

<b>REQUEST FOR RECORDS DISPOSITION AUTHORITY</b>		JOB NUMBER <i>N1-026-07-7</i>	
To: NATIONAL ARCHIVES & RECORDS ADMINISTRATION 8601 ADELPHI ROAD COLLEGE PARK, MD 20740-6001		Date received <i>6/6/07</i>	
1. FROM (Agency or establishment) Department of Homeland Security		NOTIFICATION TO AGENCY  In accordance with the provisions of 44 U.S.C. 3303a, the disposition request, including amendments, is approved except for items that may be marked "disposition not approved" or "withdrawn" in column 10.	
2. MAJOR SUBDIVISION United States Coast Guard			
3. MINOR SUBDIVISION (CG-1121) - Operational Medicine			
4. NAME OF PERSON WITH WHOM TO CONFER CWO Tim Merrell	5. TELEPHONE NUMBER 202-475-5173	DATE <i>9/11/07</i>	ARCHIVIST OF THE UNITED STATES <i>[Signature]</i>
6. AGENCY CERTIFICATION I hereby certify that I am authorized to act for this agency in matters pertaining to the disposition of its records and that the records proposed for disposal on the attached <i>X2</i> page(s) are not needed now for the business for this agency or will not be needed after the retention periods specified; and that written concurrence from the General Accounting Office, under the provisions of Title 8 of the GAO Manual for Guidance of Federal Agencies,  <input checked="" type="checkbox"/> is not required <input type="checkbox"/> is attached; or <input type="checkbox"/> has been requested.			
DATE <i>4 June 2007</i>	SIGNATURE OF AGENCY REPRESENTATIVE OLTHEA S. CROOM <i>[Signature]</i>		TITLE Records Officer, United States Coast Guard
7. ITEM NO.	8. DESCRIPTION OF ITEM AND PROPOSED DISPOSITION	9. GRS OR SUPERSEDED JOB CITATION	10. ACTION TAKEN (NARA USE ONLY)
1	The purpose of this request is to Add items to the current schedules to correctly identify records created and maintained in accordance with the Coast Guard Records Disposition Schedule, COMDTINST M5212.12A, Information and Life Cycle Management Manual. Records are media neutral.  <u>SSIC 6200 PREVENTIVE MEDICINE</u>  <b>Item 9</b>  Biological Monitoring (Spore Testing). Documents include identification test date, test results, and operator.  <b>Destroy after two years.</b>		
<del>2</del>	<del><b>Item 10</b>  Patient Consent Forms. SF 522, Request for Administration of Anesthesia and for Performance of Operations and Other Procedures. Used to document consent in all surgical, anesthetic and reproductive procedures.  Permanent. Maintain as a part of Military Health Record.  <i>see SSIC 6150 Item 1 (NARA Auth. NCI 76 80 4 Item 153a)</i></del>		

115-109

PREVIOUS EDITION NOT USABLE

STANDARD FORM SF 115 (REV. 3-91)

Prescribed by NARA 36 CFR 1228

*SA 9/13/07 copies sent to Agency, NARA, NR, NWETB*