

UNITED STATES DEPARTMENT OF AGRICULTURE  
MARKETING AND REGULATORY PROGRAMS

RECORDS DESTRUCTION FORM

CERTIFICATION

**NOTE:** Do not destroy records: subject to pending or anticipated litigation; responsive to an open FOIA / Privacy Act request; or needed for audits, inspections, administrative inquiries, or investigations. The records must be retained even if they are past their scheduled retention period. Destruction is authorized only after notification by the authorizing official that the hold is lifted.

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I certify that these records are past the retention period specified by the records schedule. They are also no longer needed for business purposes, audits, inspections, administrative inquiries, investigations, or litigation.

1. OFFICE NAME AND ADDRESS		2. EMPLOYEE NAME AND PHONE NUMBER		
3. NUMBER OF BOXES/ VOL OF DATA	4. MEDIA FORMAT (e.g., paper, electronic, cd)	5. PII <input type="checkbox"/> YES <input type="checkbox"/> NO	6. CUI <input type="checkbox"/> YES <input type="checkbox"/> NO	7. RECORDS SERIES TYPE (e.g. travel, time and attendance, and Export license)
8. SCHEDULE ITEM NUMBER	9. DISPOSITION AUTHORITY NUMBER	10. INCLUSIVE DATES (MM-DD-YYYY) (e.g., 10/01/2016-09/30/2017) -		11. DISPOSITION DATE (MM-DD-YYYY)
12. SPECIFIC/UNIQUE DESCRIPTION INFORMATION OF PROPOSED BOXES/FILES FOR DESTRUCTION				

DESTRUCTION PROCESS

13. DESTRUCTION METHOD <input type="checkbox"/> Shredding <input type="checkbox"/> Delete Electronic Files <input type="checkbox"/> Discard <input type="checkbox"/> Other (identify)	14A. DESTRUCTION APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO	14B. IF NO, REASON FOR DISAPPROVAL
15. COMMENT(S) ABOUT DESTRUCTION		

REQUIRED APPROVALS

16A. PROGRAM CONTACT/CUSTODIAN NAME (print)	16B. PROGRAM CONTACT/CUSTODIAN SIGNATURE	16C. DATE (MM-DD-YYYY)
17A. PROGRAM SUPERVISOR NAME (print)	17B. PROGRAM SUPERVISOR SIGNATURE	17C. DATE (MM-DD-YYYY)
18A. PROGRAM RECORDS LIASION/COORDINATOR NAME (print)	18B. PROGRAM RECORDS LIASION/COORDINATOR SIGNATURE	18C. DATE (MM-DD-YYYY)
19A. NAME OF AGENCY RECORDS OFFICER	19B. SIGNATURE OF AGENCY RECORDS OFFICER	19C. DATE (MM-DD-YYYY)

## Instructions for Completing MRP Form 406

### RECORDS DESTRUCTION FORM

This form is to document the proper destruction of federal records.

**NOTE: If you have more than one records series to dispose of, use the Records Destruction Continuation Form (MRP 406A) to provide data needed for boxes 3 through 12 on this form.**

**Certification** – Documents are not subject to a hold that have reached their retention period according to the General Records Schedule (GRS) or an approved agency-specific records schedule (ASRS).

1. Enter the office name and address of the program requesting the destructions of records.
2. Enter the employee point of contact and telephone number for the program office.
3. Number of boxes in cubic feet (standard records box: 14 $\frac{3}{4}$ " x 12" x 9 $\frac{1}{2}$ " is a cubic foot) of paper records to be destroyed or volume of electronic records deleted (e.g., 4 MB).
4. Identify the media format of records to be destroyed (e.g., *paper, electronic, cd*).
5. Do the Records contain PII?  
(*Personally Identifiable Information (PII) is defined as any information about an individual which can be used to distinguish or*
6. Do the records contain CUI?  
(*Controlled Unclassified Information (CUI) is information that requires safeguarding or dissemination controls consistent with application laws, regulations, and Government-wide policies, but is not classified under [Executive Order 13526 "Classified National Security Information"](#).*
7. Enter the records series type based on the GRS or ASRS to be disposed. This is the schedule item title.
8. Enter the schedule item number (e.g., *GRS 1.1 Item 001 or ADIS 4-2*).
9. Enter the disposition authority (e.g., *DAA-GRS-2016-0013-0001 or NC1-310-77-2, item 483b*).
10. Enter the inclusive dates of the records to be disposed (e.g., *10/01/2016-09/30/2017*). This is the date span of records to be destroyed.
11. Enter the disposition date (e.g., *MM/DD/YYYY*). This is the date the records are eligible for destruction. If you have more than one year of records, use the latest cut-off date to determine the appropriate disposition date.
12. Enter specific or unique information of proposed records for destruction.

#### Destruction Process

13. Enter the method of destruction of the files. (*Check appropriate box*).
- 14a. Supervisor approves the records can be destroyed and verifies that records are not on a hold.
- 14b. If the supervisor disapproves destruction of records, they are to give an explanation of why.
15. Enter any relevant information pertaining to the destruction of records

#### Required Approval

16. a - c. Program Contact or Program Custodian (*Name, Signature and Date Signed*). Person filling out the form.
17. a - c. Program Supervisor (*Name, Signature and Date Signed*). Person approving or disapproving destruction of records
18. a - c. Program Records Liaison (*Name, Signature and Date Signed*). Person verifying records schedules and records disposition.
19. a - c. Agency Records Officer (*Name, Signature and Date Signed*). Person approving or disapproving destruction of records