STATUS REPORT

Date: 6 January 1964

Indispensable Records for Emergency Use

| TO: | Office | of Records | Management, | National | Archives | and | Records | Service |
|-----|---------|------------|----------------|-----------|-----------|------|---------|---------|
| | General | Services | Administration | on, Washi | ngton 25, | D. 0 | 3. | |

PROM: Central Intelligence Agency
(Department or Agency)

1. a. Location: (X) Special Records Depository or () Key Field Office

Classified Information
(Room Number, street address)

(City and State)

- b. Have agency relocation officer and the security officer approved this location? Yes
- c. Have practical arrangements been completed for making the records available to agency personnel at the relocation site in case of emergency? Yes
- d. If reliance is placed on assembling duplicates now located in field offices, so indicate NO. In such event officials names in paragraph 4 must be cognizent of plans.
- Brief indentification of records at each location: Records essential for continuing Agency operations in an emergency. Additional information is classified.
- 3. Has this selection of indispensable records been reviewed within the last 6 months in the light of determinations of essential functions in an emergency and of protection of legal and other rights? Yes
- 4. Officials authorized to make records available within security regulations:

| 8. | In Washington (two | officials | cognizant of p | lans) | STAT |
|----|------------------------------|------------|----------------------------------|--------------------|-------|
| | , |] [| | 1 . | STAT |
| | (Mame) 2430 E Street, NW. | L | (Methe) | _ | |
| | Washington, D. C. | | 2430 E Street, Washington, D. | C. | STAT |
| Г | Business Address | . Phone no | | ddress, phone no.) | STAT |
| L | | | | | 01711 |
| | (Home Address, pho | me no.) | (MOME AGGRESS) | prione no.) | |

b. Outside Washington (two officials at different locations cognizant of plans

| | (Classified | Information) |
|--------------------|-------------|-------------------------------|
| (Name) | | (Same) |
| | | |
| (Business Address, | phone no.) | (Business Address, phone no.) |
| | | |
| (Rose Address, pho | ne no.) | (Home Address, phone no.) |

MORI/CDF)

| 5. | Is your agency's progres in full operation and now capable of meeting emergency requirement? X Yes No (If answer is No, Indicate factor causing delay, and estimated date of readiness on reverse side.) |)rs | | | |
|----|--|------|--|--|--|
| 6. | A copy of this report has been forwarded to the officials named in paragraph 4-b. | | | | |
| | REPORTED BY: (Name and Title) Code and Extension | STAT | | | |