6/29/65 *Reports*

Mailed

GENERAL SERVICES ADMINISTRATION NATIONAL ARCHIVES AND RECORDS SERVICE **VITAL RECORDS PROTECTION STATUS REPORT** (PART I - EMERGENCY OPERATING RECORDS)	1. PROGRAM STATUS AS OF *(Month, day, year)* 30 June 1965

INSTRUCTIONS

Please submit this report in duplicate to the address shown below. A separate report shall be prepared for each individually-operated vital records program.

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TO:   General Services Administration
      National Archives and Records Service
      Office of Federal Records Centers
      Washington, D.C. 20408
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2. DEPARTMENT OR AGENCY
Central Intelligence Agency

3. BUREAU, SERVICE OR OFFICE

4. REPORT COVERS

[X] a. TOTAL ORGANIZATION   [ ] b. HEADQUARTERS ONLY   [ ] c. REGIONAL OR FIELD OFFICE

5. ADDRESS OF REPORTING OFFICE *(Number, street, city, State and code)*
2430 E Street, NW., Washington, D. C. 20505

6. PROGRAM STATUS

DESCRIPTION	PHASE *(Check)* COMPLETE (1)	INCOMPLETE (2)
a. DEFINITIVE PLANS PREPARED, REPRODUCED AND DISTRIBUTED TO KEY PERSONNEL	X	
b. RECORDS SELECTED	X	
c. RECORDS POSITIONED AT LOCATION(S)	X	
d. APPROPRIATE EQUIPMENT AVAILABLE AT LOCATION(S)	X	

7. REASON(S) FOR UNCOMPLETED PROGRAM ACTIONS *(Give brief explanation for each item checked incomplete in item 6)*

Not applicable

8. PROGRAM REVIEWED

[ ] a. ANNUALLY   [ ] b. SEMIANNUALLY   [ ] c. OTHER *(Specify)*

9. LOCATION(S) OF PROTECTED RECORDS

a. CITY, STATE AND ZIP CODE	b. STREET ADDRESS	c. ROOM NO.
Classified Information		

GSA DC 64-17756

GSA FORM JUN 64 **2034**

10. DESCRIPTION OF RECORDS AT LOCATION(S)

FILE RECORD SERIES, DOCUMENT, OR PUBLICATION TITLE (Example: Quarterly reports - Available supplies of product X; Roster of technicians qualified for emergency water testing) a.	RECORDING MEDIUM (Paper, microfilm, punch-cards, etc.) b.
Classified Information Minimum volume of emergency operating records essential to carrying on the war time mission of this Agency.	Paper, Microfilm, Punch Cards, and Other means.

11. REPORTED BY (Official responsible for Vital Records Program)

SIGN

NAME AND TITLE (Please print)

Chief, Records Administration Staff

BRA

TELEPHONE NO. (Or code) AND EXT.

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