# ISSUING OFFICIAL SIGNATURE

(Part 2)

| APPROVAL RECORD (Modified DI-228) | 1. TYPE OF DOCUMENT | 2. IDENTIFICATION NUMBER |
|---|---|---|
| | IARMM | Chapter 3, Section 3.1 |

**3. SUBJECT/ TITLE**

Vital Records Program, Vital Records Plan

**4. SUMMARY OF DOCUMENT CONTENTS**

Revisions to IARMM Section 3.1

Replaces Chapter 3, Section 3.1, Issued 02-22-2010

**5. RELEASE NUMBER AND DATE**

| RELEASE NUMBER: | DATE SUBMITTED: |
|---|---|
| 15-15 | 09-29-2015 |

**6. ISSUING OFFICIAL SIGNATURE:**

9/29/2015

X John E. White

Signed by: JOHN WHITE

John E. White, Deputy Special Trustee – Program Management

**Effective Date: September 29, 2015**
**Chapter:** 3.0 Vital Records Program
**Section:** 3.1 Vital Records Plan
**Originating Office:** Office of Trust Records

### 3.1.1 Purpose.

The purpose of this section is to establish policy and procedures for the development and implementation of a Vital Records Plan.

### 3.1.2 Scope.

The provisions of this section apply to Indian Affairs and the Office of the Special Trustee for American Indians, hereinafter referred to as "bureaus."

### 3.1.3 Authorities.

**A. Regulations.**

1. 36 CFR, Part 1220, Federal Records, General
2. 36 CFR, Part 1223, Managing Vital Records

**B. Guidance.**

1. 380 DM 6, Vital Records Program (March 11, 1998)
2. National Archives and Records Administration (NARA), Vital Records and Records Disaster Mitigation and Recovery: An Instructional Guide (1999 Web Edition)

### 3.1.4 Policy.

REGULATORY REQUIREMENTS

A. Bureaus shall create and maintain authentic, reliable, and usable records and ensure that they remain so for the length of their authorized retention period (36 CFR 1220.32).
B. Bureaus shall identify vital records that are needed to perform the most critical functions and those needed to protect legal and financial rights of the Government and of the persons affected by its actions (36 CFR 1223.16).

GUIDANCE

C. Bureaus shall establish a vital records plan for the identification and safeguarding of emergency and legal and financial rights records necessary for their own essential emergency and recovery functions (380 DM 6.1.5).

### 3.1.5 Objectives.

A. Develop and implement a Vital Records Plan.
B. Provide information needed to continue business operations under emergency or disaster conditions to resume normal business.
C. Identify and protect mission, legal and financial rights records.
D. Develop and implement cost effective methods by incorporating the application of technology to protect and safeguard records.

### 3.1.6 Responsibilities.

A. Office of Trust Records. OTR shall issue, update, and disseminate the Indian Affairs Records Management Manual (IARMM) as policy and procedural guidance to establish, implement, and manage a vital records program.
B. Bureaus. Bureaus, including all offices and programs under its jurisdiction, shall establish and manage a vital records program by implementing procedures to identify, inventory, protect, cycle, and recover vital records.

### 3.1.7 Procedures.

A. Designation of a Vital Records Liaison. Bureaus shall designate a Vital Records Liaison for each program/office. The Vital Records Liaison shall assist the program manager with:
   1. Identification and inventory of vital records.
   2. Storage, maintenance, updating, and disposition of vital records.
   3. Transfer and/or establishment of network connectivity for vital records to an off-site storage location.
   4. Communication with the Continuity of Operations (COO) Planner for vital records purposes.
B. Identification and Inventory of Vital Records. Programs/offices shall identify and inventory all records created and maintained. The Vital Records Liaison shall:
   1. Identify those records that would continue business function, activity, or require protection for legal or financial rights. Consider the following:
      a. Does the record support a critical program function?
      b. Is it needed to resume business after an emergency or disaster?
      c. Does it protect legal and financial rights and interests of individual Indians, tribes, Alaska Natives, or the federal government?
   2. Review and identify all vital records using the Files Maintenance and Disposition Plan, (or Files Plan), IARM Form 2001. Refer to IARMM 2.3.1.

3. Categorize Vital Records. There are three categories: a) critical period, emergency operating records, b) recovery period, emergency operating records, and c) legal and financial rights records.
   a. Critical period, emergency operating records. These records must be available within 24 hours. Critical period records include, but are not limited to:
      i. Continuity of Operations Plans.
      ii. Delegations of authority.
      iii. Key and essential staff assignments and directories.
      iv. Building/floor plans.
      v. Vital record inventories.
      vi. Files Maintenance and Disposition Plan (or Files Plan).
      vii. Orders of succession.
      viii. Emergency contacts.
   b. Recovery period, emergency operating records. These records are needed within 3-5 days. Recovery period records include, but are not limited to:
      i. Case files.
      ii. Program management records.
      iii. Correspondence tracking systems.
   c. Legal and financial rights records. These records are not needed immediately following an emergency or disaster. Legal and financial rights records include, but are not limited to:
      i. Personnel records.
      ii. Grants and contracts.
      iii. Payroll and leave records.
      iv. Legal proceedings or decisions.

C. Prepare a Vital Records Plan. Preparation of the Vital Records Plan consists of the Vital Records Plan; Vital Records Inventory Form, IARM Form 3001 (Appendix A); and the Vital Records Plan, Identification and Implementation Data Form, IARM Form 3002 (Appendix B). The Vital Records Liaison shall:
   1. Submit the Vital Records Plan to the program manager to review and approve.
   2. File a copy of the Vital Records Plan within the program office and at the designated off-site storage location.

D. Protection of Vital Records. Programs/offices shall protect vital records from damage or destruction by properly storing them. The Vital Records Liaison shall:
   1. Duplicate. Duplication entails making copies of original records to be designated as vital record copies. Duplicate original medium onto the same type of medium whenever possible. Microform or scanning vital record copies are other ways to duplicate paper

media. As work environments move toward electronic media, the current and future use of available technology is encouraged.

2. Disperse. Dispersal is the distribution of vital record copies to an external off-site storage location (i.e., other agencies, etc.) either routinely as part of normal business practice or as specified in the Vital Records Plan.
3. Coordinate activities with Information Technology for electronic records. Electronic records protection requirement is met if the information needed is available in a copy through back-up tapes or other electronic copies.

E. Off-Site Storage Location. Programs/offices shall:

1. Ensure vital records are stored in a properly equipped, environmentally-controlled facility that is secured and accessible for records retrieval. The off-site storage should not be located in close proximity that would subject records to the same emergency or disaster. A Memorandum of Agreement may be established to utilize another federal agency as an off-site storage location, if applicable.
2. Ensure computer equipment is available to access electronic vital records, which requires secured connectivity and/or hardware and software applications.
3. Establish security controls for Privacy Act records with appropriate safeguards.
4. Prepare for Off-Site Storage.
   a. Label file folders using the appropriate records schedule and record series or, if unscheduled, identify the title of the unscheduled item. Labels may be typed or handwritten and must be legible. Follow suggested filing arrangement instruction for each record series.
   b. Place copies of records in boxes with letter-size folders facing the front of the box and legal-size folders facing the left side of the box.
   c. Ensure that all information is clearly written on the front exterior of each box: Record series, region, agency, program office, and point of contact.
   d. Prepare and keep an updated inventory of all folders in each box. Always include the box identification in the inventory. Place a copy of the inventory in the box or in box one, if there are multiple boxes.
   e. Ensure all folders within boxes have been properly labeled and organized before they are sent to off-site storage location.
   f. Maintain proper documentation for all inventories. Attach a copy of vital records inventory to the Vital Records Plan and the COO Plan.
5. Send to Off-Site Storage Location.
   a. Send vital record copies to off-site storage as arranged between the program office and off-site storage location.

b. File a copy of the Vital Records Plan with inventories within the program office and at the designated off-site storage location.

F. Cycle of Vital Records. Programs/offices shall:

1. Review vital records to ensure they are up-to-date.
2. Remove and dispose outdated vital records copies properly when updating and replacing vital record copies. Outdated vital record copies are considered nonrecord material. Refer to IARMM Chapter 4.1.

### 3.1.8 Appendices.

A. Vital Records Plan, Vital Records Inventory, IARM Form 3001.
B. Vital Records Plan, Identification and Implementation Data Sheet, IARM Form 3002.

# VITAL RECORDS PLAN
# VITAL RECORDS INVENTORY

| **1. PROGRAM OFFICE:** | |
|---|---|
| a. Name: | b. Region/Agency: |

| **2. CONTACT OFFICIAL:** | | |
|---|---|---|
| a. Name: | b. Title: | c. Work phone number:<br>Alt phone number: |

| **3. APPROVING SIGNATURES:** | | |
|---|---|---|
| a. Approving Official – Print name: | Signature: | Date: |
| b. Vital Records Liaison – Print name: | Signature: | Date: |

**4. IDENTIFICATION OF RECORDS TO BE INCLUDED IN THE VITAL RECORDS PLAN:**

| a. Item No.: | b. Record Series No.: | c. Record Title: | d. Vital Records Category (Check One): | | |
|---|---|---|---|---|---|
| | | | **1** | **2** | **3** |
| | | | Emergency Operating: | | Legal & Financial Rights |
| | | | Critical | Recovery | |
| | | | ☐ | ☐ | ☐ |
| | | | ☐ | ☐ | ☐ |
| | | | ☐ | ☐ | ☐ |
| | | | ☐ | ☐ | ☐ |
| | | | ☐ | ☐ | ☐ |
| | | | ☐ | ☐ | ☐ |
| | | | ☐ | ☐ | ☐ |
| | | | ☐ | ☐ | ☐ |
| | | | ☐ | ☐ | ☐ |
| | | | ☐ | ☐ | ☐ |
| | | | ☐ | ☐ | ☐ |
| | | | ☐ | ☐ | ☐ |
| | | | ☐ | ☐ | ☐ |
| | | | ☐ | ☐ | ☐ |
| | | | ☐ | ☐ | ☐ |

# VITAL RECORDS PLAN IDENTIFICATION AND IMPLEMENTATION DATA

Prepare a form for each approved item on IARM Form 3001

**1. PROGRAM OFFICE:**

| a. Name: | b. Agency: |
|---|---|

**2. DESCRIPTION:**

| a. Item Number: | b. Records Series Number: | c. Record Title: |
|---|---|---|

**3. VITAL RECORDS CATEGORY (Check One):**

- ☐ 1 - Emergency Operating/Critical Period
- ☐ 2 - Emergency Operating/Recovery Period
- ☐ 3 - Legal and Financial Rights Records

**4. CONTACT PERSON RESPONSIBLE FOR TRANSFERRING:**

| a. Name and Title: | b. Work Phone Number: | c. Alternate Phone Number: |
|---|---|---|

**5. VOLUME, CLASSIFICATION, PRIVACY ACT AND MEDIA TYPE:**

| a. Volume of Records (Cubic Feet): | b. Classification of Records: | c. Privacy Act: | d. Media Type (Paper, Computer, CD, etc.): |
|---|---|---|---|
| | ☐ IFTR<br>☐ General Trust<br>☐ GRS/General Admin | ☐ Yes<br>☐ No | |

**6. TRANSFERRING RECORDS TO OFF-SITE STORAGE:**

| a. Frequency: | b. Method: |
|---|---|
| ☐ Monthly<br>☐ Quarterly<br>☐ Annually<br>☐ Other | ☐ FedEx<br>☐ UPS<br>☐ Other |

| **7. Updating records will require: (Check One)** | **8. Will use of Vital Record copies require any electronic or other special equipment? (Check One)** | **9. Are additional funds required to copy for off-site storage? (Check One)** |
|---|---|---|
| ☐ Complete Replacement<br>☐ Page Changes Only<br>☐ Other (Specify) | ☐ No<br>☐ Yes (Specify) | ☐ No<br>☐ Yes (Estimate annual cost to produce copies) |

**10. LOCATION WHERE THE VITAL RECORD COPIES ARE TO BE MAINTAINED:**

| a. Physical Address: | b. Point of Contact: | c. Phone Number: |
|---|---|---|

**11. APPROVING OFFICIAL:**

| a. Approving Official - Print Name: | b. Signature: | c. Date: |
|---|---|---|