

ANNUAL DIRECTIVE/FORM/REPORT REVIEW

TO:	FROM: (CIRCLE APPROPRIATE REVIEW)	SIGNATURE OF AUTHORIZING OFFICIAL:	*DATE ORIGINATED:
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SPECIAL INSTRUCTIONS: *Return completed copy within five days from above date. If additional space is required, attach a separate sheet.

1. An annual review must be conducted with a veiw toward cancelling, updating, revising, or consolidating, as appropriate. In order to spread this workload over the entire year, the annual review is conducted on the respective anniversary date.
2. An instruction that has not been revised within seven years from the date of issuance must be revised or cancelled. Change transmittals issued during this seven year period do not alter this requirement. (SECNAVIST 5215.1C refers.)
3. Review of the directive shall include all printed matter contained therein to ensure completeness and accuracy. Special attention will be directed to references, enclosures, required reports, forms, text and distribution list.

DOCUMENT UNDER REVIEW

PREFIX AND NUMBER:	SUBJECT:	DATE OF DOCUMENT:
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RESULTS OF THE DIRECTIVE REVIEW		YES	NO	If cancelled provide complete justification. If seven year old cancellation or revision is required. If directive is to be consolidated, supply the other instruction numbers:
Should this directive be	Cancelled			
	Revised			
	Consolidated			
If a form is prescribed or enclosed, should it be	Cancelled			Provide form number(s): (Consult Forms Management Personnel)
	Revised			
If a report is required, should it be	Cancelled			Provide report numbers(s): (Consult Reports Management Personnel)
	Revised			
RESULTS OF THE FORMS REVIEW		YES	NO	If cancelled, provide complete justification. If revised, provide forms manager a draft of the revised edition. If form is to be consolidated, supply the other form number(s).
Should this form be	Cancelled			
	Revised			
	Consolidated			
If the form is a reporting requirement, should the report be	Cancelled			Provide report number(s): (Consult Reports Management Personnel)
	Revised			
If contained in a directive, will the directive be	Cancelled			Provide instruction number(s): (Consult Directives Management Personnel)
	Revised			
RESULTS OF THE REPORTS REVIEW		YES	NO	If cancelled, provide complete justification. If revised, requiring document will have to reflect change. If report is to be consolidated, supply the other report number(s).
Should this report be	Cancelled			
	Revised			
	Consolidated			
If a form is prescribed, should it be	Cancelled			Provide form number(s): (Consult Forms Management Personnel)
	Revised			
If contained in a directive, will the directive be	Cancelled			Provide instruction number(s): (Consult Directives Management Personnel)
	Revised			

REMARKS:

SIGNATURE OF REVIEWING OFFICIAL:	TITLE:	DATE REVIEWED:
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