## **INACTIVE - ALL ITEMS SUPERSEDED OR OBSOLETE**

Schedule Number: N1-142-88-005

All items in this schedule are inactive. Items are either obsolete or have been superseded by newer NARA approved records schedules.

## Description:

This single-item schedule was stated in the N1-142-10-001 crosswalk to be superseded by GRS 1, item 31, which is now (2022) GRS 2.4, item 100 (DAA-GRS-2016-0015-0012), and GRS 1, item 34, which is now (2022) GRS 2.7, item 020 (DAA-GRS-2017-0010-0002).

Date Reported: 07/28/2022 N1-142-88-005

1. FROM (Agency or establishment)  TENNESSEE VALLEY AUTHORITY  2. MAJOR SUBDIVISION  DIVISION OF MEDICAL SERVICES  4. NAME OF PERSON WITH WHOM TO CONFER  RONALD E. BREWER  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.		<u> </u>					<u> </u>	
STATIONAL ARCHIVES AND RECORDS SERVICE, WASHINGTON, DC 20408  1. PROM (Agency or exhibitiment)  TENNESSEE VALLEY AUTHORITY  TENNESSEE VALLEY AUTHORITY  1. MAJOR SUBDIVISION  DEPICE OF CORPORATE SERVICES  3. MANOR SUBDIVISION  3. MINOR SUBDIVISION  DEPICE OF CORPORATE SERVICES  3. MINOR SUBDIVISION  3. MINOR SUBDIVISION  DEPICE OF CORPORATE SERVICES  3. MINOR SERVICES  3. TELEPHONE EXT.  DATE  ARCHIVIST OF THE UNITED STATES  ARCHIVIST OF THE UNITED STATES  ARCHIVES OF THE UNITE	(See Instructions on reverse)							
NOTIFICATION TO AGENCY   In accordance with the provisions of 44 U.S.C. 33033   the displayment in the provision of 44 U.S.C. 33033   the displayment in column is approved or "withdrawn" in column 10. If no records and provided or "withdrawn" in column 10. If no records and provided or "withdrawn" in column 10. If no records are proposed or disposal or the signature of the Archivist is not required.    Intuition of Perison with Whole MCONTER   Structs   Struct	TO: GENERAL NATIONA	L SERVICES ADMINISTRATION AL ARCHIVES AND RECORDS SERVICE, WASHII	NGTON, DC 20408		Z-8-8	38		
The disposal request, including amendments, is approved a supproved of visiposition not required.	1. FROM (Agency or establishment)				NOTIFICATION TO AGENCY			
approved of "withdrawn" in column 10. If no records approved or "withdrawn" in column 10. If no records approved or "withdrawn" in column 10. If no records are proposed for disposal, the signature of the Archivist in the records of the Archivist of Technical Services.  RONALD E. BREWER 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	TENNESSEE VALLEY AUTHORITY 2. MAJOR SUBDIVISION				the disposal request, including amendments, is approved			
ANAME OF PERSON WITH MODIFIED STATES  RONALD E. BREWER 615-751-2520 7,3/1  ARCHIVIST OF THE UNITED STATES  RONALD E. BREWER 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; 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 attached; or is attached; or is attached.  B. DATE  C. SIGNATURE OF AGENCY REPRESENTATIVE  D. TITLE  129/88  ADMILL DATE  (With Inclusive Daies or Retention Periods)  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.  All changes to this proposed schedule have been approved by:  Level Warms 3/4/89  Annual C. 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.	OFFICE (	OF CORPORATE SERVICES		approved" or "withdrawn" in column 10. If no records are proposed for disposal, the signature of the Archivist is				
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    ASSISTANT TVA ARCHIVIST   9. GRS OR SUPERSEDED (With Inclusive Dates or Retention Periods)   9. GRS OR CITATION   10. ACTION TAKEN (MARS USE ONLY).  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.  All changes to this proposed schedule have been approved by:    College   William   14/19   4. Accounting the proposed schedule have been approved by:	DIVISION OF MEDICAL SERVICES 4. NAME OF PERSON WITH WHOM TO CONFER		5. TELEPHONE EXT	·			ITED STATES	
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			615-751-2520	23/51	92			
B. DATE    1/29/88   A orull E. Duulu   ASSISTANT TVA ARCHIVIST   1.	that the reco agency or w Accounting ( attached.	ords proposed for disposal in this Request o will not be needed after the retention perio Office, if required under the provisions of T	f page ds specified; and itle 8 of the GAC	(s) are not now that written	w needed concurre	for the bus ence from	siness of this the General	
ASSISTANT TVA ARCHIVIST  7. ITEM NO. 8. DESCRIPTION OF ITEM SUPERSEDED JOB CITATION  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.  All changes to this proposed schedule have been approved by:  Report of known or suspected occupation-related condition or disease, to the Comprehensive Records Schedule for the Division of Medical Services.								
7. ITEM NO.  8. DESCRIPTION OF ITEM (With Inclusive Dates or Retention Periods)  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.  All changes to this proposed schedule have been approved by:  Color What Inclusive Dates or Retention Periods)  10. ACTION TAKEN (WARK USE ONLY)		Signature of agency representative	İ	ርጥልእነጥ ጥኒነል A	DOUTUTO	r.		
or suspected occupation-related condition or disease, to the Comprehensive Records Schedule for the Division of Medical Services.  All changes to this proposed schedule have been approved by:  Sched Whamas 3/9/89 Handle. Bullet 3/15/89	7. ITEM		OF ITEM	STANT IVA A	g SU	. GRS OR PERSEDED JOB	TAKEN (NARS USE	
		or suspected occupation-related the Comprehensive Records Sched Medical Services.  All changes to this proposed sched Color What 3/9/89	condition or ule for the Di	disease, to ivision of approved	by:	1/3/)	5/89	

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

ten

Destroy when one calendar yearsold.