

## Certification of Records Destruction

1. COUNCIL/AGENCY/INDIVIDUAL		2. DIVISION/DEPARTMENT/SECTION		
3. PERSON COMPLETING FORM		4. LOCATION		5. PHONE
	6. RF	ECORDS TO BE DESTR	OYED	
Item Description	Date Received	Location Used	Destruction Method	Disposal Date
7. RECORDS DESTROYED BY (Print)		SIGNATURE	DA	TE
8. OEMS OFFICIAL (Print)		SIGNATURE	DA	TE

**Virginia Office of Emergency Medical Services** 

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