



Agency Records Destruction Form (Revised June 2023)

Instructions: Complete the destruction form to document the approval and destruction of records in-house or by a 3rd-party vendor.

1. Complete the “Agency Information” section and indicate the reason for the records disposition/destruction.
2. List the records eligible for destruction in the table on page 2.
3. Route for approvals to verify records have met retention and are not on legal hold.
4. A state employee must witness the destruction and list their name and title in field #9.
5. Retain the Agency Records Destruction form in accordance with your retention schedule.

WARNING:

Per Government Code section 12275(a), “A record shall not be destroyed or otherwise disposed of by an agency of the state, unless it is determined by the Secretary of State that the record has no further administrative, legal, or fiscal value and the Secretary of State has determined that the record is inappropriate for preservation in the State Archives.” A current retention schedule signed by the California State Archives, serves as approval from the Secretary of State.

Records flagged “Notify Archives” may not be destroyed. Contact the State Archives (SRAP@sos.ca.gov) for instructions on how to transfer records.

Agency Information

Provide information about the records creator and who will perform the destruction.

(1) Agency/Department		(2) Division/Branch Section	
(3) Agency Address	(4) Who will perform the destruction (Third-party Vendor [Company Name], Employee, Agency onsite-pick-up destruction bins, etc.) <input type="checkbox"/> State Records Center (DDC) <input type="checkbox"/> Agency (onsite) <input type="checkbox"/> Other/Third-Party, explain:		

Agency Approval & Destruction Details

Verify the records are eligible for destruction and are not on legal hold (subject to current or pending litigation, audit, Public Records Act Request)

(5) Justification for Records Disposition/Destruction <input type="checkbox"/> Records met retention period <input type="checkbox"/> Records to be digitized* <input type="checkbox"/> Records Accidentally Lost/Destroyed (attach the CalRIM-04 Notification Form)				
(6) Manager Responsible for Records - Signature	Title/Classification	Name – (Printed or Typed)	Email address	Date Signed
(7) Records Management Coordinator - Signature	Title/Classification	Name – (Printed or Typed)	Email address	Date Signed
(8) Method of Destruction <input type="checkbox"/> Confidential Shredding <input type="checkbox"/> Recycling <input type="checkbox"/> Deletion		(9) Name/Title –Employee Witness of the Destruction (SAM 1623)		(10) Date Records Destroyed

Records Information

Describe the records to be destroyed. Use a separate line for each record series (or functional type of record); this corresponds to a line item on the Records Retention Schedule.

(11) Record Series & Description	(12) Retention Schedule Authorization Approval #	Item #	(13) Records Cutoff & Retention Period	(14) Records Format	(15) Date(s) of records	(16) Volume

Form Field Explanations The numbers below correspond to the form-field numbers on the Agency Records Destruction Form.

1. **Agency/Department:** State agency responsible for the records included on the destruction log.
2. **Division/Branch/Section:** Within the department responsible for the records included on the destruction log.
3. **Address** of the division/branch/section responsible for the records.
4. **Who Will Perform the Destruction:** Check box that most appropriately describes the who will perform the destruction: State Records Center, the Agency (employee); Other/Third-Party vendor. If using a third-party vendor, please provide company name.
5. **Justification for Records Destruction:** Check the box that most accurately describes why the records listed are being destroyed. If records were accidentally lost/destroyed, document the circumstances.
 *Electronic version of records that have been digitized, where the electronic version is now the original and paper version is to be destroyed, must be stored in a trusted system in accordance with California Government *Code section 12168.7(c)*. The destruction of the paper source records will be documented as “records to be imaged.”
6. **Manager Responsible for the Record:** Manager’s signature, classification, name, phone number, date they signed the records destruction form to signify their approval of the records destruction.
7. **Department’s Records Management Coordinator (RMC):** As defined by Government Code section 12274.5, signature, classification (e.g., AGPA, Business Services Officer I, etc.), name, phone number, date they signed the destruction form, to signify their approval of the records destruction.
8. **Method of Destruction:** Check the box that most accurately describes the method of destruction.
9. **Witness of the Destruction:** Name and title of the witness to the destruction; who verified destruction took place on the date specified (witness must be a State employee, per SAM [1623](#)).
10. **Date Records Destroyed:** Date the records were destroyed and witnessed.
11. **Records Series and Description:** The exact title of records series from the approved records retention schedule along with the description of the specific records being destroyed.
 *Records must be on an agency’s current and approved record retention schedule before being destroyed. If records are not on an approved retention schedule, contact CalRIM@sos.ca.gov.
 **Records cannot be destroyed that are flagged with “Notify Archives” on the approved Record Retention Schedule, without written approval from the State Archives that the records were appraised as NOT having archival value upon further review. (Questions? Contact SRAP@sos.ca.gov)
12. **Retention Schedule Authorization:** Provide the current records retention schedule **approval number** (YYYY-###) and the **item number** for that records series as evidence of the authorization of destruction.
13. **Records Cutoff and Retention Period:** List the inactivation trigger and the retention period from your current approved retention schedule (to show that the records listed have met the requirements).
14. **Records Format:** Include appropriate Storage Media code for the series of records described; E – Electronic; P- paper; M- magnetic (audio cassettes, VHS, etc.); F – Film (microfilm, etc.).
15. **Date(s) of Records:** Date or range of dates represented by the records being destroyed in that records series.
16. **Volume:** List the volume of records being destroyed for each series (physical records in Cubic Feet; and electronic records as MB, GB,TB, etc.).