

Unit:

Northern Ontario School of Medicine

Records Destruction Form

(Article 6(g) - Records Retention Policy)

- 1. Use this form to document the destruction of Northern Ontario School of Medicine Records and Files that have met or exceeded their retention period as defined by the Records Retention Schedule (RRS) governing them.
- 2. Enter the Records/Files Index number, their category and a brief description of their contents (but keep the description generic; do <u>not</u> include specific identifying details of Confidential Information), whether or not they include Confidential Information, the range of their dates (e.g. Jan. 1 Dec. 31, 2007), and their method of destruction.
- 3. Do not destroy any Records or Files pertaining to an investigation, appeal, legal action or proceeding, access to information request, audit, program review, or government, court, or tribunal order even if their retention period specified in the RRS has expired.
- 4. This form has been produced in conformity to FIPPA Regulation 459, s. 6(1).
- 5. This form should be permanently retained in the office of the Unit carrying out the destruction.

Date of Completion and Filing of This Form:						
Index No.	Category/Description of Information	Medium	Confidential Information (Y/N)	Range of Record/File Dates	Manner of Disposal	
					☐ Shredded	☐ Incinerated
					☐ Erased	☐ Rerecorded
					☐ Shredded	☐ Incinerated
					☐ Erased	☐ Rerecorded
					☐ Shredded	☐ Incinerated
					☐ Erased	☐ Rerecorded
					☐ Shredded	☐ Incinerated
					☐ Erased	☐ Rerecorded
					☐ Shredded	☐ Incinerated
					☐ Erased	☐ Rerecorded
					☐ Shredded	☐ Incinerated
					☐ Erased	☐ Rerecorded
					☐ Shredded	☐ Incinerated
					☐ Erased	☐ Rerecorded
					☐ Shredded	☐ Incinerated
					☐ Erased	☐ Rerecorded
					☐ Shredded	☐ Incinerated
					☐ Erased	☐ Rerecorded
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Name of approving officer (please print):			Title:			
Signature of approving officer:			Date:			