DEPARTMENT OF HOMELAND SECURITY

U.S. Coast Guard

NATIONAL PERFORMANCE REVIEW
FORMAT FOR EVALUATION OF DIRECTIVES

PART I

(1) SPONSORING OFFICE _____

(2) TYPE OF DIRECTIVE:

INSTRUCTION ☐ MANUAL ☐ PUB ☐ NOTE ☐

(3) DIRECTIVE NUMBER _____ (4) NUMBER OF PAGES _____

(5) CANDIDATE FOR DELETION _____

(6) CONTAINS A TASKING AS DEFINED IN COMDTINST 5215.6 (SERIES) _____

_____

OFFICE/DIVISION CHIEF SIGNATURE

COMPLETE PART II IF DIRECTIVE MUST BE KEPT

PART II

(7) REQUIRED TO BE KEPT FOR THE FOLLOWING REASONS:

(A) REQUIRED BY STATUTE, COURT ORDER, EXECUTIVE ORDER OR OTHER EXTERNAL AGENCY DIRECTIVE ISSUED BY COMPETENT AUTHORITY THAT ALLOWS FOR NO AGENCY DISCRETION (*SPECIFY*)

_____

_____

_____

(B) PROMOTES PUBLIC INFORMTION ACCESS *(SPECIFY)*

_____

_____

(C) NECESSARY FOR THE DELIVERY OF ESSENTIAL SERVICES OR COMPLIANCE WITH APPLICABLE LAW *(SPECIFY)*

_____

_____

(8) CAN BE COMBINED WITH _____

_____

OFFICE/DIVISION CHIEF SIGNATURE

INSTRUCTIONS

(1) Identify the sponsoring office.

(2) Place a check mark by the appropriate directive type.

(3) Indicate the SSIC number of the Directive.

(4) Indicate the number of pages, including enclosures and attachments.

(5) Place a check mark if the Directive can be deleted.

(6) Provide the latest date that the tasking was verified.

(7) Give a brief explanation why Directive must be kept.

(8) If the Directive can be combined with another directive, indicate the SSIC number and title.

Reset