

INSTRUCTIONS FOR PREPARING FORM AID 5-86

BLOCK	INSTRUCTION
Originating Office	Enter the office symbol, i.e., M/AS/IRD, USAID/Nigeria/EXO
Prepared By	Enter the name of the person completing the form.
Date	Self-explanatory.
Reviewed By	Enter the name of the Vital Records Liaison Officer of the office or mission.
Date	Self-explanatory.
Approved By	Enter the name of the approving official of the office or mission.
Item No.	Number each new item consecutively (1, 2, 3, etc.).
Date	Self-explanatory.
Description of Records	Name of the emergency record. If the record is electronic, include the entire file name, i.e., Employee locator information V:\MAS\IRD\emergencylocator2010.doc
Media Type	P=paper document E=electronic document CD=compact disc
Contact Person	Person to contact about the records.
Frequency of Update	Annual, semi-annual, quarterly, monthly, weekly.
Emergency Location Address	Location where the vital records are stored. USAID/W offices may leave this section blank.