**Authorised Records Disposal Procedure**

The objective of this document is to highlight important guidelines to be followed when disposing of records within the University.

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# 1. Document Control Summary

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| --- | --- |
| **Area** | **Document Information** |
| Author | Information Governance Senior Manager |
| Owner | Head of Governance and Compliance |
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| Next review date | Ongoing |
| Document Classification | Public |

# 2. Introduction / Context

The University is responsible for the processing of a significant volume of records, both personal and non-personal, across each of its Schools and Service Areas.

The objectives of this document are to:

* Ensure consistent implementation of the University’s Records Retention Schedule.
* Ensure that appropriate disposal actions take place for university records, whether in-house or by external provider.
* Ensure on-going monitoring and accountability of this process.

These procedures will provide clear guidance to ensure the secure destruction of University records, both electronic and paper copy. These procedures will facilitate compliance with the University’s Records Retention Schedule and legislation including Freedom of Information and Data Protection.

# 3. Purpose

To outline a set of guidelines to be followed to ensure that the destruction of the University’s records is undertaken in line with the Records Retention Schedule, that confidentiality is maintained throughout the disposal process and that authorised disposal certificates are completed and retained in order to fully document the disposal process.

# 4. Scope

These guidelines apply to all permanent, temporary, and contracted staff working at or on behalf of TU Dublin.

Disposal of records must be a controlled and managed procedure.

The procedure outlined in this document applies to:

* Records that are due for disposal according to the University’s Records Retention Schedule.

The procedure outlined in this document does not apply to:

* Records identified for permanent preservation: such records should be retained permanently in the University as archives.
* Records which are the subject of a request under the Freedom of Information Act, the Data Protection Acts or the Access to Information on the Environment Regulations; disposal of such records should be postponed until the relevant process has been completed.
* Records which are or are likely to be involved in any audit process, litigation, court case or other legal proceeding or investigation; disposal of such records should be postponed at least until the relevant process has been completed.

# 5. Secure Destruction of Records

## 5.1 Identifying Records for Disposal

A designated staff member in each Faculty, School or Professional Service has responsibility for coordinating the implementation of the University’s records disposal procedures. Other staff members may be involved in this process, but only under the guidance/supervision of the designated staff member.

At regular intervals, each designated person should identify:

1. Records due for disposal according to the Records Retention Schedule
2. Records due for transfer to the University Archives.

## 5.2 Disposal List and Certificate(s)

In relation to records identified at a) above, the designated person should prepare a Records Disposal Certificate (sample provided in Appendix A) and a Records Disposal List (sample provided in Appendix B).

* The List should be attached to the Certificate and forwarded to the Head of the relevant University area.
* If the Head is satisfied that the disposal of the records should proceed, he/she should sign the certificate and return to the designated person who can proceed to arrange for disposal of the records.
* If the Head has a query regarding the disposal of any of the records, he/she should discuss this with the designated person and/or the Information Governance Office and, if required, view the records in question.
* The Information Governance office will review the record and advise whether it should be retained/disposed.
* If the Information Governance office agrees the record disposal, they should complete the Disposal Certificate and return it to the designated person.
* When the certification process has been completed according to the procedure listed above, the designated person should proceed to arrange for disposal of the records.
* No disposal can take place until an Authorised Disposal Certificate is signed by the Head and Information Governance Office (if relevant).
	1. **Disposal of Hard copy Records**

After disposal has been authorised (see 5.2 above), the designated person should co-ordinate the actual destruction process. The choice of method will be determined by security needs, cost, and environmental impact.

The use of standard bins or other non-secure facilities is not acceptable for university records classified as Internal, Restricted or Confidential. Locked shredding bins or consoles or some other secure confidential waste system must be used for disposal of these records. If no locked shredding bin or console is available estates should be contacted via estates helpdesk to organise removal of waste for confidential shredding.

* If using an external company to carry out the destruction of in-house records, a schedule for collection of the material in the secure consoles should be agreed with the relevant service provider.
* The items for disposal may be shredded on-site by the service provider, or they may be removed to a secure facility prior to shredding (such a facility must have been inspected and approved prior to awarding the shredding service contract).
* After shredding, the shredding provider should provide the University’s staff with a certificate to show how much material was shredded, the date the shredding took place, and the personnel involved. Where it is possible, a member of staff should observe the shredding process. This is particularly important when there are a large number of sensitive files being shredded.
* If using an external company to carry out the destruction of records which are being held in off-site storage, a certificate as outlined above should be provided by the shredding provider.
* Staff should note that all items placed in a console for shredding remain the property of the University until they are fully shredded.
* All records are to be kept secure until they are actually destroyed. They are not to be left unattended in corridors, reception areas, public access areas or even in view in office areas awaiting final disposition.
	1. **Disposal of Digital Records**

For disposal of records that are maintained in digital formats, the designated person must liaise with the University’s ICT section.

It should be noted that delete functions in standard operating systems do not fully erase records.

Implementation of the University’s Records Retention Schedule cannot be successfully achieved by individual staff members deleting records from shared drives, email systems or other network locations.

# 6. Related Documents

This procedure should not be viewed in isolation. This procedure supports the following compliance and IT security policies/procedures;

1. TU Dublin Record Retention Schedule
2. Records Retention Content spreadsheets
3. TU Dublin Data Classification Policy
4. TU Dublin Data Management, Retention and Destruction Policy
5. TU Dublin Information Security Policy

# 7. Appendices

**Appendix A**



**TU Dublin**

**Records Disposal Certificate**

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| --- |
| CERTIFICATE NUMBER: |
| This certificate relates to records that are due for disposal in line with: University’s Records Retention Schedule I approve of the disposal of the records listed on the attached Disposal List on the basis that: 1. The University has no further administrative use for the records
2. There is no legal or regulatory requirement for the ongoing retention of the records
3. The records do not merit permanent preservation in the University Archives
 |
| ***Section/Unit*** |  |
| **Approved By: (Head of Faculty, School, or Professional Service)** |
| Name in Block Capitals  | Title |
| Signature | Date |
| **Information Governance review (if required)** |
| Review by Information Governance Required | Yes | No |
| **I confirm that these records may be disposed of**  |
| Name in Block Capitals | Title |
| Signature | Date |
| **Confirmation: (designated person)** |
|  **I confirm that the records specified above were destroyed on:**[enter date] |
| Name in Block Capitals | Title |
| Signature | Date |
| **Method of Destruction (please tick as appropriate)** |
| Confidential shredding on-site |  |  |
| Confidential shredding off-site |  | Please state name of shredding company: |
| Other  |  | Please specify: |
| Certificate of Destruction provided? |  |  |

**Appendix B**

**Sample Disposal List**

|  |
| --- |
| **Disposal List** |
| **Title** | **Nature of Disposal**  | **Retention Schedule (yrs.)** | **Date Disposed** | **Date Shredded** |
| *E.g., Budget Reports (2016-2022)* | *Shredding* | *6* | *07/01/2023* | *07/01/2023* |
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|  |  |  |  |  |
| **Number or reference from Shredding Bin:** |   |

|  |  |
| --- | --- |
| **Signed: Designated Person**  |   |
| Name Printed: |   |
| Date: |   |
| **Signed: Head of Function** |   |
| Name Printed:  |   |
| Date: |   |
| Disposal Certificate Reference number: |   |

**Appendix C – Disposal Process Overview**



**Note:** No disposal can take place without a signed Authorised Disposal Certificate.

# 8. Document Management

## 8.1 Version Control

|  |  |  |  |
| --- | --- | --- | --- |
| **VERSION NUMBER** | **VERSION DESCRIPTIN /** **CHANGES MADE** | **AUTHOR** | **DATE** |
| *1.0* | *Initial Procedure* | *Information & Compliance Working Group* |  |
| *1.1* | *Review and Update* | *Information Governance Team* | *04.10.23* |
|  |  |  |  |

## 8.2 Document Approval

|  |  |  |
| --- | --- | --- |
| **VERSION NUMBER** | **APPROVAL DATE** | **APPROVED BY (NAME AND ROLE)** |
| *1.1* |  | *Head of Governance & Compliance* |
|  |  |  |
|  |  |  |

## 8.3 Document Ownership

Document Owner – Head of Governance and Compliance

Document Update - Information Governance Senior Manager

## 8.4 Document Classification

Document is classified as Public and is available to all staff, students and members of the public who wish to view it.