

IHS-969 (02/2016)

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Indian Health Service

CERTIFICATE OF RECORDS DESTRUCTION

This form documents the destruction of federal records in accordance with the Federal Records Act of 1950, as amended (44 U.S.C., Chapters 29, 31, and 33).

1. Agency/Locality:		2. Division/Department/Section:	
2. Person Completing Form:		4. Location:	5. Phone:

6. Records to be Destroyed							
a) Retention and Schedule Item #	b) Records Series Title	c) Date Range		d) Location	e) Volume	f) Destruction Method	g) Disposal Date
		Start	End				

7. _____ Approving Official (Print)	_____ Signature	_____ Date
8. _____ Records Official (Print) (HQ RMO or Area RLO)	_____ Signature	_____ Date
9. _____ Records Destroyed by (Print)	_____ Signature	_____ Date

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Instructions for Completing Form

- Line 1** Examples - IHS/Albuquerque; IHS/Headquarters
- Line 2** Enter the name of your division, department, and/or section.
- Line 3** Enter name and job title of the person completing the form.
- Line 4** Enter the office address.
- Line 5** Enter the telephone number for person completing the form.
- Line 6** List the records you wish to destroy:
- A. Use the information from the General Records Schedules or the IHS Records Disposition Schedule enter the **general schedule number and records series item number** that apply to the records to be destroyed.

ENTER ONLY ONE SERIES NUMBER PER LINE. Disposition schedules are available at: <http://www.archives.gov/records-mgmt/grs/> and http://www.ihs.gov/DRA/index.cfm?module=dsp_dra_recmgmt_intro

Example: IHSRDS 1-6-1a; (1 is the schedule number); (6-1a is the item number)
 - B. Enter the **Records Series Title** from one of the two schedules to provide more detail on records being destroyed.
 - C. Enter the **date range of the records** to be destroyed. Use month/year to month/year (e.g., 10/00 to 9/07). The date range must match the retention period listed in the schedule.
 - D. Enter the **location** where the records are currently stored (include room, building or server designation).
 - E. Enter the **total volume** of records to be destroyed in **cubic feet or number of boxes**. If destroying electronic records, enter the approximate size of the files in megabytes, by type of media containing the data or by number of files.
 - F. Enter the **method of destruction**: i.e. recycling, regular trash, shredding, wiping (electronic data); only one method per line.
 - G. Enter the date that the records were disposed.
- Line 7** The individual or head of a functional program area shall print their name, sign and date this line.
- Line 8** DO NOT COMPLETE. The HQ or Area Records Management Officer will sign this when approved.
- Line 9** Complete ONLY after form is returned to office once approved by the HQ or Area Records Management Officer. The form must be signed upon destruction by the person who can certify that records were properly and legally destroyed and the date of their final destruction.