



**DEPARTMENT OF PERSONNEL & ADMINISTRATION  
STATE ARCHIVES AND PUBLIC RECORDS  
RECORDS DISPOSITION SCHEDULE**

ARCHIVES NO. <b>08-71</b>
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DEPARTMENT	DIVISION	SECTION	PERMANENT <input checked="" type="checkbox"/>	NON-PERMANENT <input checked="" type="checkbox"/>
Department of Public Health and Environment	Prevention Services	Oral Health Unit (Center for Healthy Living and Chronic Disease Prevention)		
ITEM NO.	DESCRIPTION	RETENTION PERIOD	SPECIAL INSTRUCTIONS	
1.	Dental Loan Repayment Database (Excel) <i>Includes history of the participants and the dollar amounts</i> Record copy  Duplicate paper copies	Retain until superseded or program ends then destroy. Retain until no longer needed then destroy		
2.	Dental Loan Repayment Files <i>Includes information on loan repayment participants (Contains Social Security Numbers)</i> Record copy  Duplicate copies	Retain for 7 years after service ends then destroy Retain until no longer needed then destroy	Keep in locked cabinet Destroy by shredding	
3.	Fluoridation Current Facility/County Files <i>Includes record copies of correspondence, inspection reports, inventory sheets, chronological records, WTP locations maps and duplicate copies of contract forms and purchase orders</i> Record copy Duplicate copies	Permanent Retain until no longer needed then destroy		

I request approval of the above records disposition schedule. Retention periods have been established by this agency after careful evaluation of all of the factors listed in the State Records Management Policies and Procedures Manual. I hereby certify that I am authorized to act for the head of this agency in matters pertaining to disposal of records. I also certify that I will comply with all conditions listed in the Records Management Policies and Procedures Manual.

State Archivist's Signature <i>Terry Kitekin</i>	Date <i>4/21/2008</i>	Records Liaison Officer's Signature <i>Betsy Hannah</i>	Date <i>01-25-2008</i>
Attorney General's Signature <i>John Suthers</i> <i>By Laurie Rottman</i>	Date <i>6-25-08</i>	State Auditor's Signature <i>[Signature]</i>	Date <i>4/24/08</i>

**NO RECORD SHALL BE DESTROYED THAT PERTAINS TO ANY  
PENDING LEGAL CASE, CLAIM, ACTION OR AUDIT.**



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ITEM NO.	DESCRIPTION	RETENTION PERIOD	SPECIAL INSTRUCTIONS
4.	Fluoridation Self-Monitoring Forms <i>Self-monitoring forms filled in by public water systems</i> Record copy Duplicate copies	Retain for 10 years then destroy Retain until no longer needed then destroy	5 CCR 1003.-1, § 1.6.3(c)
5.	Maps <i>Internet maps of service areas for Old Age Pension and Dental Repayment</i> Record copy  Duplicate paper copies	Retain until superseded then destroy Retain until no longer needed then destroy	
6.	Old Age Pension (OAP) Tracking System <i>Excel spreadsheet</i> Record copy  Duplicate paper copies	Retain until superseded then delete Retain until no longer needed then destroy	
7.	Old Age Pension Dental Program Dental Authorizations (claim forms)	Retain for 7 years then destroy	Program was replaced in 2003. All dental authorizations should be destroyed by end of 2010
8.	Old Age Pension Dental Program Database (ACCESS File)	Retain for 10 years then delete from LAN	Program was replaced in 2003. Database should be destroyed by end of 2013.

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State Archivist's Signature <i>Terry Letterson</i>	Date <b>4/21/08</b>	Records Liaison Officer's Signature <i>Betsy Hannah</i>	Date <b>01-25-2008</b>
Attorney General's Signature	Date	State Auditor's Signature <i>Michael J. Reg</i>	Date <b>4/24/08</b>

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ITEM NO.	DESCRIPTION	RETENTION PERIOD	SPECIAL INSTRUCTIONS
9.	Oral Health Surveillance Data Forms <i>Surveillance forms with information summarized in surveillance reports</i> Paper Copy  Electronic copy	Retain until report published then destroy  Retain until next surveillance then destroy	

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State Archivist's Signature <i>Terry Kitchison</i>	Date <i>4/21/2008</i>	Records Liaison Officer's Signature <i>Betsy Hannah</i>	Date <i>01-25-2008</i>
Attorney General's Signature	Date	State Auditor's Signature <i>[Signature]</i>	Date <i>4/24/08</i>

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