

**REQUEST FOR RECORDS DISPOSITION AUTHORITY**  
*(See Instructions on reverse)*

TO. NATIONAL ARCHIVES and RECORDS ADMINISTRATION (NIR)  
 WASHINGTON, DC 20408

1. FROM (Agency or establishment)  
 Department of Veterans Affairs (VA)

2. MAJOR SUBDIVISION  
 Veterans Health Administration (VHA)

3. MINOR SUBDIVISION  
 VA Central Office and Field Facilities

4. NAME OF PERSON WITH WHOM TO CONFER  
 Michael F. Boyce

5. TELEPHONE  
 535-8275

LEAVE BLANK (NARA use only)

JOB NUMBER  
 NI-15-95-3

DATE RECEIVED  
 3/10/95

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request, including amendments, is approved except for items that may be marked "disposition not approved" or "withdrawn" in column 10.

DATE  
 22 1995

ARCHIVIST OF THE UNITED STATES  
*[Signature]*

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 \_\_\_ page(s) are not now needed for the business of 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,

is not required;  is attached; or  has been requested.

DATE: 3/23/95

SIGNATURE OF AGENCY REPRESENTATIVE: *[Signature]*  
 Donald L. Neilson

TITLE: Director, Information Management Service

7. ITEM NO.	8. DESCRIPTION OF ITEM AND PROPOSED DISPOSITION	9. GRS OR SUPERSEDED JOB CITATION	10. ACTION TAKEN (NARA USE ONLY)
1.	<p>VA Form 10-2683, Monthly Report of Restraint and Seclusion File</p> <p>This file consists of completed VA Form 10-2683, Monthly Report of Restraint and Seclusion. Information recorded on the form includes the patient's name, name of physician who ordered the restraint or seclusion action, name and location of the facility, date action taken, type of restraint or seclusion, time action applied and removed, a description of the patient's behavior that lead to the restraint or seclusion order, description of the patient's behavior while in restraint and seclusion, the length of time in restraint or seclusion, description of the patient's behavior that lead to release from restraint or seclusion, and any other pertinent information.</p> <p><u>Disposition:</u> Destroy after two years <sup>GR</sup> and after the purpose has been served, whichever is sooner.</p>		

*Copies sent to agency, NNE, NNT 7/5/95*