DEPARTMENT: _____Phone Ext. _____

DEPT #: _(ex: EHS-001)_____   **#** ____ of ____ boxes

CONTENTS: (Description and Dates of Documents) _____

_____

_____

_____

_____

DEPARTMENT HEAD: _____ ADMIN ASSIST: _____

                     Signature   Signature

DATE OF DESTRUCTION:

_____

Month / Day / Year **(Bold and legible)**