

INSTRUCTIONS: When additional pages are needed, use MRP Form 401A. Forward completed and signed Records File Plan to records@aphis.usda.gov.

1. AGENCY, PROGRAM, STAFF/OFFICE

2. PREPARED BY

3. PHONE NUMBER

4. DATE PREPARED

5. FILE SUBJECT/TYPE

6. FILE FORMAT
P – Paper
E – Electronic

7. LOCATION

8. FILE NUMBER (From the APHIS
Records Management Handbook or
General Records Schedule (GRS))

9. RETENTION PERIOD

EXAMPLE - Vaccination (FY)

E

Vaccination Folder on the I -
Drive

ADIS 5-1

10 years after cutoff

Approvals

10. SUPERVISOR'S NAME

11. SUPERVISOR'S SIGNATURE

12. DATE

13. RECORDS LIAISON'S NAME (If Applicable)

14. RECORDS LIAISON'S SIGNATURE

15. DATE

16. RECORDS OFFICER'S NAME

17. RECORDS OFFICER'S SIGNATURE

18. DATE