

Appendix III-G: Medical Records Chain of Custody Form

This form will be filled out for each employee whose medical records are collected. Each time a medical record for this employee is placed into or removed from the medical records cabinet, the CSHO will fill out the bottom of this form and the medical records administrator will initial that the records were placed into or removed from the cabinet. All medical records will be destroyed by shredding per the procedures in FOM Chapter XVI, after which this form may also be destroyed.

Today's Date: _____

CSHO Name (first and last name): _____

Field Office: ☐ Asheville ☐ Charlotte ☐ Raleigh ☐ Winston-Salem ☐ Wilmington ☐ ASH

Medical Records Information:

Company Name: _____

Employee Name: _____

Medical Record Identifier: _____

Date	Records Transferred	Purpose	CSHO Signature*	Medical Record Administrator's Initials

* Other than the lead CSHO, only the immediate supervisor or bureau chief are allowed to access these files without authorization from the OSH director.

Medical Records Chain of Custody Form cont'd.

Date	Records Transferred	Purpose	CSHO Signature*	Medical Record Administrator's Initials

* Other than the lead CSHO, only the immediate supervisor or bureau chief are allowed to access these files without authorization from the OSH director.