

REQUEST FOR RECORDS DISPOSITION AUTHORITY

(See Instructions on reverse)

LEAVE BLANK

JOB NO.

N1-142-88-5

DATE RECEIVED

2-8-88

TO: **GENERAL SERVICES ADMINISTRATION
NATIONAL ARCHIVES AND RECORDS SERVICE, WASHINGTON, DC 20408**

NOTIFICATION TO AGENCY

In accordance with the provisions of 44 U.S.C. 3303a the disposal request, including amendments, is approved except for items that may be marked "disposition not approved" or "withdrawn" in column 10. If no records are proposed for disposal, the signature of the Archivist is not required.

1. FROM (Agency or establishment)

TENNESSEE VALLEY AUTHORITY

2. MAJOR SUBDIVISION

OFFICE OF CORPORATE SERVICES

3. MINOR SUBDIVISION

DIVISION OF MEDICAL SERVICES

4. NAME OF PERSON WITH WHOM TO CONFER

RONALD E. BREWER

5. TELEPHONE EXT.

615-751-2520

DATE

3/23/89

ARCHIVIST OF THE UNITED STATES



6. CERTIFICATE OF AGENCY REPRESENTATIVE

I hereby certify that I am authorized to act for this agency in matters pertaining to the disposal of the agency's records; that the records proposed for disposal in this Request of _____ 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, if required under the provisions of Title 8 of the GAO Manual for Guidance of Federal Agencies, is attached.

A. GAO concurrence: is attached; or is unnecessary.

B. DATE <i>1/29/88</i>	C. SIGNATURE OF AGENCY REPRESENTATIVE <i>Ronald E. Brewer</i>	D. TITLE ASSISTANT TVA ARCHIVIST
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7. ITEM NO.	8. DESCRIPTION OF ITEM <i>(With Inclusive Dates or Retention Periods)</i>	9. GRS OR SUPERSEDED JOB CITATION	10. ACTION TAKEN <i>(NARS USE ONLY)</i>
	<p>See the attached addition of Item IV.3, Report of known or suspected occupation-related condition or disease, to the Comprehensive Records Schedule for the Division of Medical Services.</p> <p>All changes to this proposed schedule have been approved by:</p> <p><i>Richard W. Morris</i> <i>3/9/89</i> <i>Ronald E. Brewer</i> <i>3/15/89</i></p> <p>NARA Appraiser date Agency representative date</p>		

REPORT OF KNOWN OR SUSPECTED OCCUPATION-RELATED CONDITION OR DISEASE

When an employee is examined in a TVA medical office and it is suspected that the condition or disease is occupation related, form TVA 2275, Report of Known or Suspected Occupation-Related Condition or Disease, is completed. Information recorded on form TVA 2275 includes: the condition or disease known or suspected to be occupation related, probable responsible agent or cause, contributing conditions, physical findings, diagnosis, and disposition of the case. The form is also used to request technical information concerning the agent or illness, an investigation of the incident, and to record results of the investigation by the Special Health Services Branch (SHSB).

The original and one copy of form TVA 2275 is forwarded to the SHSB, and if the SHSB believes an investigation of the incident is warranted, arrangements are made for the Industrial Hygiene Branch in the Division of Occupational Health and Safety (OC H&S) to make an investigation. After an investigation is made, the information gathered and the results are recorded on the form. Whether or not an investigation is made, the original is retained by the SHSB where it is filed by the year and person's name, and the copy is returned to the originating medical office. The copy becomes part of the Medical Records (NC1-142-83-4) and a machine copy is sent to the Industrial Hygiene Branch, OC H&S, (NC1-142-85-16, Section III, Item 4.A) for their records.

DISPOSITION

Original

*OK
REF*

Destroy when ^{ten}~~one~~ calendar years old.