**Insert**

**Agency Logo**

**Here**

**Records Management Destruction Log**

*Please refer to your authorized Retention Schedules to complete this form. Instructions on Page 2.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Disposition Authority Number (DAN)** | **Records Series Title** | **Date/Date Range of Records** | **Eligible Destruction Date**(As dictated by your retention schedule) | **Description** | **Location** |
| *Ex: GS50-01-43* | *Meetings –Staff and Internal Committees* | *2019* | *2021* | *Agenda Packets (paper), meeting minutes (electronic)* | *Office 245;**(S:) drive* |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Method of Destruction:*** Shred paper records yourself, in your department/unit
* Utilize locked bins for paper shredding through vendor
* Dispose of electronic records only
* Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | **Volume to be Destroyed:**Number of files: \_\_\_\_\_\_\_\_\_\_\_\_Number of Boxes: \_\_\_\_\_\_\_\_\_\_\_\_Electronic (KB, MB, GB, TB): \_\_\_\_\_\_\_\_\_\_\_\_ | **Name of Agency/Department:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date of Destruction**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Signatures of Approving Officials:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Department Records Management Coordinator\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Supervisor/Director/Records Officer (RO)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Shredding Vendor (if applicable) | **For Official Use Only** *(must complete before destruction)* **:**Date Recv’d for Review: **\_\_\_\_\_\_\_\_\_\_\_\_\_**Date Approved: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

|  |  |
| --- | --- |
| **RECORDS MANAGEMENT DESTRUCTION LOG****GENERAL INSTRUCTIONS**A destruction log is ***recommended*** to document disposal of all official government records. This report identifies record type, record date(s), eligible destruction date, and quantity of records being destroyed in accordance with RCW 40.14.060 (State), RCW 40.14.070 (Local), WAC 434-610-070, and WAC 434-640-010, -020, and -030.Please refer to your State and/or Local Schedules authorized for your agency’s use. *Not sure which schedule to use? Find your agency’s schedule(s) at…*State retention schedules: <https://www.sos.wa.gov/archives/recordsmanagement/state-agencies-records-retention-schedules.aspx>.Local retention schedules:<https://www.sos.wa.gov/archives/recordsmanagement/select-type-of-local-government.aspx>.***The following information should be provided on the Destruction Log*:****DISPOSITION AUTHORITY NUMBER (DAN)**: A unique number assigned to a single records series.**RECORDS SERIES TITLE:** Title associated with a group of records, consisting of a single type of form or variety of documents that when used or filed together serve a specific function.**DATE/DATE RANGE OF RECORDS:** Date the records were created.**ELIGIBLE DESTRUCTION DATE:** When the records’ minimum retention has been met, as stated in the retention schedule.**DESCRIPTION:** Brief description and/or examples of the records being disposed of.**LOCATION:** The physical or digital location of the record within your agency. | **METHOD OF DESTRUCTION:** Indicate where and how your records will be destroyed: Will you dispose of electronic records? Will paper records be shredded by your department, or will you be utilizing a vendor?If a confidential recycle bin is needed for confidential document disposal contact your Records Officer or supervisor to have the service requested.**VOLUME DESTROYED:** Estimate the volume of records being disposed of (e.g., 50 banker boxes or 64 MB of electronic files).**NAME OF DEPARTMENT:** Department disposing of records.**DATE OF DESTRUCTION:** Date the records were destroyed.**SIGNATURES**: Your agency’s Records Office (RO) or direct supervisor must authorize the destruction of records. An electronic signature on this form is acceptable in accordance with the Uniform Electronic Transactions Act (chapter 1.80 RCW).**SUBMITTING DESTRUCTION REPORT:** Destruction log must be submitted to your agency’s Records Officer or supervisor and must be retained for 50 years under:* ***Destruction/Transfer of Records*** ***(DAN GS50-09-06)*** in the *Local Government Common Retention Schedule (CORE)* for local government entities.
* ***Destruction/Transfer of Records (DAN GS 11001)*** in the *State Government General Records Retention Schedule* for state agencies.

**FOR ASSISTANCE**: Contact your agency’s Records Officer/Coordinator or the Washington State Archives at (360) 586 -4901 or recordsmanagement@sos.wa.gov. |