

	INVENTORY	ORIGINATING OFFICE (Service or Staff Office)						
completing the form)			REVIEWED BY (Typed name and signature of Vital Records Liaison Officer) DATE			APPROVED BY (Typed name and signature of Approving Official) DATE		
ITEM NO.	DESCRIPTION OF RECORDS		MEDIA TYPE (Paper, etc.)	CONTACT PERSON		FREQUENCY OF UPDATE	EMERGENCY LOCATION ADDRESS	

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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	f-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.				

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