|--------|
| Donale R Aronney | Director, Special Populations Services | 7-26-0 |

B. Keathery, Division Secretary DGS 550-2 (Rev. 1/93)

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

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| y Health Department | Accession No. | | |
|--|--|--|--|
| , | | RM Coe | |
| | Location Range Section(s) | No. of Cu.Ft. | |
| | | | |
| | Records Center Manag | ger | |
| cial | To Be Completed At State Records Management Center | | |
| | | 4. Disposal Authority Schedule, Item No. Disposal Date | |
| Client Files - 1981-1996 Client Files - 1981-1996 | | Destroyed 4-6-07 Destroyed 4-6-07 | |
| | with Inclusive Client Files - 1981-1996 | it it ions Services Bress 921 Records Center Manage Section of Records with Inclusive Dates Client Files - 1981-1996 | |

AUG 20 2007

and the second

Department of General Cecil County Health Dept. Prepare in duplicate Services Reporting Agency Records Management Division Retain one (1) copy and forward 7275 Waterloo Road (Rte. 175) Special Populations Services Original to address at left. P.O. Box 275 Division or Unit Jessup, Maryland 20794-0275 DISPOSAL CERTIFICATE OF RECORDS Description of Records (Same Title as listed on Schedule) Inclusive Dates of Date of Method of Disposal No. Authorization Volume Records Destroyed Cubic Feet Disposal Retention Item Schedule No No. Client Files 1 1518 1 1981-1997 1 Box 5-10-07 Destroyed

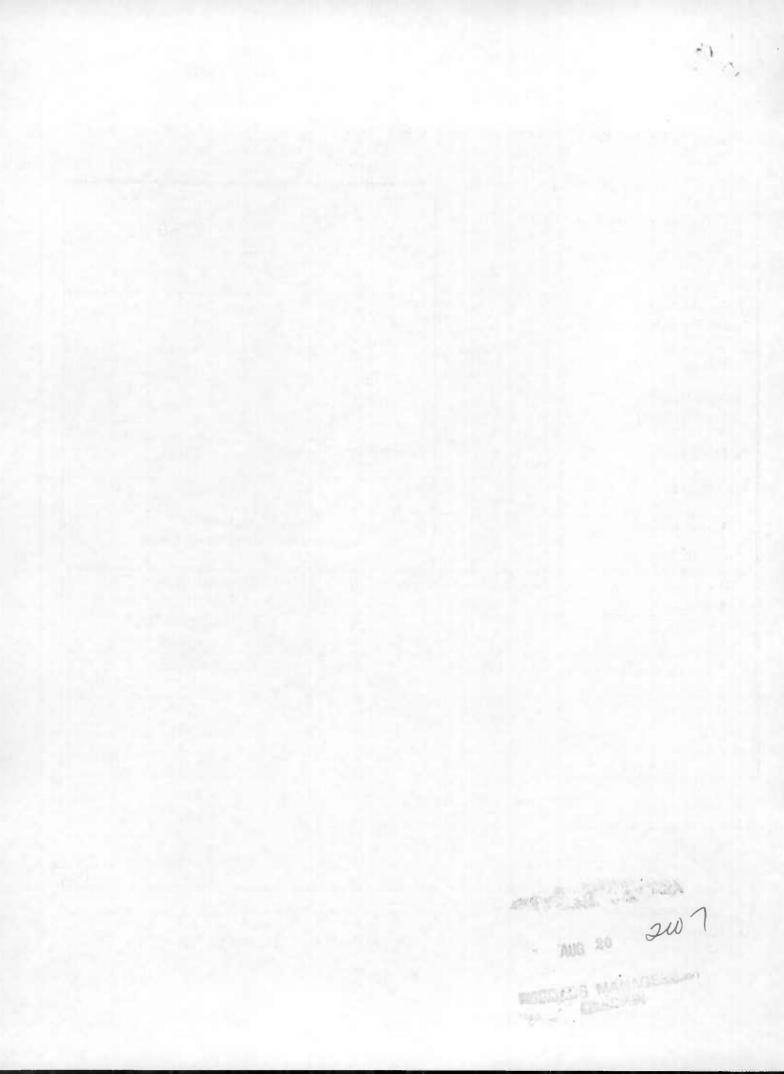
| I hereby certify that the records listed above were disposed of | as indicated. | | |
|---|--|----------|--|
| Drille Sommen | Director, Special Populations Services | 7-210:07 | |
| Signature | Title | Date | |
| Borbon a. Westley, Diversion feer DGS 550-2 (Rev. 1/93) | etory | | |

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Directions: Please Type Or Print Clearly All Entries

| A. Agency 1. Cecil County Health Department | Accession N | Date Rec'd |
|---|---|--|
| 1. Ceen County Health Department | | RM Coe |
| B. Division/Unit Special Populations Services | Location Range Section(s) | No. of Cu.Ft. |
| C. Mailing Address 401 Bow Street Elkton, MD 21921 | | |
| D. Phone No. 410-996-5112 | Records Center Ma | nager |
| E. Agency Official | | Го Be Completed At ecords Management Center |
| | cription of Records th Inclusive Dates | 4. Disposal Authority Schedule, Item No. Disposal Date |
| #1 Client Files - 198 | 31-1997 | Destroyed 5-10-07 |
| | | |

DGS 550-5 (Rev. 1/93)



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

Dept. of General Services

Records Management Division 7275 Waterloo Rd. (Rte. 175) P O Box 275

Instructions:
Prepare in duplicate
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original to address at left

Jessup, MD 20794-0275

| | Certificate of Red | cords Disposa | | | | | |
|-----|--------------------------|----------------------|--------|--------------------|------------|----------|-----------|
| | | Authorization | | Inclusive Dates of | Volume | Date of | Method of |
| No. | Description of Records | Retention Schedule # | Item # | Records Destroyed | Cubic Feet | Disposal | Disposal |
| 17 | A/R 1/98-12/98 sign-in | 834 | 18 | 1/98-12/98 | 2 | Jun-07 | burial |
| | sheets & deposits | 834 | | | | | |
| 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 | 834 | | 1/98-9/98 | 1.5 | Jun-07 | burial |
| | 1/98-6/98 | | | | | | |
| 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 | Transportion Grant | | 7/00-6/01 | 1.5 | Jun-07 | burial |
| | FY2001 | | | | | | |
| 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 | | |

41.5 total

| I hereby certify that the rec | ords listed above were | disposed of as indicated. |
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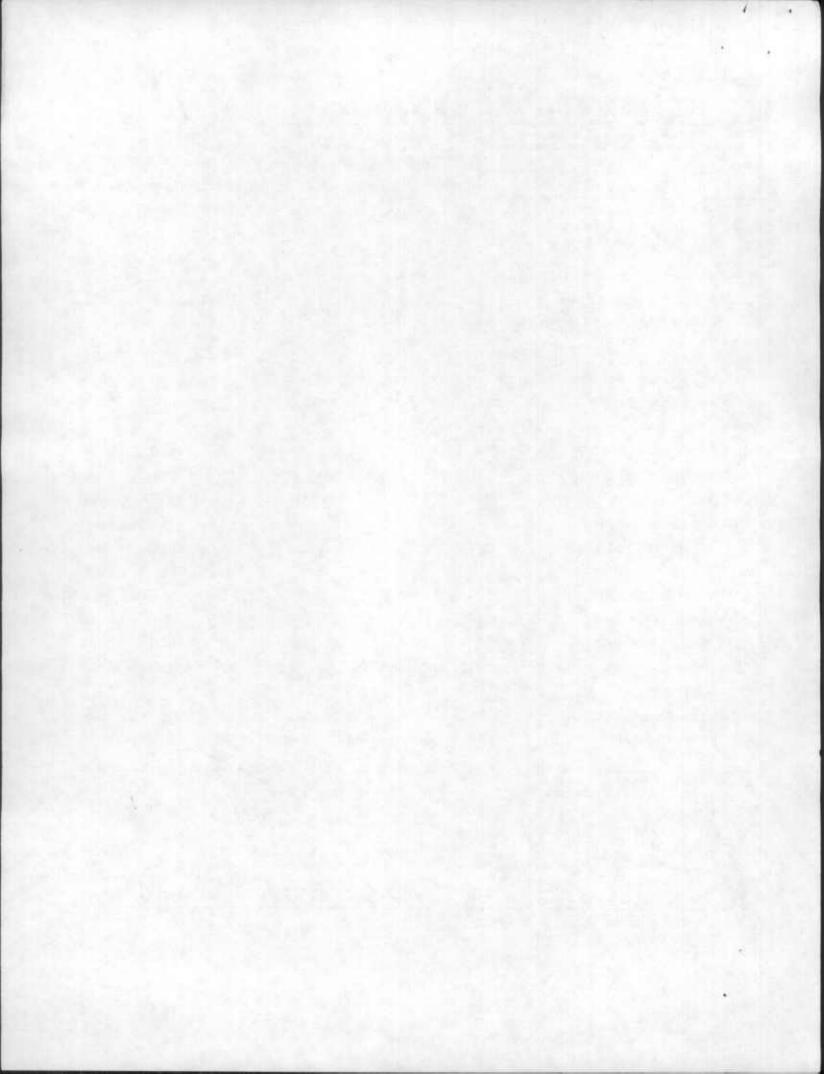
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Administrator

date

signature

DGS 550-2 (Rev. 1/93)



| 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

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original to address at left

| | Certificate of Rec | cords Disposa | | | | | |
|-----|-----------------------------|----------------------|--------|--------------------|------------|----------|----------|
| | | Authorization | | Inclusive Dates of | Volume | Date of | Method o |
| No. | Description of Records | Retention Schedule # | Item # | Inclusive Dates | Cubic Feet | Disposal | Disposal |
| 1 | Special Pay, Exception, & | 834 | 1 | 1/01-12/01 | 1.5 | June-07 | burial |
| | On-Call Reports 2001 | | | | | | |
| 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 | 81314 | | 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 | 834 | | 1/98-9/98 | 1.5 | June-07 | burial |
| | & PRI 1/98-6/98 | | | | | | |
| | | | | | 23 | | |

Signature

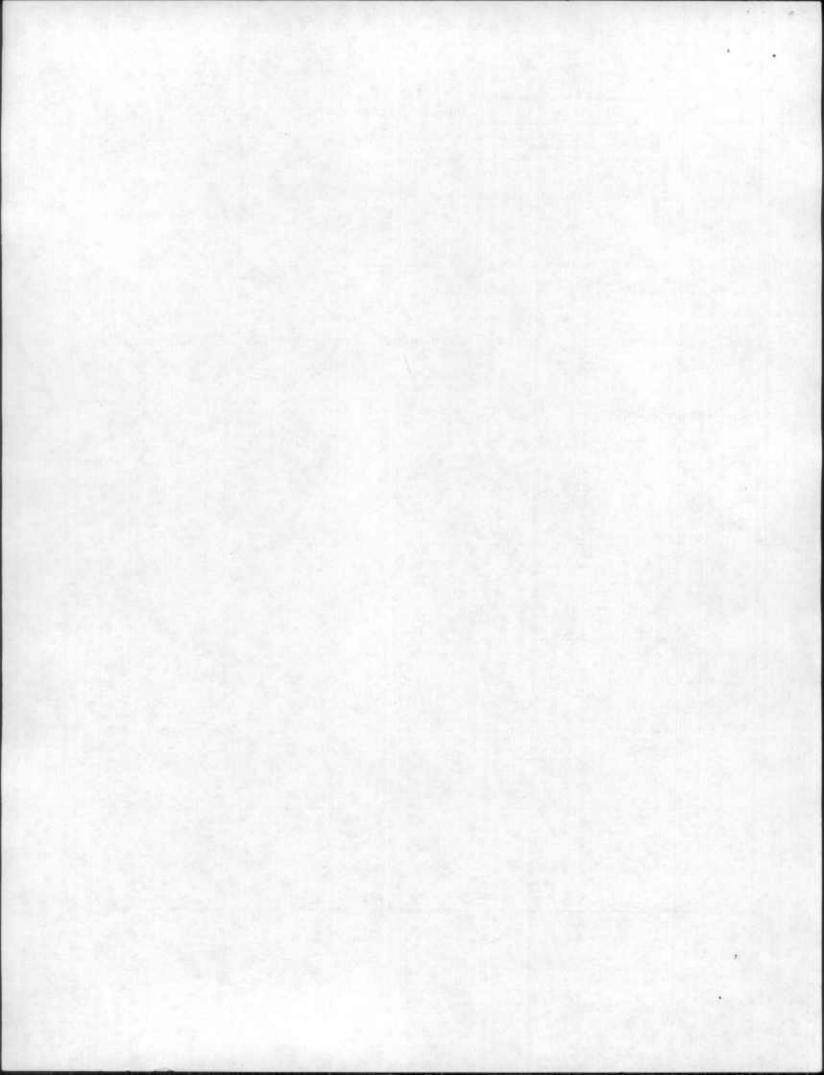
I hereby certify that the records listed above were disposed of as indicated.

Administrator

6/8/07

date

DGS 550-2 (Rev. 1/93)



Cecil County Health Dept.

Reporting Agency

Special Populations Services
Division or Unit

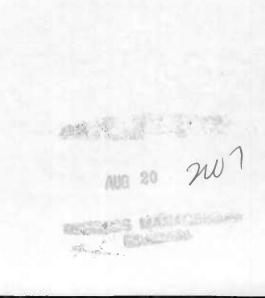
Department of General
Services
Records Management Division
7275 Waterloo Road (Rte. 175)
P.O. Box 275
Jessup, Maryland 20794-0275

Prepare in duplicate

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| | CERTIFIC | CATE | O F | RECORD | | ISPOS | A L |
| lo. | Description of Records (Same Title as listed on Schedule) | | rization | Inclusive Dates of Records Destroyed | Volume Cubic Feet | Date of Disposal | Method of Disposal |
| | | Retention Schedule No. | Item No. | | | | |
| | 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 |
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| I hereby certify that the records listed above were disposed | l of as indicated. | |
|---|--|----------|
| Signature Signature | Director, Special Populations Services | 7-30-200 |
| Signature | Title | Date |
| Bashers G. Nearley, Chineses DGS 550-2 (Rev. 1/93) Secretary | | |
| DGS 550-2 (Rev. 1/93) Secretary | | |



Directions: Please Type Or Print Clearly All Entries

| A. Agency 1. Cecil County Health Department | | Acces | Date Rec'd ssion No. | | | | |
|---|---------------------------------|---------------------------|--|---|--|--|--|
| | | | RM Coe | | | | |
| B. Division/U Special Popula C. Mailing Ac 401 Bow Stree Elkton, MD 2 | ddress | Lo Range Section(s) | No. of Cu.Ft | • | | | |
| D. Phone No. 410-996-5112 | | Records Cent | Records Center Manager | | | | |
| E. Agency Of | ficial | St | To Be Completed At State Records Management Center | | | | |
| 2. Box Numbers | 3. Description of with Inclusiv | | 4. Disposal Authority Schedule, Item No. Disposal Date | | | | |
| #1 | Client Files - 1982-1996 | Destroyed 7-30-07 | Destroyed 7-30-07 | | | | |
| #2 | Client Files - 1981-1997 | Destroyed 7-30-07 | Destroyed 7-30-07 | | | | |
| #3 | Client Files - 1982-1997 | Destroyed 7-30-07 | | | | | |
| #4 Client Files - 1980-1996 | | | Destroyed 7-30-07 | | | | |
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USE PLAIN UNLINED PAPER FOR CONTINUATION PAGES

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Cecil County Health Dept.

Reporting Agency

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

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

| Division or Unit | | | P.O. Box 275 Jessup, Maryland 20794-0275 | | | | Original to address at letti | | |
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| | CERTIFIC | | OF | RECORD | | ISPOS | A L | | |
| No. | Description of Records (Same Title as listed on Schedule) | | rization | Inclusive Dates of Records Destroyed | Volume Cubic Feet | Date of Disposal | Method of Disposal | | |
| | | Retention Schedule No. | Item No. | | | | | | |
| | Client Files | 1518 | 1 | 1981-1997 | 1 Box | 7-6-07 | Destroyed | | |
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| 3 | Client Files | 1518 | 1 | 1981-1997 | 1 Box | 7-6-07 | Destroyed | | |
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| Druhe | Somme | Director, Special Populations Services | 7-26-07 |
|-----------|-------|--|---------|
| Signature | 7.000 | Title | Date |

AUR 20 201 WHITE MENTENSAN Φ. Δ

| A. Agency 1. Cecil County Health Department | | Accession No. | Date Rec'd | | | |
|--|--------------------------------------|---------------|--|--|--|--|
| 1. Coon County Mount Department | | | | RM Coe | | |
| B. Division/Unit Special Populations Services C. Mailing Address 401 Bow Street Elkton, MD 21921 D. Phone No. | | | Location Range Section(s) | No. of Cu.Ft. | | |
| | | | _ Section(s) | | | |
| | | | Records Center Manager | | | |
| E. Agency Official | | | To Be Completed At State Records Management Center | | | |
| 2. Box Numbers | 3. Description of R with Inclusive I | | | 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 | | |
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MI CALL MIB 20 207 Cecil County Health Dept.

Reporting Agency

Special Populations Services
Division or Unit

Department of General
Services
Records Management Division
7275 Waterloo Road (Rte. 175)
P.O. Box 275

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

| | Division or Unit | J | Jessup, Maryland 20794-0275 | | | | |
|-----|---|---------------------------|-----------------------------|---|----------------------|---------------------|--------------------|
| | CERTIFIC | CATE | O F | RECORD | S D | ISPOS | A L |
| No. | Description of Records (Same Title as listed on Schedule) | Author | rization | Inclusive Dates of Records Destroyed | Volume Cubic Feet | Date of Disposal | Method of Disposal |
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I hereby certify that the records listed above were disposed of as indicated.

Besters G. Neatlesy, Chrisis Secretory

DGS 550-2 (Rev. 1/93)

DGS 7-10-07

Director, Special Populations Services

Title

Date

AND THE STATE OF T AUG 20 240 1 SELECTION TO SELECT THE SELECTION OF SELECTI

Directions: Please Type Or Print Clearly All Entries

| A. Agency 1. Cecil Cou | nty Health Department | Accession No. | Date Rec'd | |
|--------------------------------|------------------------------------|--|--|--|
| 7. Oct. Co. | my Hearm Bepartment | | RM Coe | |
| B. Division/U Special Popul | Jnit ations Services | Location Range | No. of Cu.Ft. | |
| C. Mailing A | ddress | Section(s) | | |
| 401 Bow Stre Elkton, MD 2 | | | | |
| D. Phone No | • | Records Center Manage | er | |
| 410-996-5112 | | | | |
| E. Agency Of | fficial | To Be Completed At State Records Management Center | | |
| 2. Box Numbers | 3. Description of R with Inclusive | | 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 | |
| | | | | |

MM 20 2 - 2007 MEDICAL S. MINISTERNAL PROPERTY AND ADDRESS OF THE PERSONS ASSESSED.

Special Populations Services Division or Unit

Department of General Services Records Management Division 7275 Waterloo Road (Rte. 175) P.O. Box 275

Prepare in duplicate

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

| Division or Unit | | J | essup, M | | | | |
|------------------|---|---------------------------|-------------|---|----------------------|---------------------|--------------------|
| | CERTIFIC | CATE | O F | RECORD | S D | ISPOS | A L |
| No. | Description of Records (Same Title as listed on Schedule) | Author | ization | Inclusive Dates of Records Destroyed | Volume Cubic Feet | Date of Disposal | Method of Disposal |
| | | Retention Schedule No. | ltem 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 |
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| I | hereby | certify | that t | the i | records | listed | above | were | disposed | of | as | indica | ted |
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|---|--------|---------|--------|-------|---------|--------|-------|------|----------|----|----|--------|-----|

Director, Special Populations Services

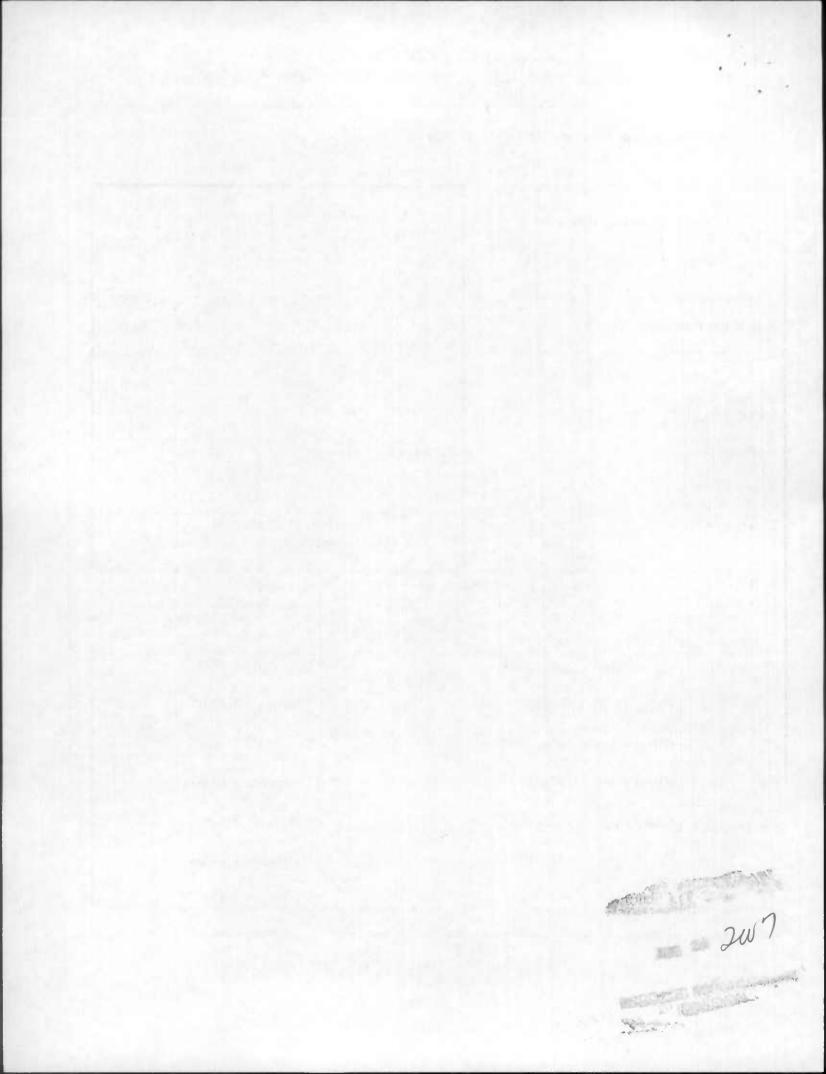
Date

Title

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Directions: Please Type Or Print Clearly All Entries

| A. Agency | unty Health Department | Accession No. | Date Rec'd |
|--------------------------------------|--------------------------------------|---------------------------------|--|
| r. eccir cor | anty Health Department | | RM Coe |
| | lations Services | Location Range Section(s) | No. of Cu.Ft. |
| C. Mailing A 401 Bow Stre Elkton, MD | eet | | |
| D. Phone No. 410-996-511 | | Records Center Manage | r |
| E. Agency C | Official | | e Completed At ds Management Center |
| 2. Box Numbers | 3. Description of Rowith Inclusive I | | 4. Disposal Authority Schedule, Item No. Disposal Date |
| #1 | Client Files - 1980-1997 | | Destroyed 7-12-07 |
| #2 | Client Files - 1981-1996 | | Destroyed 7-12-07 |
| #3 | Client Files - 1979-1997 | - 111 | 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 |
| | Client Files - 1978-1997 | | Destroyed 7-12-07 |



Special Populations Services
Division or Unit

Department of General
Services
Records Management Divis

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

| | CERTIFIC | AIL | Or | RECORD | וע פי | ISPUS. | AL |
|-----|---|---------------------------|-------------|---|----------------------|---------------------|--------------------|
| No. | Description of Records (Same Title as listed on Schedule) | Authori | zation | 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 |
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| I hereby certify that the records listed above were disposed or | f as indicated. | |
|---|--|-----------------|
| Signature Signature | Director, Special Populations Services Title | 7-26-07 Date |
| DGS 550-2 (Rev. 1/93) Divide Secretary | | • |

10 2W 7 TANK TO SEE SEE

Directions: Please Type Or Print Clearly All Entries

| A. Agency | unty Health Department | Accession No. | Date Rec'd |
|--|------------------------------------|---------------------------|--|
| com con | my meanar Boparament | | RM Coe |
| B. Division/U Special Popu | Unit lations Services | Location Range Section(s) | No. of Cu.Ft. |
| C. Mailing A 401 Bow Stre Elkton, MD | eet | Section(s) | |
| D. Phone No 410-996-5112 | | Records Center Manag | ger |
| E. Agency O | fficial | | Be Completed At rds Management Center |
| 2. Box Numbers | 3. Description of R with Inclusive | | 4. Disposal Authority Schedule, Item No. Disposal Date |
| #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 |
| Client Files - 1982-1997 | | | Destroyed 7-17-07 |
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SECURES MANAGEMENT

Special Populations Services
Division or Unit

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

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| | CERTIFIC | | OF | RECORD | | ISPOS | |
|-----|---|---------------------------|-------------|---|----------------------|---------------------|-------------------|
| lo. | Description of Records (Same Title as listed on Schedule) | | rization | Inclusive Dates of Records Destroyed | Volume Cubic Feet | Date of Disposal | Method of Disposa |
| | | Retention Schedule No. | Item No. | | | | |
| | 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 |
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| I hereby certify that the records listed above were disposed of | as indicated. | |
|---|--|---------|
| Donal Sommen | Director, Special Populations Services | 7-26-07 |
| Signature | Title | Date |
| Boshara G. Neathery Viverin Secretary | | |

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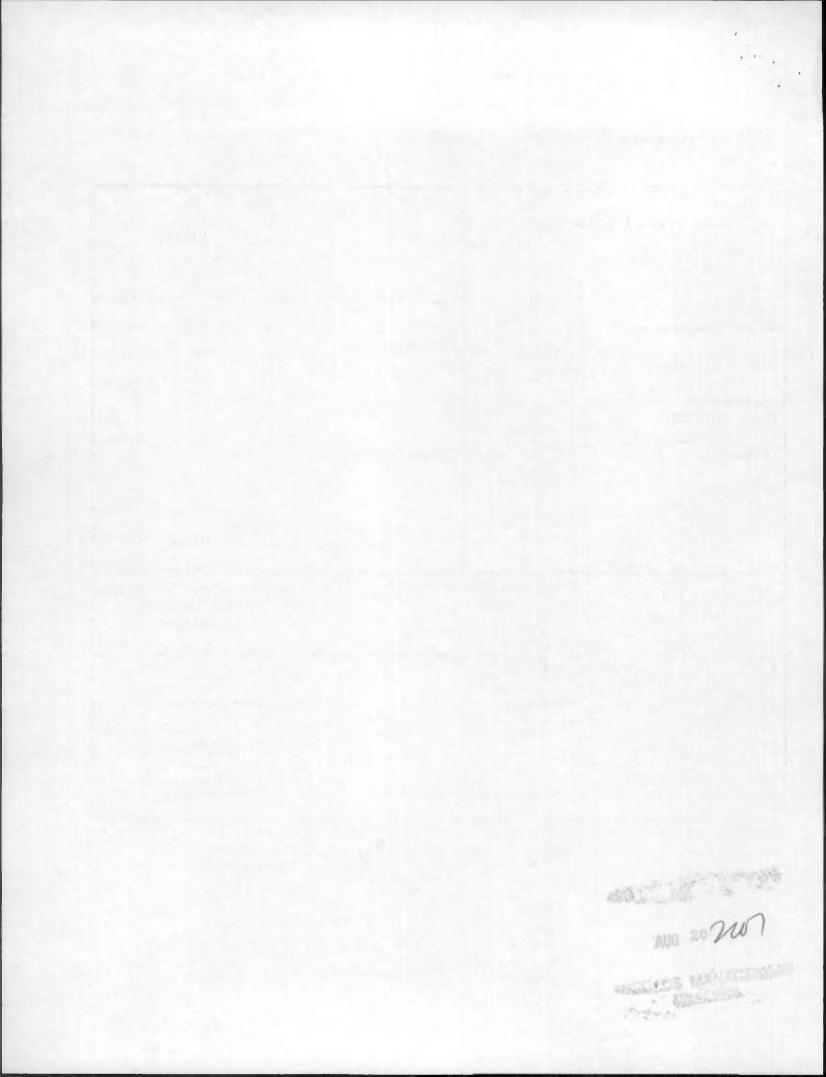
SCIENCE MAINTENANT CONTRACTOR

Directions: Please Type Or Print Clearly All Entries

| A. Agency 1. Cecil County Health Department | | | Accession No. | | Date Rec'd | |
|--|----------------------|------------------------------------|--|--------|----------------------------------|--|
| | | | | RM Coe | | |
| B. Division/U Special Popula | Init ations Services | | Location Range Section(s) | on | No. of Cu.Ft. | |
| C. Mailing Ac 401 Bow Stree Elkton, MD 2 | et | | Section(s) | | | |
| D. Phone No. 410-996-5112 | | | Records Center Manager | | | |
| E. Agency Of | ficial | | To Be Completed At State Records Management Center | | | |
| 2. Box Numbers | 3. | Description of R with Inclusive | | 4. D | Schedule, Item No. Disposal Date | |
| #1 | Client Files | - 1981-1997 | | Destr | oyed 7-19-07 | |
| #2 | Client Files | Client Files - 1981-1997 | | Destr | Destroyed 7-19-07 | |
| #3 | Client Files | - 1981-1997 | | Destr | oyed 7-19-07 | |
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DGS 550-5 (Rev. 1/93)

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Special Populations Services

DGS 550-2 (Rev. 1/93)

Division or Unit

Department of General Services

Records Management Division 7275 Waterloo Road (Rte. 175) P.O. Box 275

un Maryland 20704 0275

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| | Division of Unit | | Jessup, M | aryland 20794-0275 | | | |
|-----|---|---------------------------|-------------|---|----------------------|---------------------|--------------------|
| | CERTIFIC | CATE | OF | RECORD | S D | ISPOS | A L |
| No. | Description of Records (Same Title as listed on Schedule) | Author | rization | 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 |
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| Thereby certify that the records fisted above were disposed | of as indicated. | |
|---|--|---------|
| Dryhe Sommen | Director, Special Populations Services | 7-26-27 |
| Signature | Title | Date |
| Barbara G. Newthery, Chrissian Secrets | rey | |

Directions: Please Type Or Print Clearly All Entries

| A. Agency 1. Cecil County Health Department | | Accession No. | Date Rec'd |
|---|--------------------------------------|--|--|
| | | | RM Coe |
| B. Division/Special Popu | Unit lations Services | Location Range Section(s) | No. of Cu.Ft. |
| C. Mailing A 401 Bow Stre Elkton, MD | eet | _ Section(s) | |
| D. Phone No. | | Records Center Manag | ger |
| E. Agency Official | | To Be Completed At State Records Management Center | |
| 2. Box Numbers | 3. Description of R with Inclusive I | | 4. Disposal Authority Schedule, Item No. Disposal Date |
| #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 |
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Special Populations Services
Division or Unit

Department of General
Services
Records Management Division
7275 Waterloo Road (Rte. 175)
P.O. Box 275

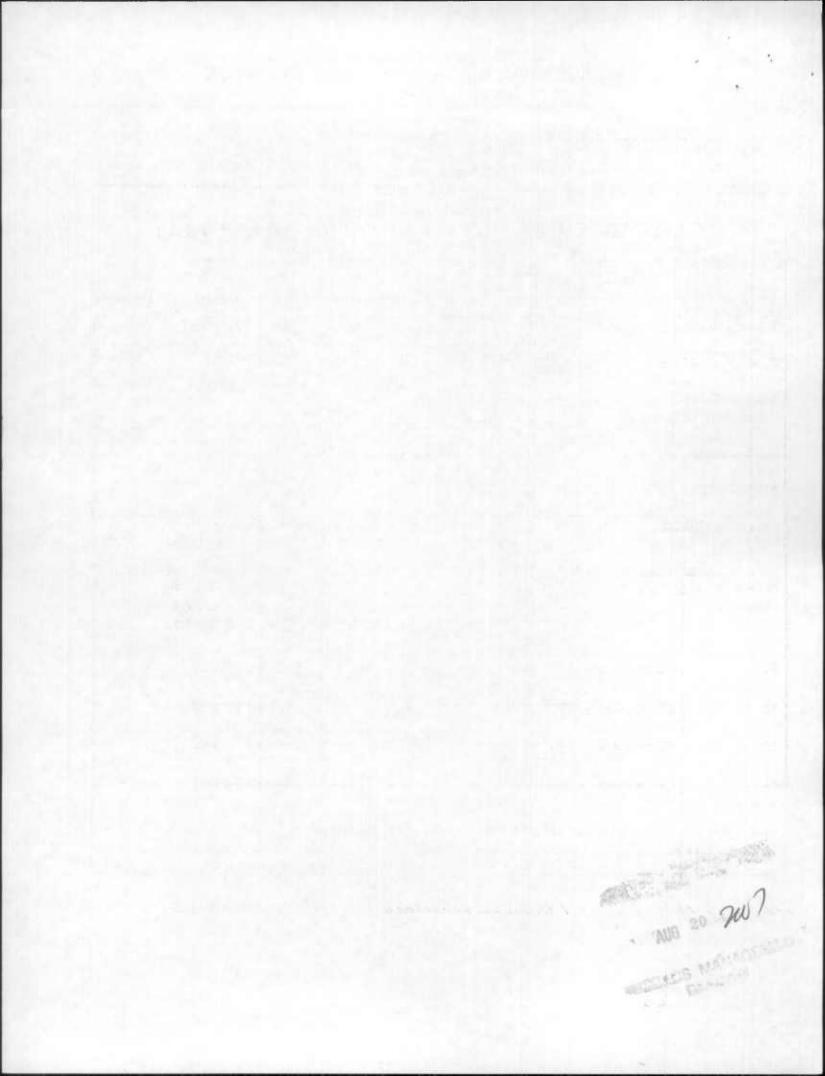
Jessup, Maryland 20794-0275

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| | Division of Ont | | Jessup, M | aryland 20794-0275 | | | |
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| | CERTIFIC | CATE | OF | RECORD | S D | ISPOS | A L |
| No. | Description of Records (Same Title as listed on Schedule) | | rization | Inclusive Dates of Records Destroyed | Volume Cubic Feet | Date of Disposal | Method of Disposal |
| | | Retention Schedule No. | ltem No. | | | | |
| l | Client Files | 1518 | 1 | 1981-1997 | 1 Box | 7-24-07 | Destroyed |
| 2 | Client Files | 1518 | 1 | 1981-1997 | 1 Box | 7-24-07 | Destroyed |
| 3 | Client Files | 1518 | 1 | 1981-1996 | 1 Box | 7-24-07 | Destroyed |
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| Dryne Sommen | Director, Special Populations Services | 7-26-09 |
|--------------|--|---------|
| Signature | Title | Date |



Directions: Please Type Or Print Clearly All Entries

| A. Agency 1. Cecil County Health Department B. Division/Unit Special Populations Services C. Mailing Address 401 Bow Street Elkton, MD 21921 D. Phone No. 410-996-5112 E. Agency Official | | Acce. | Date Rec'd ssion No. |
|---|-------------------|---|--|
| | | | RM Coe |
| | | Range Section(s) | ocation No. of Cu.Ft. |
| | | Records Cen | ter Manager |
| | | S | To Be Completed At state Records Management Center |
| 2. Box Numbers | | escription of Records with Inclusive Dates | 4. Disposal Authority Schedule, Item No. Disposal Date |
| #1 | Client Files - 19 | 981-1997 | Destroyed 7-24-07 |
| #2 | Client Files - 19 | 981-1997 | Destroyed 7-24-07 |
| #3 | Client Files - 19 | 981-1996 | Destroyed 7-24-07 |
| #4 | Client Files - 1 | 1981-1996 | Destroyed 7-24-07 |
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Special Populations Services
Division or Unit

DGS 550-2 (Rev. 1/93)

Department of General
Services
Records Management Division
7275 Waterloo Road (Rte. 175)
P.O. Box 275

Jessup Maryland 20794-0275

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| | Division of Onic | | lessup, Ma | ryland 20/94-02/5 | | | |
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| | CERTIFIC | CATE | O F | RECORD | S D | ISPOS | A L |
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| | | Retention Schedule No. | Item No. | | | | |
| | 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 |
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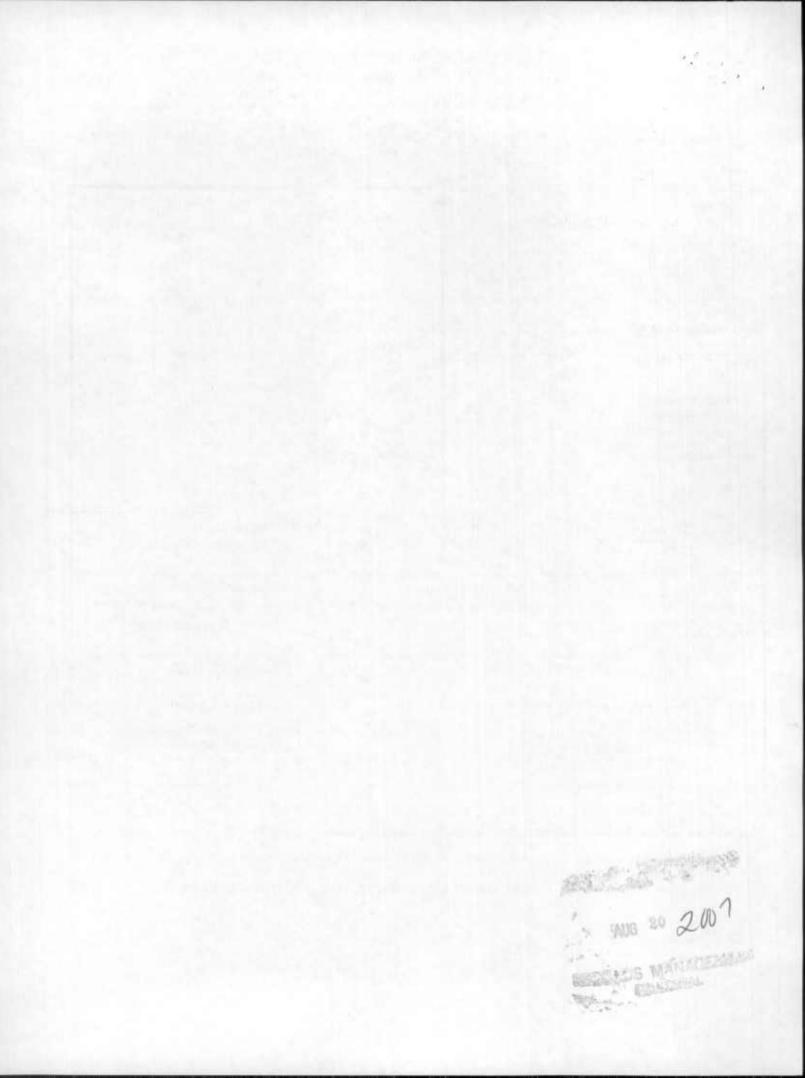
| I hereby certify that the records listed above were disposed of | as indicated. | |
|---|--|----------|
| Driebl Somme | Director, Special Populations Services | :7-26-67 |
| Signature | Title | Date |
| Bowless G. Keatlery, Clivesian Servery | | |

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Directions: Please Type Or Print Clearly All Entries

| A. Agency 1. Cecil County Health Department | | Accession No | Date Rec'd |
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| | | | RM Coe |
| B. Division/U Special Popul | Jnit lations Services | Location Range Section(s) | No. of Cu.Ft. |
| C. Mailing A 401 Bow Stre Elkton, MD 2 | eet | | |
| D. Phone No. 410-996-5112 E. Agency Official | | Records Center Man | ager |
| | | To Be Completed At State Records Management Center | |
| 2. Box Numbers | 3. Description of R with Inclusive | | 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 |
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DGS 550-5 (Rev. 1/93)



Special Populations Services

Division or Unit

Department of General Services Records Management Division 7275 Waterloo Road (Rte. 175) P.O. Box 275

Jessup, Maryland 20794-0275

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| | CERTIFIC | ATE | OF | RECORD | S D | ISPOS | AL |
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| Vo. | Description of Records (Same Title as listed on Schedule) | | rization | Inclusive Dates of Records Destroyed | Volume Cubic Feet | Date of Disposal | Method of Disposal |
| | | Retention Schedule No. | ltem 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 |
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| I hereby certify that the records listed above were disposed of a | as indicated. | * |
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| Doughe Sommer | Director, Special Populations Services | |
| Signature | Title | Date |
| Ballara G. Weathery, Coverior feather, DGS 550-2 (Rev. 1/93) | | |

AUG 20 2187

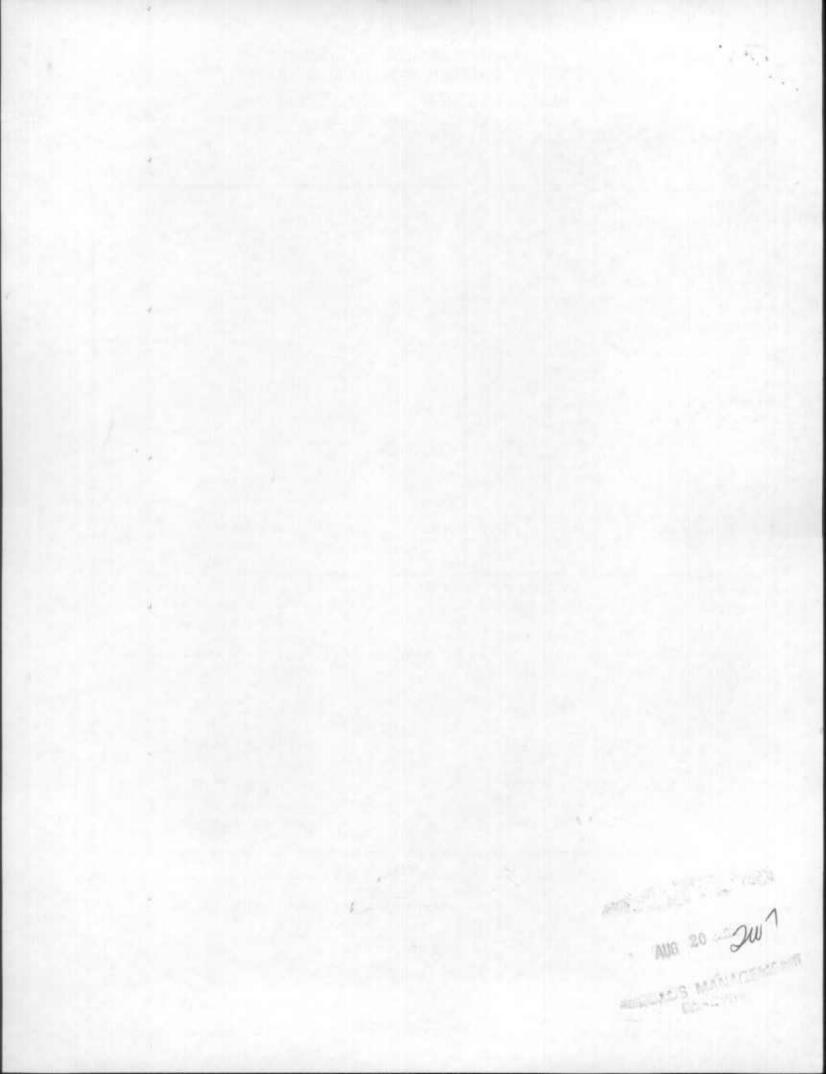
5 - m. 5 3 V.

Directions: Please Type Or Print Clearly All Entries

| A. Agency 1. Cecil County Health Department | | Accession | Date Rec'd | |
|--|--|------------------------|--|--|
| | | | RM Coe | |
| | ations Services | Range Section(s) | on No. of Cu.Ft. | |
| C. Mailing A 401 Bow Stre Elkton, MD 2 | et | | | |
| D. Phone No 410-996-5112 | | Records Center Manager | | |
| E. Agency Official | | | To Be Completed At | |
| | | State | Records Management Center | |
| 2. Box Numbers | 3. Description of with Inclusi | of Records | | |
| 2. Box | 1 | of Records | 4. Disposal Authority Schedule, Item No. | |
| 2. Box Numbers | with Inclusi | of Records | 4. Disposal Authority Schedule, Item No. Disposal Date | |
| 2. Box Numbers #1 | with Inclusi Client Files - 1981-1996 | of Records | 4. Disposal Authority Schedule, Item No. Disposal Date Destroyed 7-26-07 | |
| 2. Box Numbers | Client Files - 1981-1996 Client Files - 1981-1996 | of Records | 4. Disposal Authority Schedule, Item No. Disposal Date Destroyed 7-26-07 Destroyed 7-26-07 | |

DGS 550-5 (Rev. 1/93)

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DEPT OF HEALTH & MENTAL HYGIENE

EXEC - HCF - PHS - OPS

SECRETARIAT

OFFICE / ADMINISTRATION LOCATION

Administration

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 SFILE 2. RECORDS COORDINATOR (PRGM/ADMIN) FILE 3. STATE RECORDS CTR 4.DHMH RECORDS OFFICER

(Notify before Disposal) (410)

767-5934

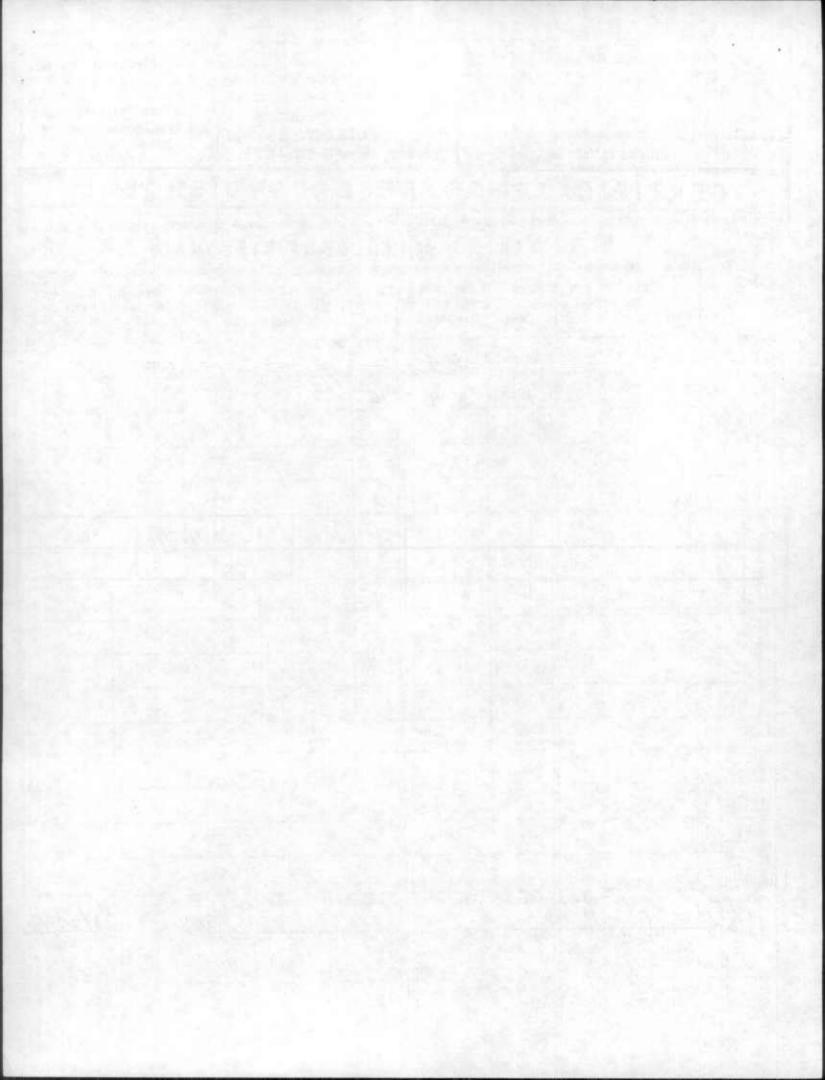
CERTIFICATE OF RECORDS DISPOSAL

| No. | DESCRIPTION OF RECORDS (FROMSCHEDULE FORM) | Authorizatio | AUTHORIZATION* | | VOLUME | DATE OF | DISPOSAL |
|-----|--|---|-------------------------------|------------------|---------------------------------------|----------|----------|
| | [FORMAT: PAPER, FILM, DISK, ETC] | AT: PAPER, FILM, DISK, ETC] SCHEDULE # ITEM OFRECORDS (BOXE | (FT ³) (Boxes) | DISPOSAL | METHOD (TRASH, SHRED BURN, ETC) | | |
| 1. | Accts Recourble Daily 1090 Fil 99 Nations Bank Check # 0091-0100 | 834 | IE | 6/30/99 | 24 | 11/14/05 | |
| 2. | Check # 0091-0100 | 834 | IE | Acc+ # 393434208 | | 11/28/05 | Shied |
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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.

SIGNATURE



DEPT OF HEALTH & MENTAL HYGIENE

EXEC - HCF - PHS OPS

SECRETARIAT

OFFICE / ADMINISTRATION / LOCATION

Administration DIVISION DIVISION

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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(Notify before Disposal) (410)

767-5934

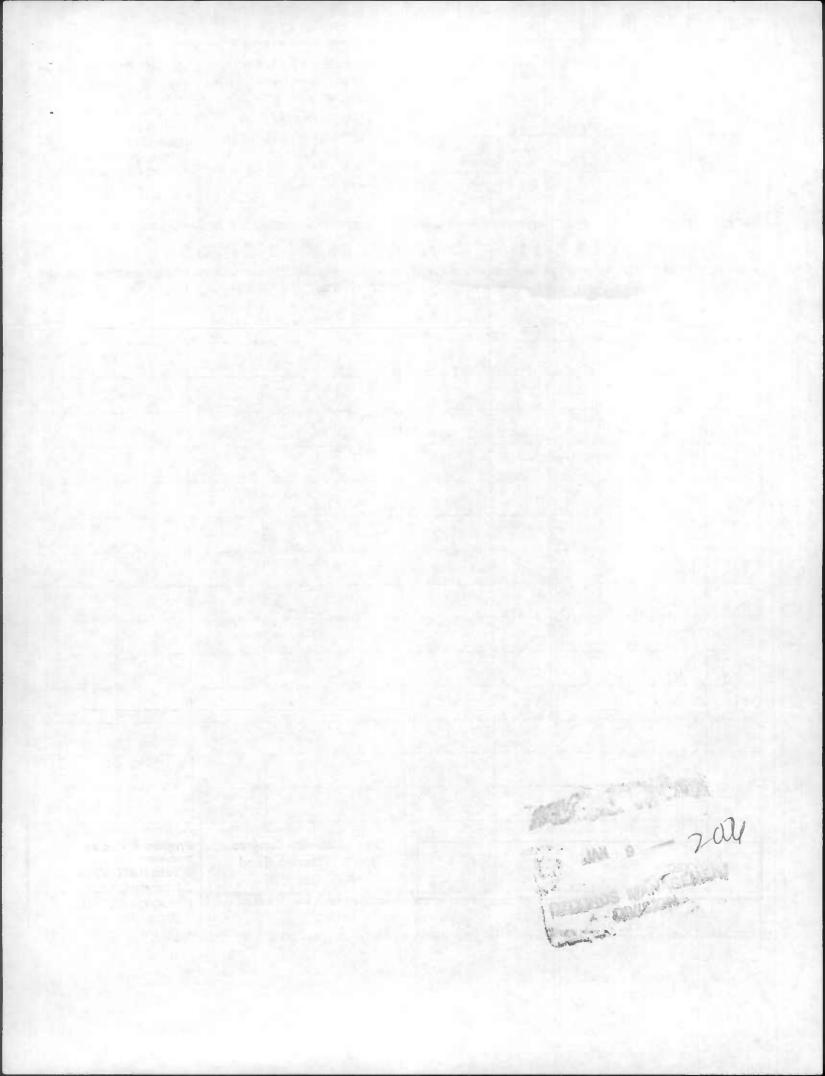
CERTIFICATE OF RECORDS DISPOSAL

| No. | DESCRIPTION OF RECORDS | AUTHORIZATIO | N* | INCLUSIVE | VOLUME | DATE OF | DISPOSAL |
|-----|--|--------------|------|--------------------|-------------------------------|---|---|
| | (FROMSCHEDULE FORM) [FORMAT: PAPER, FILM, DISK, ETC] | SCHEDULE # | Ітем | DATES OFRECORDS | (FT ³) (Boxes) | DISPOSAL | METHOD (TRASH, SHRED, BURN, ETC) |
| 1. | Risk Management Ourorterly Summary | 2112 | 1 | 1993- | | 12/30/05 | Shred |
| 2. | Ourterly Summary | | | 1998 | | 7 7 | |
| 3. | Risk Maragement | 2112 | 1 | 1993- | | 12/30/05 | Shied |
| 4. | Risk Management Committee meeting Minutes | | | 1998 | | 1001-0 | 3,100 |
| 5. | Fire Dr. 11 Check off | 2112 | 1 | 1997- | | 12/30/05 | Sheer |
| 4. | 1:35 | | | 1999 | | | |
| 7. | | | | | | | |
| 8. | | | | | | | |
| 9. | | | | | | | |
| 10. | | | | | | 1234 | |
| 11. | | | | | (3) | 1 | 0 0 10 11 12 13 14 15 15 15 15 15 15 15 15 15 15 15 15 15 |
| 12. | | | | | 2820 | JAN 200 | 977 |
| 13. | | | | | 5262728203 | Wicamico Co. Heart Bids - Purchasing | d w |
| 14. | | | | | 15 | | 27/ |
| 15. | | | | | | 020212553 | .8 |
| 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.

rector of AdmirSen. 12/20/05
DATE



Reporting Agency
STD - DIS
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 on left.

CERTIFICATE OF RECORDS DISPOSAL

1 1/2 cu feet =

| No. | Description of Records (Same Title as listed on Schedule) | Authorization | | | | | |
|-----|---|---------------------------|-------------|---|----------------------|---------------------|-----------------------|
| | | Retention Schedule No. | Item No. | Inclusive Dates of Records Destroyed | Volume Cubic Feet | Date of Disposal | Method of Disposal |
| | DIS cases, CT+6C | 15/8 | 19B,19 | E2000 | Y8 | 1/9/06 | shred |
| | | | | | | | |
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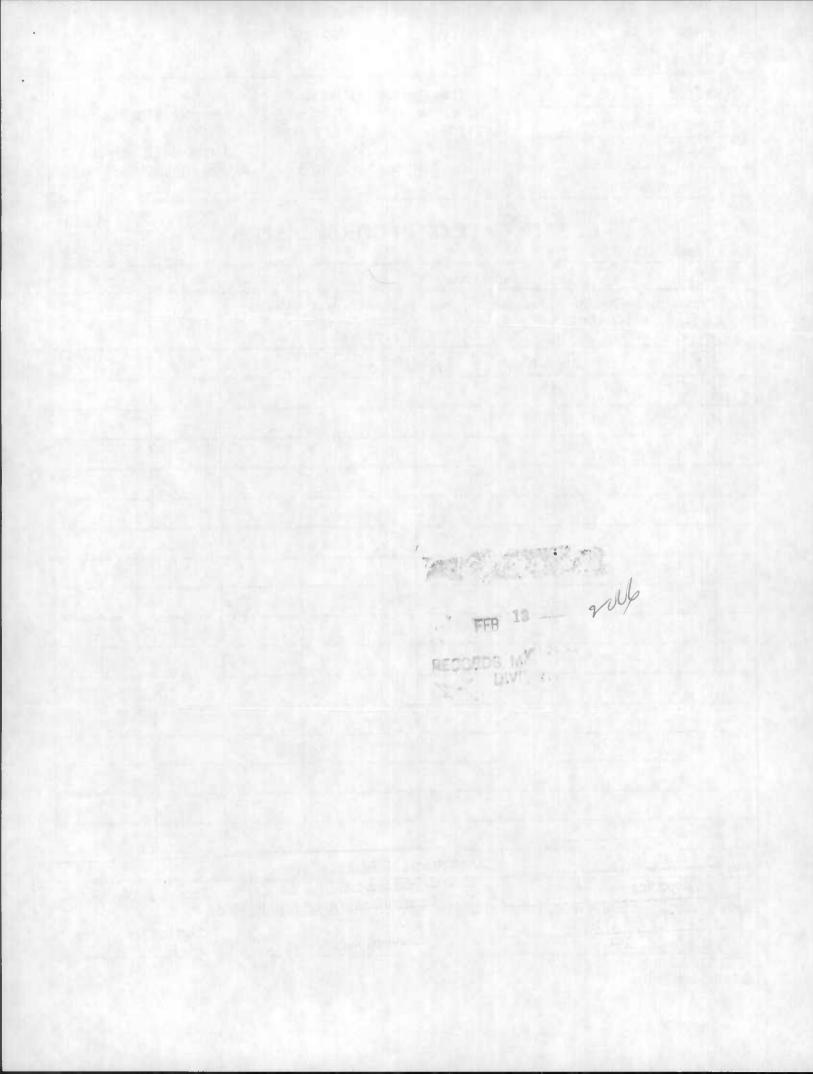
I hereby certify that the records listed above were disposed of as indicated.

Signature Can

Title

2/7/06

DGS 550-2 (rev. 1/93)



| Dicomico | 6. | Health Dept |
|----------|-------|-------------|
| D | _ A _ | |

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Department of General Services

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| | Description of Records | Authorization | | Inclusive Dates of | Volume | Date of | | |
|-----|------------------------------------|--------------------------|------------|--------------------|------------|----------|--------------------|--|
| No. | (Same Title as listed on Schedule) | Retention Schedule No | Item No | Records Destroyed | Cubic Feet | Disposal | Method of Disposal | |
| | Cost Settlements | 834 | IE | F488 | 1 bux | 1/27/86 | Trash | |
| | Case formula | 834 | IE. | F489 | 11 | 1/27/06 | 11 | |
| | 17 | 834 | IE | F490 | 1/ | 1/27/80 | 11 | |
| | II- | 834 | IE | F191 | - 11 | 1/27/06 | 1/ | |
| | 11 | 834 | IE | F492 | 11 | 1/27/06 | 1/ | |
| | County Invoices | 834 | JE | F493 | 11 | 1/27/06 | 11 | |
| | (/) | 834 | E | F194 | // | 1/27/86 | /1 | |
| | 1/ | 834 | IE | F495 | // | 1/27/00 | , / | |
| | 11 | 834 | IE | F496 | 11. | 1/27/86 |)/ | |
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I hereby certify that the records listed above were disposed of as indicated.

Signatur

This Succes

Date

DGS 550-2 (Rev. 1/93).



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4. DHMH RECORDS OFFICER

(Notify before

Disposal) 767-5934 (410)

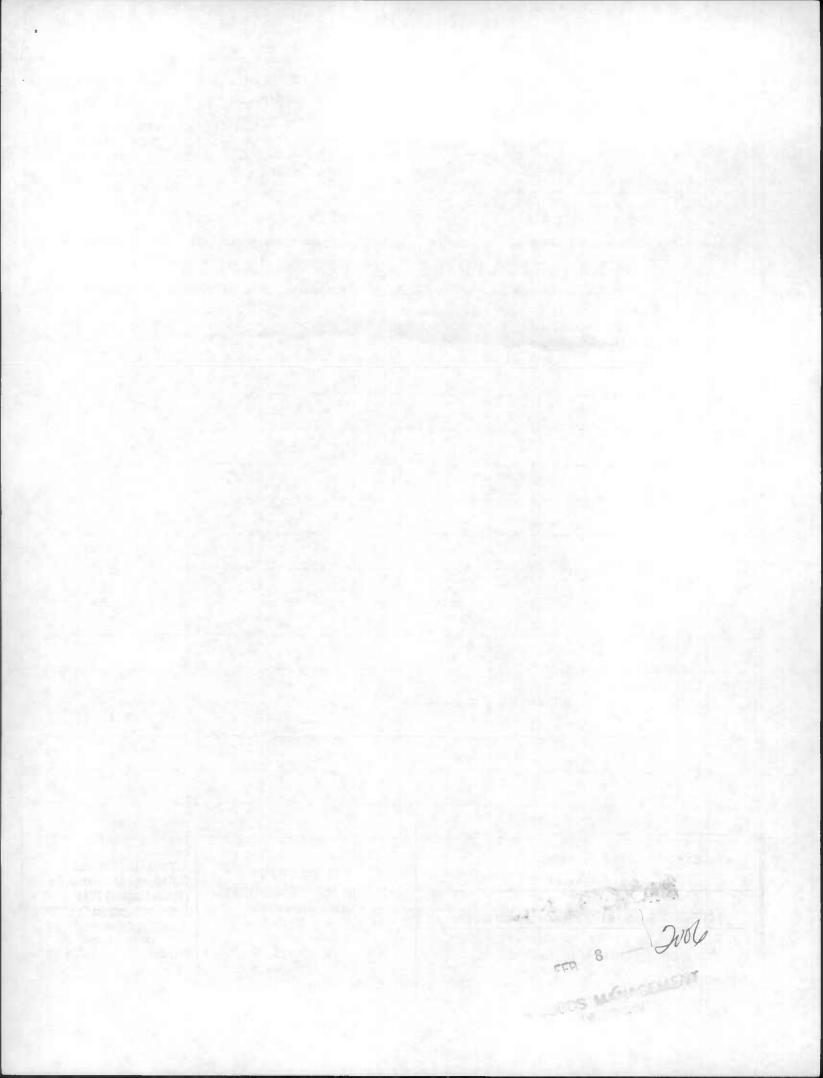
CERTIFICATE OF RECORDS DISPOSAL

| No. | DESCRIPTION OF RECORDS (FROMSCHEDULE FORM) | | * | INCLUSIVE DATES | VOLUME (FT ³) | DATE OF DISPOSAL | DISPOSAL METHOD |
|-----|---|------------|------|-----------------|------------------------------|---------------------|------------------------------|
| | [FORMAT: PAPER, FILM, DISK, ETC] | SCHEDULE # | ÎTEM | OFRECORDS | (Boxes) | | (TRASH, SHRED, BURN, ETC) |
| 1. | MH Records Boudbagge | 1518 | 10 | 1995-9 | 1c.f | 1/27/06 | Shred |
| 2. | | | | | | | |
| 3. | | | | | | 1/ | |
| 4. | | | | | | | |
| 5. | | | | | | | |
| 6. | | | | | | | |
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| 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.

Mental Health Department



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(410)

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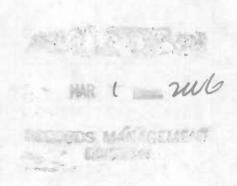
CERTIFICATE OF RECORDS DISPOSAL

| No. | DESCRIPTION OF RECORDS | Authorization | * | INCLUSIVE | VOLUME | DATE OF | DISPOSAL |
|-----|--|---------------|------|--------------------|-------------------------------|----------|--|
| | (FROMSCHEDULE FORM) [FORMAT: PAPER, FILM, DISK, ETC] | SCHEDULE # | ITEM | DATES OFRECORDS | (FT ³) (Boxes) | DISPOSAL | METHOD (TRASH, SHRED, BURN, ETC) |
| 1. | Peninsula Bank | 834 | IE | NA | | 02/21/06 | |
| 2. | Checking Account | | | | | | |
| 3. | #0050365177 | | | | | | |
| 4. | "CVH Account" | | | | | | |
| 5. | _ Checks +1058- | 1501 | | | | | |
| 6. | (ACCOUNT CLOSED) | | | | | | |
| 7. | | | | | | | |
| 8. | | | | | | | |
| 9. | | | | | | | |
| 10. | | | | | | | |
| 11. | 2021222324252 | | | | | | |
| 12. | TO OND PAR | | | | | | |
| 13. | FEB 2008 So FEB 2008 Paceived Received Wicomico to Meetith Dept Wicomico to Meetith Dept Bids - Purchasing Live | | | | | | |
| 14. | Wicomico Co. Purchasing Lav. | | | | | | |
| 15. | Micomico co. Meetith Dept. Mi | | | | | | |
| 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. | |
|-----------------------------------|---|--|
| Horl Com | Agency Budget Spec. 02/01/06 | |
| SIGNATURE | TITLE SUCCES DATE | |

WICHMICH COUNTY HEALTH DEPARTMENT



Purchs, K

DEPT OF HEALTH & MENTAL HYGIENE

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CERTIFICATE OF RECORDS DISPOSAL

| No. | DESCRIPTION OF RECORDS | AUTHORIZATION | * | INCLUSIVE DATES | VOLUME (FT ³) | DATE OF DISPOSAL | DISPOSAL |
|-----|--|---------------|------|--------------------|------------------------------|---------------------|------------------------------|
| - | (FROMSCHEDULE FORM) [FORMAT: PAPER, FILM, DISK, ETC] | SCHEDULE # | ÎTEM | OFRECORDS | (Boxes) | | (TRASH, SHRED, BURN, ETC) |
| 1. | OMHC - MH Recurols | 1518 | 10 | 1980- | 2c# | 2/27/06 | Shred |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |
| 5. | | | | | | | |
| 6. | | | / | | | | |
| 7. | | V | | | | 11576 | |
| 8. | | | | | /; | 2345078 | 1077 |
| 9. | | | | A. | 3037 | HAR 2006 | 213 |
| 10. | | | | | 823 | Receive | Dept C |
| 11. | | | | | 120 | Miconho Co. To. | .6 |
| 12. | | | | | | 21222324 | 020. |
| 13. | /1 | | | | | | |
| 14. | | | | | | | |
| 15. | | | | | | | |
| 16. | | | | | | | |

"RECURDS MUST BE LISTED ON AN AUTHORIZAD SCHADULE, DOS 550-1, AND MEST DETENTION TO QUELTED US AND DEPOSIT OF THE PARTY.

| I hereby certify that the reco | rds listed above were disposed o | t as indica | ited. |
|--------------------------------|----------------------------------|--------------|-------|
| of Muly Back | Program Director | 3/3/ DATE | 06 |
| SIGNATURE | TITLE | DATE | |

WICOMICO COUNTY HEALTH DEPARTMENT

10 mb

MARKET BOWN

DIVIDAGE NO ACCIDENT

DEMORPH THE THE RESERVE

Wiconico Co. Health Sept

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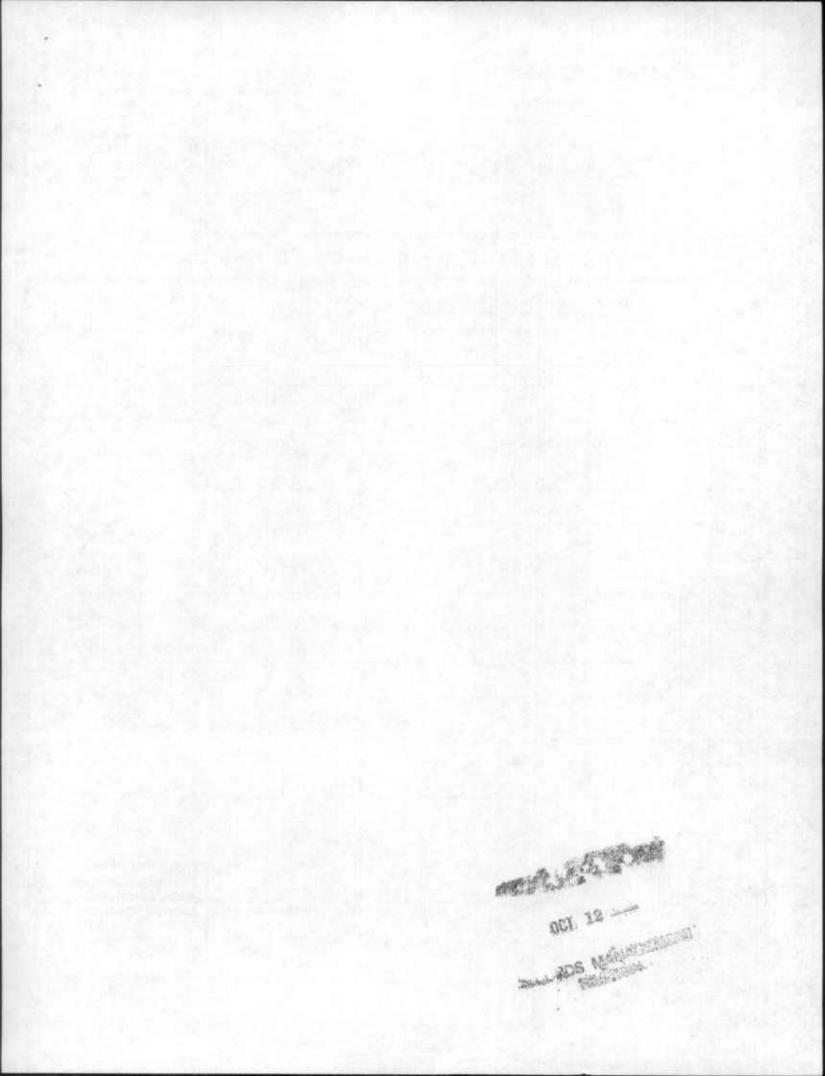
CERTIFICATE OF RECORDS DISPOSAL

| No. | DESCRIPTION OF RECORDS | AUTHORIZATION | * | INCLUSIVE | VOLUME (Ft ³) | DATE OF | DISPOSAL | |
|-----|--|---------------|------|--------------------|------------------------------|---|--|--|
| | (FROMSCHEDULE FORM) [FORMAT: PAPER, FILM, DISK, ETC] | SCHEDULE # | ITEM | DATES OFRECORDS | (Boxes) | DISPOSAL | METHOD (TRASH, SHRED, BURN, ETC) | |
| 1. | Royala & Mestar | 834 | | | 1 | 9/29/06 | Shred | |
| 2. | Seasot slips | | | 92-99 | | | | |
| 3. | Acet Statements | | | FY 93-99 | | | | |
| 4. | THE THE | | | | | | | |
| 5. | | | | | | | | |
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| 11. | | | | | | 0.0101- | | |
| 12. | | | | | 12 156 | A | SIR | |
| 13. | | | | | 11 | OCT 2006 | 1617 | |
| 14. | | | | | 120 M | Received comico Co. Health Dep ds - Purchasing Div. | 3,00,061718192077 | |
| 15. | | | | | 605 | | 270 | |
| 16. | | | | | | 13242526 | | |

^{*}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 | During Almon Muco 9/29/06
| Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date |



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| No. | DESCRIPTION OF RECORDS | AUTHORIZATION | * | INCLUSIVE | VOLUME | DATE OF | DISPOSAL |
|-----|--|---------------|------|--------------------|------------------|----------|--|
| | (FROMSCHEDULE FORM) [FORMAT: PAPER, FILM, DISK, ETC] | SCHEDULE # | ITEM | DATES OFRECORDS | (Ft³) (Boxes) | DISPOSAL | METHOD (TRASH, SHRED, BURN, ETC) |
| 1. | Ccupaperwork 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 change | 3. | | | | | |
| 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 | ecords listed above were | e disposed of | as indica | ited. |
|---------------------------|--------------------------|---------------|-----------|-------|
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SIGNATURE

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7/11/07/ DATE

4/23/07 Cyphin M. Fassel, Records Coordinator, Micomico do Health Repl

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SUCCES MANAGEMENT

HCF - PHS - OPS

SECRETARIAT

WICOMICO COUNTY HEALTH DEPT. OFFICE / ADMINISTRATION / LOCATION

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(Notify before Disposal)

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CERTIFICATE OF RECORDS DISPOSAL

| No. | DESCRIPTION OF RECORDS (FROMSCHEDULE FORM) | AUTHORIZATIO | N* | INCLUSIVE | VOLUME | DATE OF | DISPOSAL |
|-----|--|--------------|------|--------------------|------------------|----------------------------|--|
| | [FORMAT: PAPER, FILM, DISK, ETC] | SCHEDULE # | ITEM | DATES OFRECORDS | (FT³) (Boxes) | DISPOSAL | METHOD (TRASH, SHRED, BURN, ETC) |
| 1. | Family Planning - Paper | 1518 | 6 | 12/31/1996- | 6 | 2/12/07 | Shred |
| 2. | 0 | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |
| 5. | | | | | | | |
| 6. | | | | | | • | |
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| 12. | | | | | | 10° A | 100 |
| 13. | | | | | | FEB | 2007 Ex |
| 14. | | | | | | Hose Wicemicu C. Bids - Fu | Heelth Dept. (3) |
| 15. | | | | | | 45054 | 197/ |
| 16. | | | | | | 1300 | 27,1.4/ |

*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.

Empassel, agency Records Coordinator Dicomico County Health Dept.

2 2W7

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sal) (410)

CERTIFICATE OF RECORDS DISPOSAL

| No. | DESCRIPTION OF RECORDS | AUTHORIZATION | 1 * | INCLUSIVE DATES | VOLUME (FT ³) | DATE OF | DISPOSAL |
|-----|--|---------------|------------|--------------------|------------------------------|------------------|--|
| | (FROMSCHEDULE FORM) [FORMAT: PAPER, FILM, DISK, ETC] | SCHEDULE # | ITEM | OFRECORDS | (Boxes) | DISPOSAL | METHOD (TRASH, SHRED, BURN, ETC) |
| 1. | OMHC-MHRecords | 1518 | 10 | 1984- | 704 | 4/23/07 | shred |
| 2. | Phoenix MH Records | 1518 | 10 | 2000 | 164 | 4/24/01 | V()) |
| 3. | Committee MIT Recircus | 1518 | 10 | 2040 | ICF | 4/21/01 | \\ \ \ \ |
| 4. | | | | | | | |
| 5. | | | | | | | |
| 6. | | | | | | | |
| 7. | | | | | // | . A. | 32330 |
| 8. | | | | | | APR 200 | |
| 9. | | | X | | 2013 | Receive | I LUGH |
| 10. | | | | | | Soud of beaution | 37 |
| 11. | | | | | | 1121316 | 010 |
| 12. | | | | | | | |
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| 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. |
|-----------------------------------|----------------------------|--------------------------|
| Mulus anto | Program Drector | 4/26/07 |
| SIGNATURE | TITLE | DATE AL DELLA |
| 4/27/07 Cypthia M. Fassel, Rece | ords Coordinator Mice | mico Courty Hereth sight |

30 2W7

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CERTIFICATE OF RECORDS DISPOSAL

| No. | DESCRIPTION OF RECORDS | AUTHORIZATIO | N* | INCLUSIVE | VOLUME | DATE OF | DISPOSAL |
|-----|--|--------------|------|--------------------|-------------------------------|----------|--|
| | (FROMSCHEDULE FORM) [FORMAT: PAPER, FILM, DISK, ETC] | SCHEDULE # | ITEM | DATES OFRECORDS | (FT ³) (Boxes) | DISPOSAL | METHOD (TRASH, SHRED, BURN, ETC) |
| 1. | DDA- Kesturce Cardinators Rosters/TCM-Billing | 734 | 1 | 1998-2000 | 2 | 5/11/07 | Shred |
| 2. | | | | | | 1 | |
| 3. | | | | THE WATER | | | |
| 4. | | | | | | | |
| 5. | | | | | | | |
| 6. | ENGAGE COSS | | N 9 | | The second | | |
| 7. | WARDY & DESIGNATION OF | | | 4 79 | | | |
| 8. | | | | | | | |
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| 10. | | | | | | | |
| 11. | | 475 | | | | | |
| 12. | | | | - 112-11 | | | |
| 13. | | | | 84 | | | |
| 14. | | | | | | | |
| 5. | | | | | W 14 | | |
| 6. | | | | | | | |

*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 lis | sted above were disp | osed of | as indicated. |
|---------------------------------------|----------------------|---------|---------------|
| | OSC I | | 5/14/07 |
| A JOSIGNATURE | TITLE | | DATE |
| Cynthin M. Fassel, agency | - Récords Cara de | natur | 5/25/07 |

MAY 20 DW?

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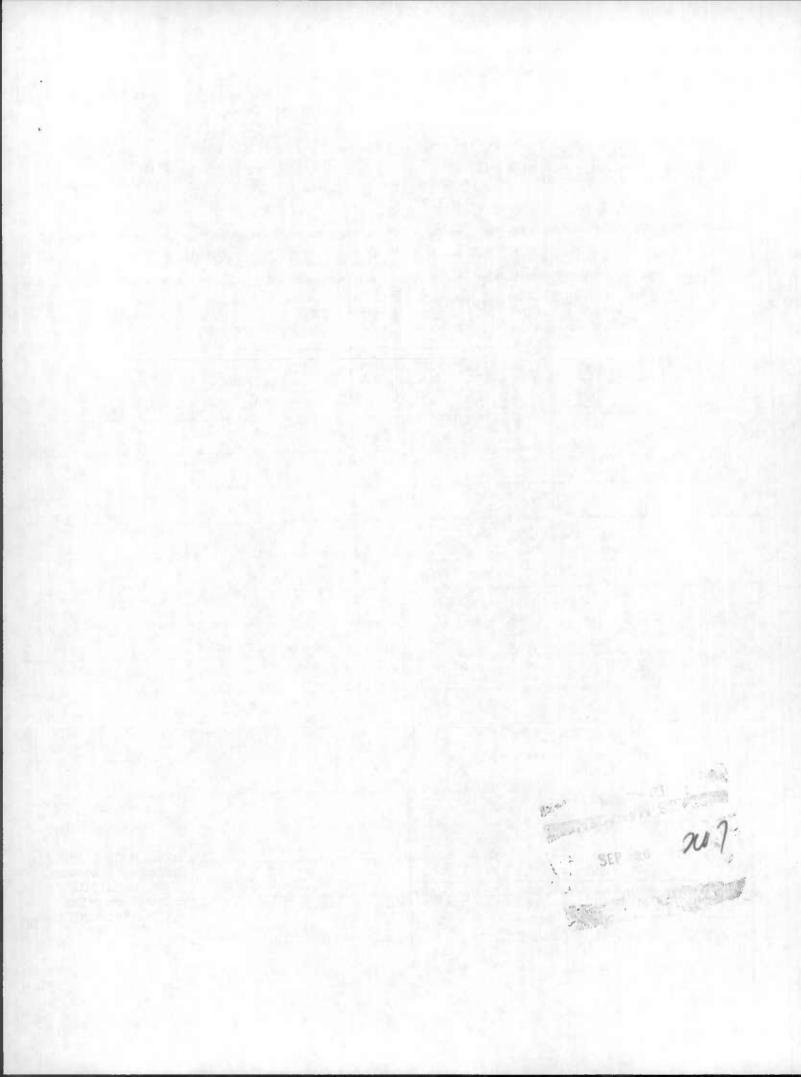
(Notify before Disposal) (410) 767-5934

CERTIFICATE OF RECORDS DISPOSAL

| No. | DESCRIPTION OF RECORDS (FROMSCHEDULE FORM) | AUTHORIZATION* | | INCLUSIVE | VOLUME | DATE OF | DISPOSAL | |
|-----|--|----------------|---|-----------|--------------------|---|----------|---------------------------------------|
| | [FORMAT: PAPER, FILM, DISK, ETC] | SCHED | | ITEM | DATES OFRECORDS | (FT ³) (Boxes) | DISPOSAL | METHOD (TRASH, SHRED BURN, ETC) |
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^{*}Records must be listed on an Authorized Schedule, DGS 550-1, and meet retention requirements before disposal is allowed.

| 0/ 10 // | s listed above were disposed of as indicated. |
|-------------------|---|
| Mususark | Program Director 9/12/07 |
| Cynthin M. Fussel | TITLE |
| | Incomics County Health Department |



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| No. | DESCRIPTION OF RECORDS (FROMSCHEDULE FORM) | AUTHORIZATIO | N* | INCLUSIVE DATES | VOLUME | DATE OF | DISPOSAL |
|-----|--|--------------|------|-----------------|-------------------------------|-------------------------------------|--|
| | [FORMAT: PAPER, FILM, DISK, ETC] | SCHEDULE # | ITEM | OFRECORDS | (FT ³) (Boxes) | DISPOSAL | METHOD (TRASH, SHRED, BURN, ETC) |
| 7. | Fust National Bank Petty Pash # 1805 - 2033 | 2112 | da | 12/2001 | | 9/25/09 | shied |
| 7. | Fill Some Federal | 2112 | 29 | 12/04/01 | | 9/25/07 | Sheed |
| 3. | First Shore Federal Vital Peruso #96-100 | 2112 | da | 6/1999- | | 9/25/01 | Shood |
| 4. | Crestar Bank | 2112 | Ja | Acct Closed | | 9/25/02 | Should |
| 5. | Plansila Ranh | 2112 | 29 | Frank Clicer | jed | alsolm | Chard |
| 6. | | | | | | 1/23/01 | JNUUC |
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| 16. | | | | | | 212000 | |

*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 Deigh Admen Sewice 9/25/09

SIGNATURE OF TAXES agency Records Coordinator 1/7/08

MANAGEM CONTRACTOR JAN 18 7US



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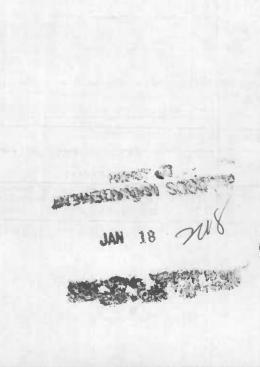
Disposal) 767-5934

CERTIFICATE OF RECORDS DISPOSAL

| No. | DESCRIPTION OF RECORDS | AUTHORIZATION | * | INCLUSIVE | VOLUME | DATE OF | DISPOSAL |
|-----|--|---------------|------|--------------------|-------------------------------|---------------------|--|
| | (FROMSCHEDULE FORM) [FORMAT: PAPER, FILM, DISK, ETC] | SCHEDULE # | Ітем | DATES OFRECORDS | (FT ³) (Boxes) | DISPOSAL | METHOD (TRASH, SHRED, BURN, ETC) |
| 1. | Accts Recountill ogs | 2112 | da | F401 | 32 | 10/1/87 | Shreed |
| 2. | Transit Divers log | ((| 11 | F/01 | 4 | 11 | 1/ |
| 3. | Aget & Payable - Payroll & Check neg | 1(| 1/ | FYOA | 2 | 11 | 1 |
| 4. | Aces payable - | 10 | 11 | FYOD | 9 | 11 | 11 |
| 5. | Budget Folders | 11 | 11 | FYUD | 3 | 11 | 1/ |
| 6. | Acet > Receivable | (1 | 11 | FY0/ | 1 | 11 | (/ |
| 7. | Acet Receivable Patient Bills | 1 | 11 | FY01 | 1 | 11 | -1/ |
| 8. | Acets Receivable Month Endueparts | 11 | (1 | FYOI | 1 | 11 | 1// |
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| 14. | | | | | 200 | s - Purchasing Div. | w) |
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*Records must be listed on an Authorized Schedule, DGS 550-1, and meet retention requirements before disposal is allowed.

| hereby certify that the | he records listed above wer | re disposed of as indicated. |
|-------------------------|-----------------------------|------------------------------|
| Diandy | Went Ding Ad | mis Ervicis 10/1/00 |
| SIGNATURE | TOTLE | DATE |
| Cypthia M. F. | assel agency Records | Coordinator 1/7/08 |



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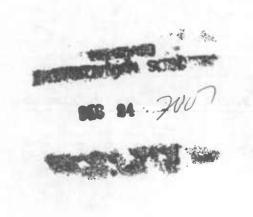
CERTIFICATE OF RECORDS DISPOSAL

| No. | DESCRIPTION OF RECORDS | Authorization | * | INCLUSIVE DATES | VOLUME (FT ³) | DATE OF DISPOSAL | DISPOSAL METHOD |
|-----|--|---------------|------|--------------------|------------------------------|---------------------|------------------------------|
| | (FROMSCHEDULE FORM) [FORMAT: PAPER, FILM, DISK, ETC] | SCHEDULE# | ITEM | OFRECORDS | (Boxes) | DISPOSAL | (TRASH, SHRED, BURN, ETC) |
| 1. | Sexually Transmited Disa | se 1518 | 15 | 1/1/96 | 3 | 12/17/07 | Shred |
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*RECORDS MENT OF LISTED ON AN AUTHORIZED SCHEDULE, DGS 550-1, AND MEET RETENTION REQUIREMENTS DELOKE DISPOSAL IS ALLOWED.

| I nereby certify that the records liste | ed above were disposed of a | as indicated. |
|---|-----------------------------|---------------|
| Hilli Alchard | Hice Supervisor | 12/17/07 |
| SIGNATURE | TITLE / DATE | |
| DCS 550 2 (DUML 2002 | | 4 |

Cepithin M. Fassel agency Lecords Coordinator 12/19/07



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Disposal) 767-5934 (410)

CERTIFICATE OF RECORDS DISPOSAL

| No. | DESCRIPTION OF RECORDS | Authorization | ٧* | INCLUSIVE | VOLUME | DATE OF | DISPOSAL METHOD (TRASH, SHRED, BURN, ETC) |
|-----|--|---------------|------|--------------------|-------------------------------|----------------|---|
| | (FROMSCHEDULE FORM) [FORMAT: PAPER, FILM, DISK, ETC] | SCHEDULE # | ITEM | DATES OFRECORDS | (FT ³) (Boxes) | DISPOSAL | |
| 1. | PURCHASING RECORDS | 834 | F | 1/1/1989- | 2 | 1/28/08 | SHRED |
| 2. | (PAPER) | | | | | | |
| 3. | | | | | | | |
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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.

Parchame & D.Y.S
Supervisor
TITLE
DATE

Agency Records Coordinator
WiCHD



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| No. | DESCRIPTION OF RECORDS | Authorization | Authorization* | | VOLUME | DATE OF | DISPOSAL |
|-----|--|---------------|----------------|--------------------|-------------------------------|-------------|--|
| | (FROMSCHEDULE FORM) [FORMAT: PAPER, FILM, DISK, ETC] | SCHEDULE# | ITEM | DATES OFRECORDS | (FT ³) (Boxes) | DISPOSAL | METHOD (Trash, Shred, Burn, etc) |
| 1. | Family Planning Records | 1518 | 6 | 1/1/97 | 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.

| hereby certify that the records I | isted above were disposed of a | as indicated. |
|-----------------------------------|--------------------------------|---------------|
| Yellie Pilchard SIGNATURE | Office Supervisor TITLE DATE | 2/6/08 |
| OGS 550-2 (DHMH 2002 | Ann March Dans | + 2/8/nc |



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| Wicomia | o Ce | Health Dept |
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| | | |

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Department of General Services

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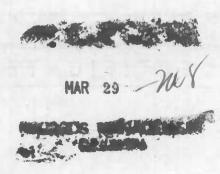
| | Description of Records | Authoriz | ation | Inclusive Dates of | | 0 | | |
|-----|------------------------------------|--------------------------|------------|--------------------|----------------------|---------------------|--------------------|--|
| No. | (Same Title as listed on Schedule) | Retention Schedule No | Item No | Records Destroyed | Volume Cubic Feet | Date of Disposal | Method of Disposal | |
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| hereby | certify | that the | records | listed | above | were | disposed | of | as | indicated. |
|--------|---------|-------------|---------|-----------|-------|------|----------|----|----|------------|
| 1 | 1/ | 18 22 Marie | · Marin | 1 5 74760 | | | | -1 | - | |

Signature

DGS 550-2 (Rev. 1/93)

vel Agney Records Coordinator





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| No. | DESCRIPTION OF RECORDS | Authorizatio | N* | INCLUSIVE | VOLUME | DATE OF | DISPOSAL | |
|-----|--|--------------|------|--------------------|-------------------------------|-------------------|--|--|
| | (FROMSCHEDULE FORM) [FORMAT: PAPER, FILM, DISK, ETC] | SCHEDULE # | ITEM | DATES OFRECORDS | (Ft ³) (Boxes) | DISPOSAL | METHOD (TRASH, SHRED, BURN, ETC) | |
| 1. | Mobila Crisis Cili Rupas | 1518 | 10 | 2001 | 2 CF | 9/9/08 | Shied | |
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*Records must be listed on an Authorized Schedule, DGS 550-1, and meet retention requirements before disposal is allowed.

| | cords listed above were disposed | of as indicated. |
|------------------|----------------------------------|-------------------|
| Muly Saul | Possan Director | 10/17/08 |
| SIGNANURE | TITLE | DATE |
| Cyrthia M Fassel | Agency Records Coordinar Steads | tor Dept 10/28/08 |
| | | |

OCT 31 7008

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| No. | DESCRIPTION OF RECORDS | Authorizatio | N* | INCLUSIVE | VOLUME | DATE OF | DISPOSAL | |
|-----|--|--------------|------|--------------------|-------------------------------|----------|--|--|
| | (FROMSCHEDULE FORM) [FORMAT: PAPER, FILM, DISK, ETC] | SCHEDULE # | ITEM | Dates ofRecords | (FT ³) (Boxes) | DISPOSAL | METHOD (TRASH, SHRED, BURN, ETC) | |
| 1. | BRIEF SERVICE CARD FILES | 1518 | 23 | 2000-2004 | 10 | 04/28/05 | SHRED | |
| 2. | 2. BRIEF SERVICE CARD FILES | | 23 | 2000-2004 | 2 | 04/29/05 | SHRED | |
| 3. | BRIEF SERVICE CARD FILES | 1518 | 23 | 2000-2004 | 1 | 05/02/05 | SHRED | |
| 4. | 4. BRIEF SERVICE CARD FILES | | 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 | | 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.

| hereby o | certify | that the | records | listed | above | were | disposed | of | as | indicated. |
|----------|---------|----------|---------|--------|-------|------|----------|----|----|------------|
| /// | 0 | | 3 | | | | | | | |

SHARON BEYMA PRINT/SIGNATURE DIRECTOR, ADMINISTRATIVE SERVICES
TITLE

DATE



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CERTIFICATE OF RECORDS DISPOSAL

| No. | DESCRIPTION OF RECORDS | AUTHORIZATIO | N* | INCLUSIVE | VOLUME | (FT ³) DISPOSAL ME | DISPOSAL |
|-----|--|--------------|------|--------------------|--------|--------------------------------|--|
| | (FROMSCHEDULE FORM) [FORMAT: PAPER, FILM, DISK, ETC] | SCHEDULE # | ITEM | DATES OFRECORDS | | | METHOD (TRASH, SHRED, BURN, ETC) |
| 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 |
| 3. | | | | | | | |
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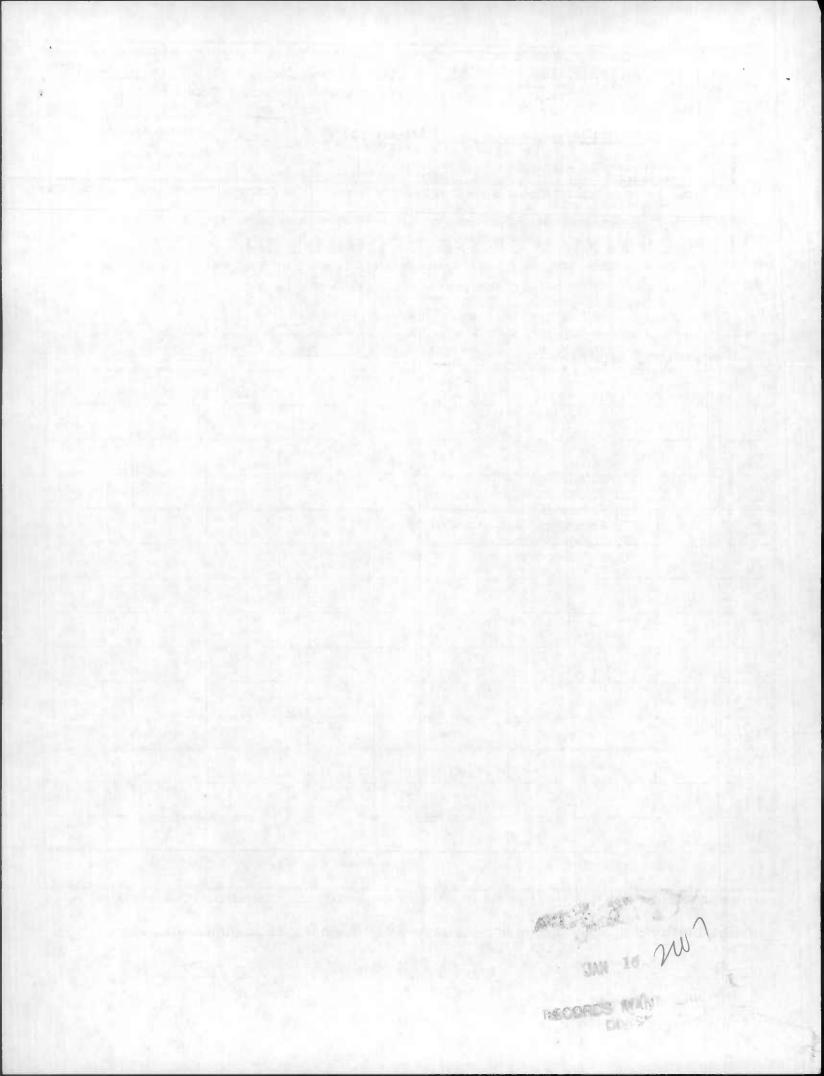
^{*}Records must be listed on an Authorized Schedule, DGS 550-1, and meet retention requirements before disposal is allowed.

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HEALTH RECORDS CUSTODIAN

TITLE

DATE



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| No. | DESCRIPTION OF RECORDS | AUTHORIZATIO | v* | INCLUSIVE | VOLUME | DATE OF | DISPOSAL |
|-----|--|--------------|------|--------------------|-------------------------------|----------|--|
| | (FROMSCHEDULE FORM) [FORMAT: PAPER, FILM, DISK, ETC] | SCHEDULE # | ITEM | DATES OFRECORDS | (FT ³) (Boxes) | DISPOSAL | METHOD (TRASH, SHRED, BURN, ETC) |
| 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 |
| 12. | | | | | | | |
| 13. | | | | | | | |
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| 15. | | | | | | | |
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^{*}RECORDS MUST BE LISTED ON AN AUTHORIZED SCHEDULE, DGS 550-1, AND MEET RETENTION REQUIREMENTS BEFORE DISPOSAL IS ALLOWED.

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CERTIFICATE OF RECORDS DISPOSAL

| No. | DESCRIPTION OF RECORDS | AUTHORIZATION | v* | Inclusive | VOLUME | DATE OF | DISPOSAL |
|--|--|---------------|------|--------------------|-------------------------------|----------|--|
| 1. 2. 3. 4. 5. 6. 7. | (FROMSCHEDULE FORM) [FORMAT: PAPER, FILM, DISK, ETC] | SCHEDULE # | ITEM | DATES OFRECORDS | (FT ³) (Boxes) | DISPOSAL | METHOD (TRASH, SHRED, BURN, ETC) |
| 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 |
| 12. | | | | | | | |
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| 16. | when it will be to use | | | | | | |

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

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| No. | DESCRIPTION OF RECORDS | AUTHORIZATION | v* | INCLUSIVE DATES | VOLUME (FT ³) | DATE OF DISPOSAL | DISPOSAL METHOD |
|-----|--|---------------|------|--------------------|------------------------------|---------------------|------------------------------|
| | (FROMSCHEDULE FORM) [FORMAT: PAPER, FILM, DISK, ETC] | SCHEDULE # | ITEM | OFRECORDS | (Boxes) | DISPUSAL | (TRASH, SHRED, BURN, ETC) |
| 1. | METHADONE & OTHER DRUG ABUSE CASE | 1518 | 21 | 1992-2000 | 32 | 04/03/07 | SHRED |
| 2. | | | | | | | |
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^{*}Records must be listed on an Authorized Schedule, DGS 550-1, and meet retention requirements before disposal is allowed.

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

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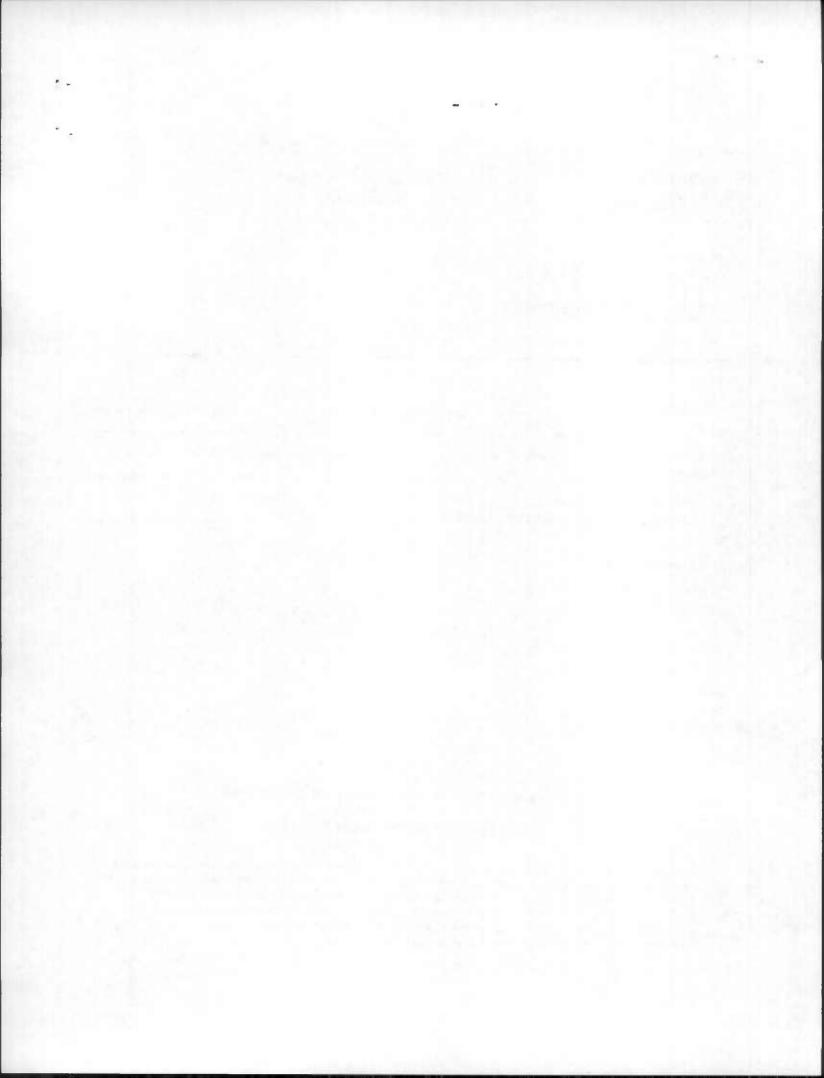
| Name: Karen Lott | |
|--------------------------------|--------------|
| Name: NATETI COLL | |
| Fax #: 410-799-8532 | |
| From: Alice Doisey | |
| Date: 4/4/07 | Time: 840 Am |
| Subject: Pert, GR Tec. | Disposal |
| Pages (Including Cover Memo):_ | 2 |

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|-----|--|--------------|------|--------------------|------------------------------|---------------------|------------------------------|
| | (FROMSCHEDULE FORM) [FORMAT: PAPER, FILM, DISK, ETC] | SCHEDULE # | ITEM | DATES OFRECORDS | (Boxes) | DISPUSAL | (TRASH, SHRED, BURN, ETC) |
| 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 |
| 3. | | | | | | | |
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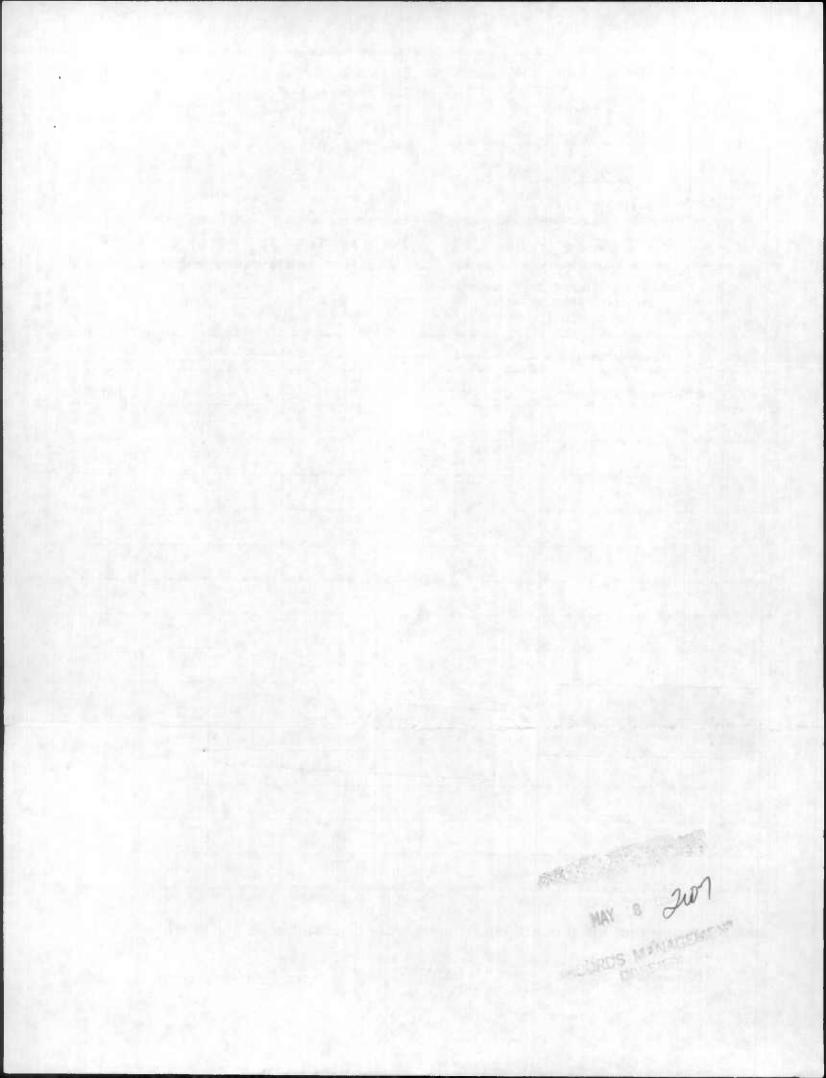
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|-----|--|----------------|------|--------------------|------------------------------|----------|------------------------------|
| | (FROMSCHEDULE FORM) [FORMAY: PAPER, FILM, DISK, ETC] | SCHEDULE # | ITEM | DATES OFRECORDS | (Boxes) | DISPOSAL | (THASH, SHRED, BURN, ETC) |
| 1. | MENTAL HEALTH CASE FILES | 1518 | 10 | 1975-2001 | 21 | 05/01/07 | SHRED |
| 2. | BREIF SERVICE CARD FILES | t518 | 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.

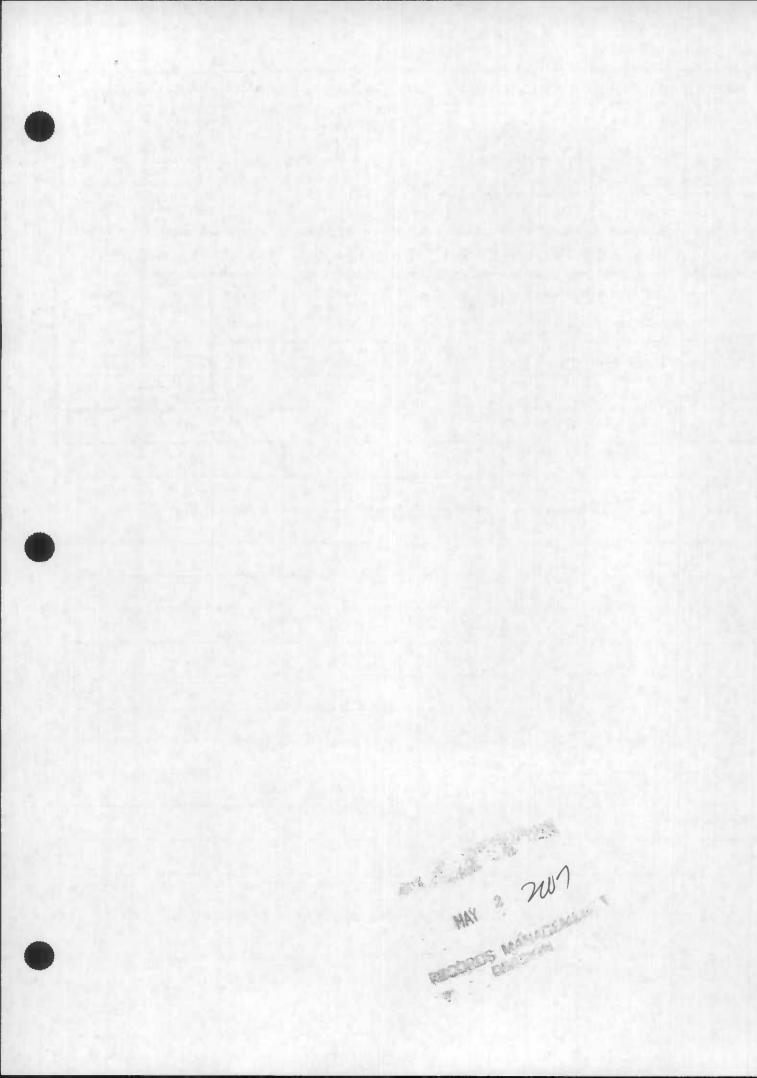
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| No. | DESCRIPTION OF RECORDS | AUTHORIZATIO | N* | INCLUSIVE DATES | VOLUME (FT ³) | DATE OF DISPOSAL | DISPOSAL METHOD |
|----------------------------------|--|--------------|------|--------------------|------------------------------|---------------------|------------------------------|
| 1. 2. 3. 4. 5. 6. | (FROMSCHEDULE FORM) [FORMAT: PAPER, FILM, DISK, ETC] | SCHEDULE # | ITEM | OFRECORDS | (Boxes) | DISPOSAL | (TRASH, SHRED, BURN, ETC) |
| 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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| No. | DESCRIPTION OF RECORDS | AUTHORIZATIO | | | VOLUME | DATE OF | DISPOSAL |
|-----|--|--------------|----------|--------------------|------------------|----------|--|
| | (FROMSCHEDULE FORM) [FORMAT: PAPER, FILM, DISK, ETC] | SCHEDULE # | ITEM | DATES OFRECORDS | (Ft³) (Boxes) | DISPOSAL | METHOD (TRASH, SHRED, BURN, ETC) |
| 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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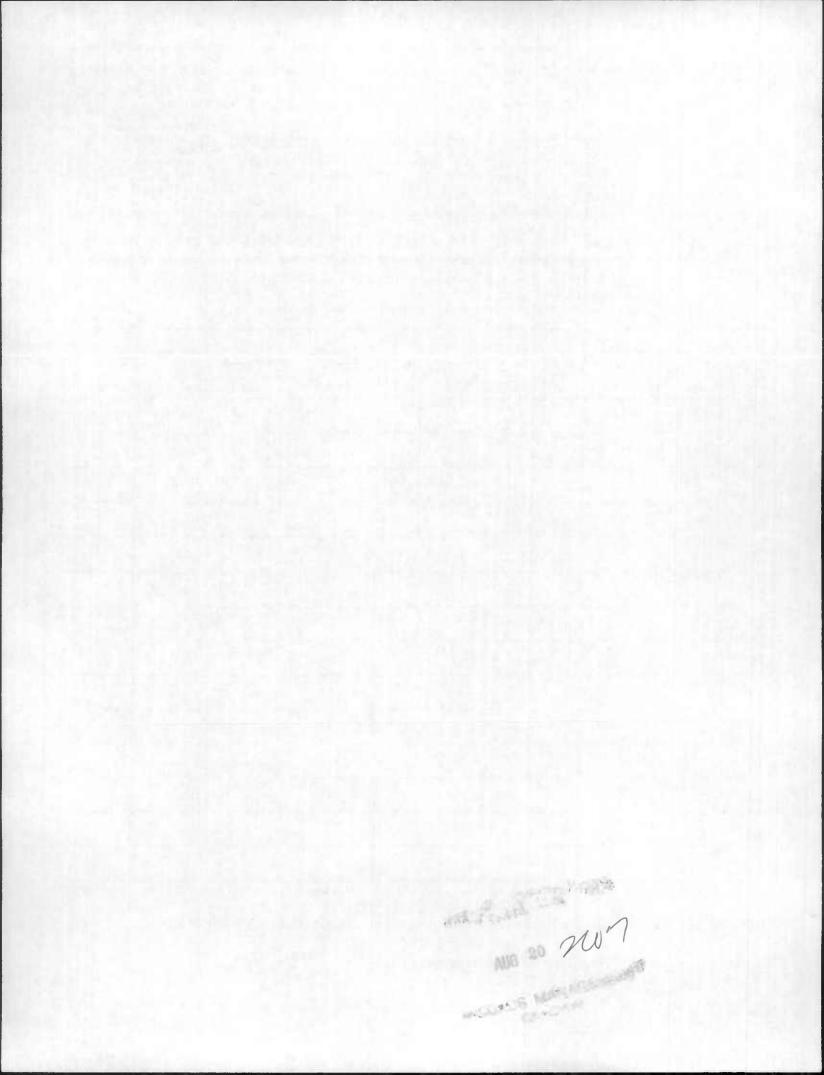
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|-----|--|--------------|------|--------------------|----------------------------|---------------------|------------------------------|
| | (FROMSCHEDULE FORM) [FORMAT: PAPER, FILM, DISK, ETC] | SCHEDULE # | ITEM | OFRECORDS | | | (TRASH, SHRED, BURN, ETC) |
| 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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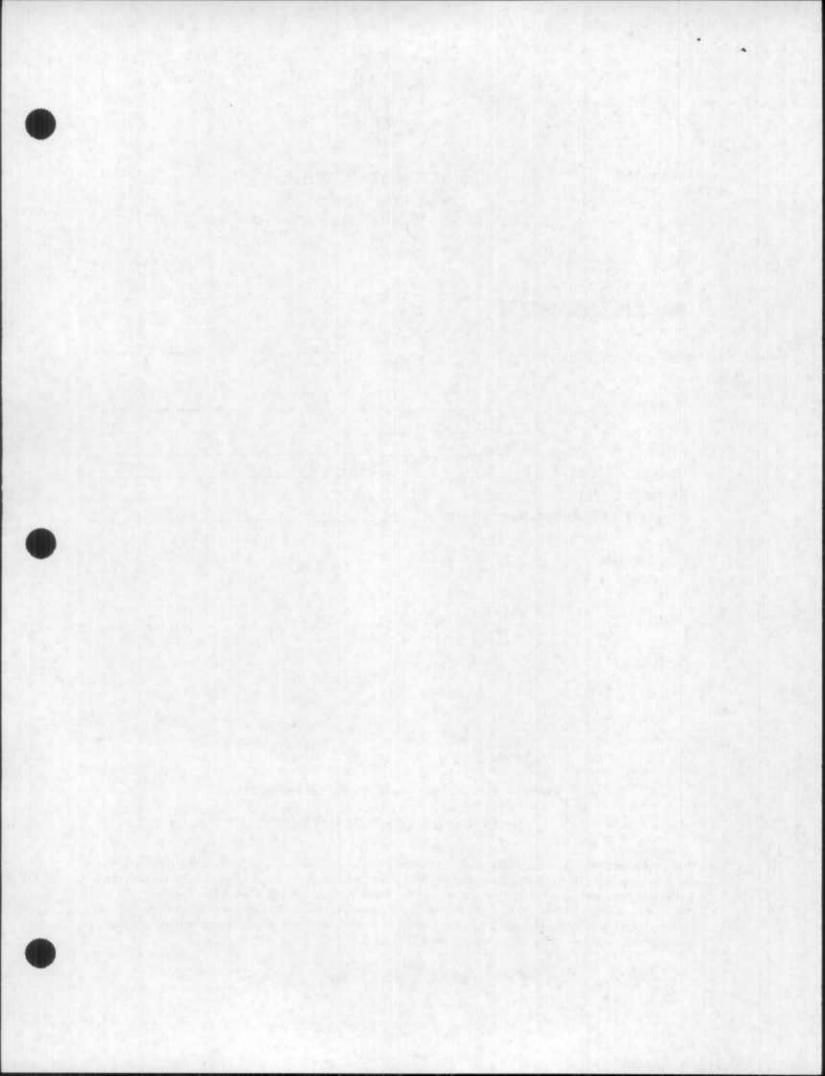
| 1/ 1 ++ | | |
|--|-------|--|
| Name: h. Lott | | |
| Name: K. Lott Fax #: 410 - 799 - 8532 | | |
| From: Alice Dorsey | | |
| Date: 8/13/07 | Time; | |
| Date: 8/13/07 | cert. | |
| Pages (Including Cover Mem | o): | |

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|-----|--|----------------|------|--------------------|------------------------------|----------|------------------------------|
| | (FROMSCHEDULE FORM) [FORMAT: PAPER, FILM, DISK, ETC] | SCHEDULE # | İTEM | OFRECORDS | (Boxes) | DISPOSAL | (TRASH, SHRED, BURN, ETC) |
| 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. |
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Olien MBa. SHARON BEYMA

ADMINISTRATION PROGRAM DIRECTOR

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|-----|--|--------------|------|--------------------|-----------------|---------------------|------------------------------|
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| 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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|-----|---|----------------|------|---------------------------------|-------------------------------|---------------------|------------------------------|
| | | SCHEDULE # | ITEM | | (FT ³) (Boxes) | | (TRASH, SHRED, BURN, ETC) |
| 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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 (410) 767-5934

CERTIFICATE OF RECORDS DISPOSAL

| No. | DESCRIPTION OF RECORDS (FROMSCHEDULE FORM) [FORMAT: PAPER, FILM, DISK, ETC] | AUTHORIZATIO | ٧* | INCLUSIVE DATES | VOLUME (FT ³) | DATE OF DISPOSAL | DISPOSAL METHOD |
|-----|---|--------------|------|--------------------|------------------------------|---------------------|------------------------------|
| | | SCHEDULE # | ITEM | OFRECORDS | (Boxes) | | (TRASH, SHRED, BURN, ETC) |
| 1. | GERIATRICS CASE FILES | 1518 | 8 | 1994-2000 | 7 | 12/11/07 | SHRED |
| 2. | | | | | | | |
| 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.

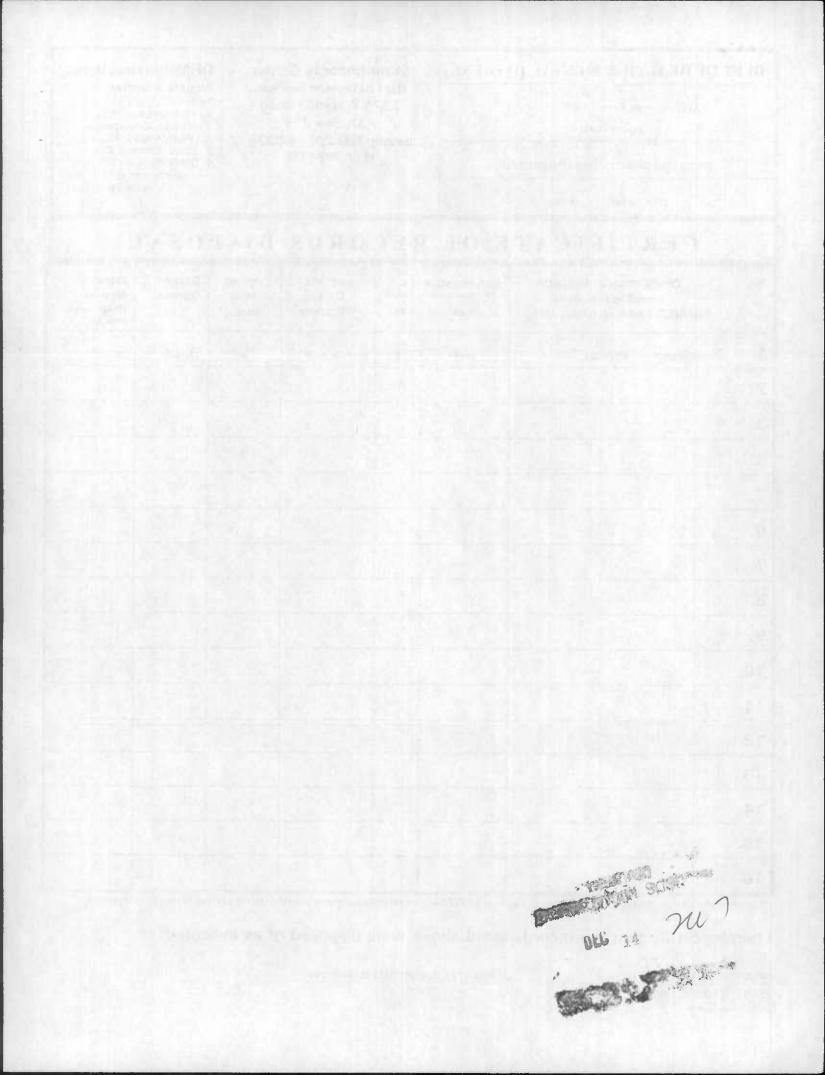
I hereby certify that the records listed above were disposed of as indicated.

SHARON BEYMACHE M BYN PRINT/SIGNATURE

ADMINISTRATION PROGRAM DIRECTOR

LILLE

DATE



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

DHMH Instructions: Prepare 4 Copies

Distribution:

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- 2. Records Coordinator (Prgm/admin) FILE
- 3. STATE RECORDS CTR
- 4.DHMH RECORDS OFFICER
 (Notify before Disposal)
 (410) 767-5934

CERTIFICATE OF RECORDS DISPOSAL

| No. | DESCRIPTION OF RECORDS (FROMSCHEDULE FORM) [FORMAT: PAPER, FILM, DISK, ETC] | Authorization | * | INCLUSIVE | VOLUME | DATE OF DISPOSAL | DISPOSAL |
|-----|---|-------------------|--------|--------------------|------------------|---------------------|--|
| | | SCHEDULE # | ÎTEM | DATES OFRECORDS | (FT³) (Boxes) | | METHOD (TRASH, SHRED, BURN, ETC) |
| 1. | MD CHILDREN'S HEALTH PROGRAM | | | 2004 | 18 | 01/03/08 | SHRED |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |
| 5. | pareto del no receio | e in called and a | i come | | V 32 E G | Sering | |
| 6. | | er - Ture Çare | //D.ii | | | HERBERT OF SE | |
| 7. | | | | | | | |
| 8. | | | | | | | |
| 9. | | | | | | | |
| 10. | | | | | | | |
| 11. | | | | | | | |
| 12. | | | | | | | |
| 13. | | | | | | | |
| 14. | | | | | | | 7-13 |
| 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.

PRINT/SIGNATURE

ADMINISTRATION PROGRAM DIRECTOR

TITLE

DATE

8 PROPERTY MINISTRADORINA SCHOOL

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

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CERTIFICATE OF RECORDS DISPOSAL

| No. | DESCRIPTION OF RECORDS (FROMSCHEDULE FORM) [FORMAT: PAPER, FILM, DISK, ETC] | AUTHORIZATION | ٧* | INCLUSIVE DATES OFRECORDS | VOLUME (FT³) (Boxes) | DATE OF DISPOSAL | DISPOSAL |
|-----|---|---------------|------|---------------------------------|----------------------------|---------------------|--|
| | | SCHEDULE # | ITEM | | | | METHOD (TRASH, SHRED, BURN, ETC) |
| 1. | GERIATRICS CASE FILES | 1518 | 8 | 2000-2002 | 3 | 10/21/08 | SHRED |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |
| 5. | West Line of the server | | | | | Erze | |
| 6. | Solita in Construction | | | | | | |
| 7. | | | | | | | |
| 8. | | | | | | | |
| 9. | | | | | | | |
| 10. | | | | | | | |
| 11. | | | | -9-19-12 | | | |
| 12. | | | | | | | |
| 13. | | | | | | | |
| 14. | | | | | | | |
| 15. | | | | | | | |
| 16. | | | | | | | |

 $^{{\}bf *Records\ must\ be\ listed\ on\ an\ Authorized\ Schedule,\ DGS\ 550-1,\ and\ meet\ retention\ requirements\ before\ disposal\ is\ allowed.}$

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

PRINT/SIGNATURE

ADMINISTRATION PROGRAM DIRECTOR

TITLE

10/22/08

OCT 28 3

DEPARTMENT OF GENERAL SERVICES STATE RECORDS MANAGEMENT CENTER

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

CERTIFICATE OF RECORDS DISPOSAL

| | ington County Health Departme | | | | | | |
|--------|--|-------------------------|--------------------|---------------------------------------|------------------------|-------------------------|---|
| Health | h Services – Dental Program | | | | | PRE | PARE IN DUPLICATE |
| | Division or Bureau | | | | | Reta origi | nin one copy and forward nal to above address |
| No. | Describer (Descri | | rization sposal | Inclusive | | | |
| NO. | Description of Records Include Title and/or Form Number | Retention Sched. No. | Item No. | Dates of Records Disposed of | Volume (Cubic feet) | Date of Disposal | Method of Disposal |
| | 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.) |
| 1 | | | | | | | |
| | | I hereby certi | fv that the above | listed records were disposed of as in | ndicated. | | |

Dental hygienist

Title

DGS 550-2

May 27, 2008

Date

JUN 3 20 18 RECEIVED NO STATE OF THE PARTY Reporting Agency
1302 Penna. Aye
Hagerstown, MD 21742
Division or Unit Alexaina

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 on left.

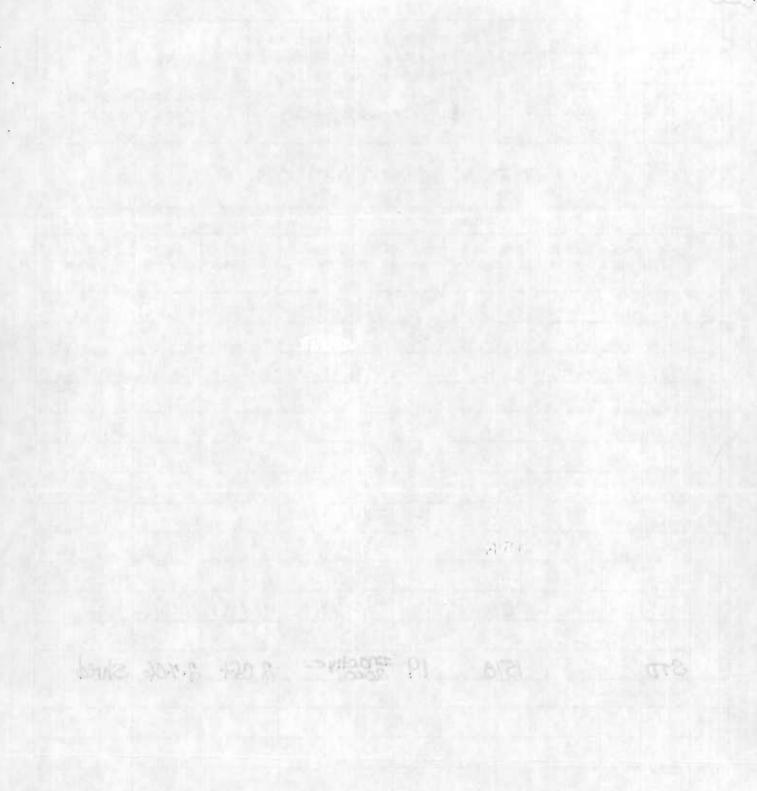
CERTIFICATE OF RECORDS DISPOSAL

| | | Authoriza | tion | | | | |
|-----|---|---------------------------|-------------|---|----------------------|---------------------|-----------------------|
| No. | Description of Records (Same Title as listed on Schedule) | Retention Schedule No. | Item No. | Inclusive Dates of Records Destroyed | Volume Cubic Feet | Date of Disposal | Method of Disposal |
| | Geriatric files | 1518 | 8 | Inactive 1999 | 3 Cft. | 1.42006 | Shred |
| | Geriatric files | 1518 | 8 | Inactive 1996 | acft | 1.4.2006 | , , |
| | Geriatic files | 1518 | 8 | Inactive | 3 cf+ | 1-11-2004 | shred |
| | Geriatric files | 1518 | 8 | mactive 1998 | 3° C+ | 1-12.06 | Shred |
| | Family Phoning | 1518 | 7 | inactive 1992 | 3°4+ | 1-3-04 | Shred |
| | C mservices | 1518 | 16 | | 494 | 2.2.04 | Shred |
| | Family Planning | 1518 | 7 | Inactive 1993 | aff | 12.8.05 | Shred |
| | Family Planning | 1518 | 7 | Inactive 1992 | 1094 | 12.8.05 | Shred |
| | CM Services | 1518 | lle | Inactive 1970 | 2°ft | 12.20.05 | shred |
| | S.T.D. | 1518 | 19 | mactive 1998 | 44 | 1-4-05 | shred |
| | STD | 1518 | 19 | mactive acros | ac.ft | 2.2.06 | Shred |
| | Geriatric files | 1518 | 8 | Inactive 1998 | 3 col | 1-405 | Shed |
| | STD | 1518 | 19 | Inactive 2000 | 2 CG+ | 2.7.06 | Shred |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | V 507- | | | | | |
| | | | | | | | |

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

Signature DOS 550-2 (rev. 1/93) 240-313-3228

Medical Records Tech. 2-28-06
Date



We