DEQ Records Destruction Authorization Form

Before destroying records, email this form to your manager & agency records officer (Leela Yellesetty) to obtain authorization.

Authorization is by email only, no signatures required.

DEQ Retention Schedule State General Retention Schedule Records destruction procedure Program/section name: CSD/Health & Safety Date approved by records officer: Program staff requesting destruction: Dana Bailey Date destroyed: Approving Manager: 10/16/19 Series # (from Contents (any additional description or Retention period Schedule Name/# (select from dropdown) schedule) Series Name (from schedule) (from schedule) attach detailed list) Date(s) 01/01/99 -State Accident Insurance Fund 6 years after final Risk Management Records: 166-300-0045 disposition of claim Workers' Compensation Files 12/31/13