## NOTICE - SOME ITEMS SUPERSEDED OR OBSOLETE

## Schedule Number: NC1-142-85-10

Some items in this schedule are either obsolete or have been superseded by new NARA approved records schedules. This information is accurate as of: 07/28/2022

## **ACTIVE ITEMS**

These items, unless subsequently superseded, may be used by the agency to disposition records. It is the responsibility of the user to verify the items are still active.

All other items remain active.

## SUPERSEDED AND OBSOLETE ITEMS

The remaining items on this schedule may no longer be used to disposition records. They are superseded, obsolete, filing instructions, non-records, or were lined off and not approved at the time of scheduling. References to more recent schedules are provided below as a courtesy. Some items listed here may have been previously annotated on the schedule itself.

Item I-1.B was, per the N1-142-10-001 crosswalk, superseded by GRS 1, item 19, which is now (2022) GRS 2.7, item 070 (DAA-GRS-2017-0010-0012).

Item II-2 was superseded by N1-142-10-001 item 14c.

Item II-3 was, per the N1-142-10-001 crosswalk, superseded by GRS 3, item 9a, which is now (2022) GRS 5.4, item 010 (DAA-GRS-2016-0011-0001).

Item III-2 was, per the N1-142-10-001 crosswalk, superseded by GRS 1, item 19, which is now (2022) GRS 2.7, item 070 (DAA-GRS-2017-0010-0012).

Item III-3 was, per the N1-142-10-001 crosswalk, superseded by GRS 1, items 2a and 2b, which were rescinded in 2017 on the grounds that the forms had been canceled in 1994.

NOTICE - SOME ITEMS SUPERSEDED OR OBSOLETE

As of 07/28/2022 NC1-142-85-10

REQUEST FOR RECORDS DISPOSITION AUTHORITY (See Instructions on reverse)			JOB NO		
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TO GENERAL	L SERVICES ADMINISTRATION		DATE RECEIVED		
	AL ARCHIVES AND RECORDS SERVICE, WASHI	7-17-85			
1 FROM (Agency or establishment)			NOTIFICATION TO AGENCY		
2. MAJOR SUBE	E VALLEY AUTHORITY	In accordance with the provisions of 44 USC 3303a the disposal request, including amendments, is approved except for items that may be marked "disposition not			
DIVISION OF MEDICAL SERVICES 3 MINOR SUBDIVISION			approved" or "withdra are proposed for dispos	wn" in column 1	0 If no records
			not required	ar, the signature o	in the Archivist is
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6 CERTIFICATE OF AGENCY REPRESENTATIVE		1 FIS 000-20 <u>20</u>			
agency or w Accounting attached	ords proposed for disposal in this Request ovill not be needed after the retention period Office, if required under the provisions of Tourence is attached, or is unnecessal.	ds specified, and itle 8 of the GAC	that written concu	irrence from	the General
B DATE	C SIGNATURE OF AGENCY REPRESENTATIVE	D TITLE			
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7	0.0500000000000000000000000000000000000	05 17514	COLIC EVII TIL CIILV	9 GRS OR	10 ACTION
ITEM NO	8 DESCRIPTION (With Inclusive Dates or R			SUPERSEDED   JOB	TAKEN <i>(NARS USE</i>
				CITATION	ONLY)
	See Attached Schedule.				
				(.1.	

#### DIVISION OF MEDICAL SERVICES

The Division of Medical Services develops, recommends, and executes plans and policies related to the health of employees and others in the workplace who may be affected by TVA activities. It participates in health and development activities, demonstrations, and related cooperative activities with Federal, State, and local agencies and other organizations. It maintains liaison with the Office of Workers' Compensation Programs, U.S. Department of Labor, which administers compensation benefits for employees who suffer job-related injuries or illnesses, with the U.S. Department of Health and Human Services regarding Federal occupational health programs and affairs, and with TVA Retirement System for coordination of the medical component of employee retirement affairs.

TVA health and medical services began August 23, 1933, with the establishment of a Personnel Division, whose functions included the provision of medical care for employees. The first Director of Health, Dr. E. L. Bishop, was appointed in October 1933, and in November a Health and Medical Section was established in the Division of Personnel. In December a Health Section was established in another TVA Division, the Division of Social and Economic Development, with primary responsibility for public health activities.

Dr. Bishop served TVA for over a year on a part-time basis while also serving as the Tennessee State Commissioner of Health. This arrangement facilitated the cooperation that was evident from the beginning between TVA and Valley state health departments--TVA's overall health-improvement efforts are intended to complement other health resources available in the community. TVA benefited from the service of a person experienced in and dedicated to improved health practices in the Tennessee Valley.

In January 1935, Dr. Bishop left his position with the State of Tennessee and became the full-time Director of Health for TVA. The Health and Medical Section of the Division of Personnel was divided; public health became a responsibility of the Health and Sanitation Section of the Division of Social and Economic Development, while the medical services program remained in the Medical Section of the Division of Personnel.

Dr. Bishop assumed administrative responsibility for both programs and in 1936 a Health and Medical Services Division was created by a merger of the two sections. In 1937 the Department of Health and Safety was created superseding the division. The coordination of all health-related services in TVA made possible a broad-gauged approach to employee and Valley health.

The Department of Health and Safety was primarily concerned with these areas in its early years: (1) care of the health of employees, including medical services, disease and accident prevention, and industrial hygiene; (2) public health problems caused by changes in the environment resulting from the contruction program of the Authority, such as malaria control and stream sanitation; and (3) research and promotional health work associated with the general objectives of TVA in regional development for the people of the Valley which included nutrition and other health education, the coordination of education with health services, and regional promotion of research and control in such specific problems as malaria.

In November 1937, five divisions were formally established within the department suggesting the wide range of activities for which the department was responsible.

- (1) Construction Medical Services--Construction Medical Services was responsible for medical care of service--related injuries and diseases, health guidance, and family medical care for employees and dependents at major construction areas. Medical service through voluntary group participation plans was provided at a number of construction projects where normal community medical facilities were not available. This division also furnished administrative supervision of field medical units.
- (2) Occupational Hygiene--The Occupational Hygiene Division was responsible for the program of health guidance which included employment and periodic physical examinations, immunization service and health counseling for employees; the program of industrial hygiene; and the control of communicable disease.
- (3) Safety--The Safety Division was responsible for the protection of life and property in TVA operations. It had a three-fold program of employee, public, and regional safety. It coordinated a plan of hazard control; conducted training in safety practices; provided police, fire, and guide service on TVA reservations; and cooperated with community agencies in safety programs.
- (4) Sanitation-The Sanitation Division was originally responsible for environmental sanitation at TVA construction villages. Later it cooperated in a United States Public Health Services stream pollution survey in the Tennessee Valley.
- (5) Malaria Studies and Control--The Malaria Studies and Control Division brought together medical, biological, and engineering techniques to deal with the problem of endemic malaria control and prevention which were put into operation through the combined efforts of almost all divisions of TVA.

Functional responsibility for employee health care was divided between the Construction Medical Services Division and the Occupational Hygiene Division. Treatment responsibilities rested primarily in the first, while preventive measures were largely coordinated by the latter.

The medical officers in charge of all field medical units were functionally responsible to these divisions for local execution of coordinated procedures and activities essential to the general program. In this manner, decentralized yet coordinated programs could be undertaken in the widespread operations of the Authority. At any one construction site, all the various programs of the Health and Safety Department could be undertaken under the supervision of one medical officer with the technical assistance and supervision of the specialized staffs.

Although this system of organization was in effect only a few years, these five divisions constituted logical groupings of the functions of the department throughout its history. The five areas of responsibility remained and activities conducted in these areas expanded as needs arose.

Medical services for construction projects comprise a broad program of employees health maintenance while four permanent medical offices serve nonconstruction employees and oversee construction project service.

Occupational Hygiene is still a matter of significant concern in TVA operations. TVA was the first Federal Agency to hire and utilize industrial hygienists. This was an extremely progressive step considering that the nationwide professional organizations for industrial hygienists were almost concurrently being established, the American Conference of Governmental Industrial Hygienists in 1938 and the American Industrial Hygiene Association in 1939.

Safety efforts have expanded, and safety engineers and hazard control specialists still work with all TVA organizations to implement TVA's Safety Program, and to provide for employee, public, and regional safety.

Sanitation operations have been expanded to include all areas of environmental quality—a pressing concern of TVA today. Malaria control has expanded to embrace all the nuances of bioecology in TVA reservoir areas including the careful control of organisms and vegetation which interface with desirable reservoir uses.

Although numerous activities have been added to the division's program since 1937, all have been manifestations of these areas of responsibility and of the objectives of TVA in regional development.

Environmental concerns have taken an ongrowing importance over the years, culminating in 1969 with their recognition by organization into a separate division. At that time the Office of Health and Environmental Science was created with two divisions, the Division of Medical Services and the Division of Environmental Research and Development. Industrial hygiene, safety, environmental quality, sanitation, and reservoir ecology were functions of the newly created Division of Environmental Research and Development. Activities in these areas relating to health were traditionally coordinated with the Division of Medical Services.

In 1973 the Office of Health and Environmental Science was abolished, but both divisions that were under its administration remained. The Division of Environmental Research and Development was renamed the Division of Environmental Planning. Records that had been retained in the central office files by the office were divided between the two divisions, being separated according to each division's program responsibilities and functions.

The Division of Environmental Planning remained in existence until a major TVA reorganization in February 1979 pulled together all health-related functions under a new organizational unit, Office of Health and Safety. The remaining functions were carried out by a newly created Environmental Quality Staff under the Office of Natural Resources.

The Office of Health and Safety included two principal areas: the Division of Medical Services, which was responsible for all employee health services; and the Division of Occupational Health and Safety, which was responsible for industrial hygiene, hazard control, and radiological hygiene services.

The Office of Health and Safety was dissolved June 1, 1982, leaving the Division of Medical Services and the Division of Occupational Health and Safety as separate entities. Radiological Hygiene Services was assigned to a newly created Radiological Health Physics Staff in the Office of Power.

## Section I: Records Common to Most Offices

ITEM NO.

## 1 Medical Record and/or X-ray Film requests and transmittal

Medical offices, health stations and the office of the Medical Director request individual medical records from or transfer them to other facilities, and to and from the Central Medical Records File. The copy directed to the Central Medical Records File is used to keep the charge-out records current.

The medical record provides a record of preplacement and periodic physical examinations, medical constraints imposed, immunizations, treatment of injury or illness, either service-related or nonservice-related, and results of laboratory tests. The medical record is retained in the medical facility that serves the employees' work location.

#### DISPOSITION:

- A. Medical offices and health stations Destroy when 6 months old or upon close of project whichever is sooner.
- B. Central Medical Records File Destroy in agency when no longer needed for administrative purposes, not to exceed 2 years. (344-§70, Item 38)

#### Section II: Director's Office and Management Services

The <u>Medical Director</u> plans, directs, and coordinates the work of the Division of Medical Services and is assisted by the Medical Administrator and the Chiefs of the Area Medical Services, Special Health Services Branch, Health Counseling and Rehabilitation Branch, Management Services Staff, and Nursing.

The <u>Medical Administrator</u> assists the Medical Director in the administrative management of all functions assigned to the division and is responsible for the specific direction of personnel administration and contracts; and management services including budgeting and accounting services; reports, contracts, and information services; Office of Workers' Compensation Programs activities, systems and data processing including an automated medical information system; and other general administrative services such as purchasing, payroll, travel, and division files. The Medical Administrator also provides assistance for interdivisional and intradivisional coordination regarding the division's participation in the TVA planning and budget system.

ITEM NO.

#### Medical Records

Medical records files consist of x-rays, dental records, compensation case records, and medical records of the following: Nonemployees--Candidates who were not approved for employment or who failed to report for duty, certain personal service contractors, and study visitors; Dependents--Employee's dependents who received medical care at remote construction projects; Former Employees--Terminated, transferred to other Federal agencies, deceased, or retired employees.

They provide a source of information in the event of medically related legal actions taken by an individual against TVA.

The records are filed alphabetically by name of employee, except for Compensation Case Records which are filed numerically, and total accumulation is approximately 2,127 cubic feet since 1933.

Medical Case Records provide a record of preemployment and periodic physical examinations, work restrictions imposed, immunizations, mental hygiene services, veneral disease treatment, treatment of occupational injury or illness, minor illness or injuries of non-occupational nature, and results of related laboratory tests. Also included are results of related laboratory tests. Also included are dental records which constitute the only record of dental examination findings and treatment provided for employees at Muscle Shoals, Alabama, who may in the course of their work be exposed to substances that might adversely affect their dental health. In addition, they contain information related to the following two types of records:

Nonessential paper records--including immunization records; forms TVA 9880, Employee Status and Information Record and TVA 9081, Out-Patient Record (use to note each visit to a medical unit for services such as blood pressure check, colds, eye examinations, aspirin, and other minor treatments); laboratory record material such as urinalysis records, blood pressure, and blood analysis; some correspondence with outside physicians, form letters to employees regarding periodic examination results, correspondence on congressional inquiries on compensation claims, etc. This category also includes <u>all</u> records relating to non-employee and dependents.

Essential paper records—including original medical examination records, audiogram records, periodic health examinations, occupational history records, reports of occupational—related condition or disease, mobile health clinic examination record special back examinations, electrocardiogram mounts, clinical laboratory records, pulmonary function records, certificates of medical history, dental examination records, etc.

ITEM No.

## Medical Case Records (continued)

Many occupational hazards, particularly those of a carcinogenic nature, require several decades to mainfest themselves. This fact has been recognized by the National Institute for Occupational Safety and Health Center for Disease Control, Public Health Service, U.S. Department of Health, Education, and Welfare. They subsequently recommend the retention of certain medical records for up to 30 years beyond termination of employment.

The Occupational Safety and Health Act, to which TVA is subject by Executive Order, (E.O. 12196 of 2/26/80) requires specific medical record retention periods for individuals exposed to various hazards (e.g., 40 years or 20 years past termination, whichever is longer, for records of asbestos exposed workers).

Since in many cases, TWA is unable ahead of time to specify which exposures will be deemed hazardous and what the subsequent legal retention requirements will be, the requested dispositions are recommeded.

#### DISPOSITION:

#### A. Paper Records

- (1) Nonessential
  - (a) Non-employees and all employee's dependents Destroy in agency 6 years after date of last entry
  - (b) Employees Destroy in agency 6 years after termination of employment.
- (2) Essential--Microfilm 6 years after termination of employment.

  Destroy paper records when acceptable microfilm copy is obtained.

-B. <u>Microfilm--Destroy in agency 34 years from date of filming.</u> (NC1-142-82-4)

Gampensation Case Records consist almost entirely of duplicates of forms and correspondence filed in the District Offices of Office of Worker's Compensation Programs located in various cities throughout the country. The Office of Worker's Compensation Programs has no continuing concern about this duplicate file; however, Medical Services is concerned about the medical records of compensation claimants contained in them. Estimated annual accumulation is 25 cu. ft. Total current volume is 313 cu. ft.

ITEM NO.

## And Medical Case Records (continued)

Compensation Case Records (continued)

#### DISPOSITION:

## A. No Dest Time

- (1) Form CA-1 Destroy in agency 10 years after date of injury.
- (2) All other records Destroy in agency 5 years after date of injury.
- B. Lost Time Destroy in agency 10 years from date of last entry. (NC1-142-82-8)

 $\overline{X}$ -rays Case Records consist of film taken in conjunction with medical and dental examinations and in the care of injuries. Because of its unusual size (14 x 17), it is filed in special equipment. Estimated annual accumulation 6 cu. ft. Total volume to date is 1,540 cu. ft.

#### DISPOSITION:

#### A. Original X-rays

- (1) Non-employees and all dependents Destroy in agency when last film is 6 years old.
- (2) Employees Microfilm 20 years after termination of employee, then destroy original x-ray in agency.

# B. Microfilm Destroy in agency 20 years from date of filming (NC1-142-82-4)

#### CERTIFICATION:

This is to certify that all records in this item which are to be microfilmed will be microfilmed in accordance with FPMR 101-11.4 and FPMR 101-11.5.

#### 2. Record of injuries and illness of non-TVA employees

Records of injuries to non-employees, visitors on TVA property, and those received in TVA vehicular accidents are maintained in the division file. Included in the file are memorandums regarding the medical handling of illness and injury of dependents of employees covered under the Medical Care Program.

The Office of the General Counsel maintains the files on all cases where there is probable liability on the part of TVA.

ITEM NO.

## 2. Record of injuries and illness of non-TVA employees (continued)

Physical examination and medical service records of candidates for employment who are not approved for work, study visitors, employees of contractors, and employees of other governmental agencies are covered by the series of medical records for non-employees and former employees.

DISPOSITION: Record copy and all related correspondence - Destroy when 2 years old.

## 3. Bulk Storage Inventory Control (TVA 2286)

Form 2286 is a multipage form used by medical offices of the Division of Medical Services to record semi-annually inventory stocks of medical supplies and drugs used during the reporting period and to report surplus materials to Management Services Staff. The head nurse in each medical office is responsible for preparation of the report and for submitting the completed form to Management Services Staff. In most instances the nurse's working copy will serve as the duplicate from which the original report will be prepared.

Since form 2286 has been designed to serve as a perpetual inventory for each Medical Office and to provide for economical distribution of expendable medical supplies and drugs, the form has no reference value after expiration of the recommended retention period. The Drug Enforcement Administration requires that records of drug abuse control items (listed on form 2286) be retained two years.

DISPOSITION: Destroy when 2 years old.

## Section III: Area Offices

Employee medical services are provided through the geographically defined areas, each under the supervision of a Chief, Area Medical Service. The Area Chief Physician is responsible to the Medical Director for establishing and providing health services through TVA facilities in accordance with administrative policies and professional standards; or making other arrangements in locations where establishment of TVA health facilities is not feasible. The Area Chief Physician collaborates with local health practitioners, facilities, and agencies in matters involving employees' health and with the Chief of the Special Health Services Branch, representatives of the Division of Occupational Health Services Branch, representatives of the Division of Occupational Health and Safety, and other offices and divisions as necessary to ensure coordination of area work.

Section III: Area Offices (continued)

ITEM NO.

## 1. Medical Examination Control Card (TVA 2287)

The Medical Examination Control Card provides a method for indicating physical findings found on medical examination considered "not normal" and to record recommendations for follow-up activities. It is also used as a tickler file for scheduling periodic examinations for employees without abnormalities.

The clerk types in the identifying data for each new employee and initiates a card at time of periodic examination if there is none in the file.

-DISPOSITION: Destroy 1/ "fiscal year after employee is terminated." (352-S318, Item 4)

## 2. Routine Narcotic Receipt and Issue Records

The Harrison Narcotics Act, as amended, requires that records be kept showing the kind and quantity of narcotics received and dispensed or administered. Medical officers are responsible for narcotics, and for the records related to them. Nurses make entries, usually in bound notebooks, showing the name of the patient, his social security number, date, narcotic issued or administered, and by whom ordered. These records are commonly called Narcotic Log Books.

Medical officers of government agencies are exempt from payment of the fee for license to dispense narcotics. Requests for exemption certificates are made each fiscal year to the Drug Enforcement Administration, Department of Justice. When a medical officer is terminated, a cancellation of his exemption must be sent to DEA.

This records series includes Narcotic Log Books, correspondence, and various other records.

DISPOSITION: Destroy when 3 years old. (348-S194, Item 2)

#### 3. Laboratory Report and X-Ray Identification Record

Form 1898 serves as a laboratory worksheet for recording of laboratory findings in various diagnostic tests performed at the physician's request on specimens secured from an employee. The laboratory technician records results of the tests on the original form 1898, and returns it to the medical clerk for recording on appropriate forms in the employee's medical record folder. When these data are transcribed, form 1898 serves no other useful purpose.

DISPOSITION: Destroy after transcribing data to medical record folder or after imprinting X-ray film.

## Section IV: Special Health Services Branch

The Special Health Services Branch provides a variety of specialized health and medical services to support and supplement the functions of the Area Medical Services. Through mobile facilities it provides periodic health testing for employees who are remote from TVA medical offices. It conducts federally required health testing for employees at remote facilities who are exposed to potentially hazardous substances. It supports other medical units through the Central Medical Laboratory and by consultation and technical assistance in selecting, maintaining, and interpreting results of health testing equipment. It assesses advances in technology for applications to improve TVA medical systems and services. Such technology includes automated testing instruments, telemetry systems, special examination techniques, emergency medical transportation equipment and techniques, improved mobile facilities, and other special developmental projects. It develops methods and establishes standards for health testing to ensure the provision of uniform services throughout the division.

The branch plans and implements medical aspects of TVA's emergency preparedness, coordinating such activities with other TVA and outside organizations. It establishes standards and provides training in first aid and emergency medical services.

The branch coordinates the division's interests in the monitoring and assessment of the health impacts of TVA activities. It plans, coordinates, conducts and reviews epidemiological investigations to identify the effects of TVA activities on human health. It assesses the health implications of new technologies and energy systems being considered by TVA, coordinating such assessment with the responsible TVA organization.

It monitors the occurrence of patterns and coordinates the investigation of occupational disease within the employee population. It establishes indications for and methods of biological monitoring of the employee population, and assists the clinical staff in interpreting the significance of individual results. It coordinates group results of health monitoring and assessment activities of the division with those of the Division of Occupational Health and Safety and other TVA and outside organizations to ensure effective identification and control of the health hazards of the work environment. It oversees the division's safety plan.

The branch ensures that TVA's occupational health testing procedures comply with existing worker protection regulations. It reviews and comments on proposed workplace and environmental standards and regulations in an attempt to ensure more adequate and cost effective protection of human health in TVA activities. It interprets exposure limit guidelines and advises on the relative health effects of chemical, physical and biological agents encountered at work.

It provides support and consultation in a number of technical speciality areas including industrial hygiene, toxicology, epidemiology and biostatistics. It reviews and assesses plans and proposals for research into the health implications of TVA activities. It confers with TVA and consulting physicians regarding the clinical inputs and assessments required in carrying out the activities of the branch.

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Section IV: Special Health Services Branch (continued)

ITEM NO.

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## 1. TVA Annual Employees' Mortality Cohort Records

In 1977 the Tennessee Valley Authority entered into an agreement with the National Institute for Occupational Safety and Health (NIOSH) to conduct an "Epidemiological Mortality Study of TVA Employees." The primary purposes of the study is to measure the mortality experience of employees in coal-fired steam-electric power plants relative to control groups of employees in other lines of work. A second purpose is to determine the mortality experience of a large heterogeneous work force in an established energy-producing industry.

As a result of the agreement, this records series was created. Included in this series are records such as:

Death benefit claim key punch data.

Certificates of death from various states,
unnumbered, original or processed copy.

Employee service record (McBee Card) processed
copy, TVA 7587.

Employee record, processed copy, TVA 4911 and 4911A.

Death benefit claim, processed copy, TVA RS-10.

Mortality study worksheet, unnumbered.

Mortality study work history, unnumbered.

Mortality study work history continuation
sheet unnumbered.

The study consists of data collected on 24,000 TVA employees who were employed from January 1, 1955 through December 30, 1975, with followup to January 1978. The subjects were all males and had two years TVA employment with one year continuous annual service. The data was abstracted and collected from the following sources:

- 1. Retirement System Register of Active Employees.
- 2. Retirement System Register of Withdrawn Members.
- 3. Retirement System active files.
- 4. Retirement System inactive files.
- 5. Division of Finance Annual Employee Pyroll Ledger Cards for years of 1955, 1956, and 1957.
- 6. Division of Personnel Automated Personnel Management Information System for years 1969-1978.
- 7. Division of Personnel Automated Personnel Data System for years 1967-1968.
- 8. Personal History Records, Knoxville Files and St. Louis Federal Records Center.
- 9. Work History Cards from:
  - A. Division of Power Production.
  - B. Division of Power Systems Operations.
  - C. Division of Chemical Operations.

Section IV: Special Health Services Branch (continued)

ITEM NO.

## TVA Annual Employees' Mortality Cohort Records (continued)

Bach file folder also serves as the control document for the enclosed records with pertinent data concerning the contents, source of information, and status of the record entered on the front of the folder.

These records are filed alphabetically by employee name. There is a volume of 75 cubic feet. A machine-readable master file is maintained for analysis and contains data from the worksheets, work histories, and portions of the death certificates - all of which are retained in hard copy.

The data collection for this study has been completed. The analysis and final report is incomplete at this time. The final report of this study will be titled, "TVA/NIOSH Report of Mortality in a Large Energy Producing Industry," and will be the property of NIOSH who will make the distribution. The study will be updated every five years or so. The hard copy records will be microfilmed after data entry to the machine-readable file.

#### DISPOSITION:

- A. Hard Copy
  - (1) Final Report and Updates Permanent. Offer 1 copy of each to NARA upon issuance.
  - (2) Source Documents Destroy in agency when microfilm is verified.
- B. Microfilm and Index Destroy in agency when 20 years old.
- C. Magnetic tape Destroy individual data elements when data is no longer needed for administrative use; erase and reuse.
  (NC1-142-83-12)

#### 2. Assignment Files

These files were created in the Division of Health and Safety, Occupational Health Branch (now obsolete) and consist of work assignment projects conducted by branch staff members, primarily industrial hygienists and chemists. These projects required more than cursory review or routine inspection yet did not document any unique or significant research or experimental work done by the branch. These files are currently used in general reference as support documentation for reports, compensation claims, and evaluation of new program developments. This material does not possess significant scientific or medical research value and the requested retention will satisfy all reference needs of the organization.

DISPOSITION: Destroy in agency when no longer needed for reference. (NC1-142-84-5)