

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	
3. 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 (mm/yy)	End (mm/yy)				

7. APPROVING OFFICIAL <i>(Print)</i>	SIGNATURE	DATE <i>(mm/dd/yyyy)</i>
8. RECORDS OFFICIAL <i>(Print) (HQ RMO or Area RLO)</i>	SIGNATURE	DATE <i>(mm/dd/yyyy)</i>
9. RECORDS DESTROYED BY <i>(Print)</i>	SIGNATURE	DATE <i>(mm/dd/yyyy)</i>

*(continued on next page)*

**CERTIFICATE OF RECORDS DESTRUCTION***Instructions for Completing Form*

- Line 1 Agency/Location:** Examples IHS/Albuquerque; IHS/Headquarters
- Line 2 Division/Department/Section:** Enter the name of your division, department and/or section.
- Line 3 Person Completing Form:** Enter name and job title of the person completing the form.
- Line 4 Address:** Enter the office address.
- Line 5 Phone:** Enter the telephone number for person completing the form.
- Line 6 Records to be destroyed:** 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](http://www.ihs.gov/DRA/index.cfm?module=dsp_dra_recmgmt_intro)  
**Example:** GRS 16-7; (GRS 16 is the schedule number); (7 is the item number)  
**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 (cu. ft.) 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 Approving Official:** The individual or head of a functional program area shall print their name, sign and date this line.
- Line 8 Designated Records Officer:** DO NOT COMPLETE. The HQ or Area Records Liaison Officer will sign this when approved.
- Line 9 Records Destroyed by:** Complete ONLY after form is returned to office once approved by the HQ or Area Records Liaison Officer. 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.

**SEND THE SIGNED ORIGINALS TO:****Headquarters**

IHS Records Management Officer  
5600 Fishers Lane, Mailstop 09E70  
Rockville, MD 20857

**California Area**

Area Records Liaison Officer  
650 Capital Mall, Suite 7-100  
Sacramento, CA 96814

**Phoenix Area**

Area Records Liaison Officer  
40 North Central Avenue  
Phoenix, AZ 85004

**Alaska Area**

Area Records Liaison Officer  
4141 Ambassador Drive  
Anchorage, AK 99508-5928

**Great Plains Area**

Area Records Liaison Officer  
115 Fourth Avenue SE  
Aberdeen, SD 57401

**Portland Area**

Area Records Liaison Officer  
1414 NW Northrup Street, Suite 800  
Portland, OR 97209-2790

**Albuquerque Area**

Area Records Liaison Officer  
4101 Indian School Road NE Suite 225  
Albuquerque, NM 87110

**Nashville Area**

Area Records Liaison Officer  
711 Stewarts Ferry Pike  
Nashville, TN 37214-2634

**Bemidji Area**

Area Records Liaison Officer  
2225 Cooperative Court NW  
Bemidji MN 56601

**Navajo Area**

Area Records Liaison Officer  
P.O. Box 9020  
Window Rock, AZ 86515-9020

**Billings Area**

Area Records Liaison Officer  
2900 4th Avenue North  
Billings, MT 59101

**Oklahoma City Area**

Area Records Liaison Officer  
701 Market Drive  
Oklahoma City, OK 73114-8132