Business Continuity and Disaster Preparedness Plan

☐ **PLAN TO STAY IN BUSINESS**

If this location is not accessible we will operate from location below:

_____
Business Name

_____
Address

_____
City, State

_____
Telephone Number

_____
Business Name

_____
Address

_____
City, State

_____
Telephone Number

The following person is our primary crisis manager and will serve as the company spokesperson in an emergency.

If the person is unable to manage the crisis, the person below will succeed in management:

_____
Primary Emergency Contact

_____
Telephone Number

_____
Alternative Number

_____
E-mail

_____
Secondary Emergency Contact

_____
Telephone Number

_____
Alternative Number

_____
E-mail

☐ **EMERGENCY CONTACT INFORMATION**

Dial 9-1-1 in an Emergency

_____
Non-Emergency Police/Fire

_____
Insurance Provider

Business Continuity and Disaster Preparedness Plan (cont'd)

☐ BE INFORMED

The following natural and man-made disasters could impact our business.

- o _____
- o _____
- o _____
- o _____

☐ EMERGENCY PLANNING TEAM

The following people will participate in emergency planning and crisis management.

- o _____
- o _____
- o _____
- o _____
- o _____

☐ WE PLAN TO COORDINATE WITH OTHERS

The following people from neighboring businesses and our building management will participate on our emergency planning team.

- o _____
- o _____
- o _____
- o _____
- o _____

☐ OUR CRITICAL OPERATIONS

The following is a prioritized list of our critical operations, staff and procedures we need to recover from a disaster.

Operation	Staff in Charge	Action Plan
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Business Continuity and Disaster Preparedness Plan (cont'd)

□ **SUPPLIERS AND CONTRACTORS**

Company Name: _____

Street Address: _____

City: _____State:_____Zip Code: _____

Phone: _____Fax:_____E-Mail: _____

Contact Name: _____ Account Number: _____

Materials/Service Provided: _____

If this company experiences a disaster, we will obtain supplies/materials from the following:

Company Name: _____

Street Address: _____

City: _____State:_____Zip Code: _____

Phone: _____Fax:_____E-Mail: _____

Contact Name: _____ Account Number: _____

Materials/Service Provided: _____

If this company experiences a disaster, we will obtain supplies/materials from the following:

Company Name: _____

Street Address: _____

City: _____State:_____Zip Code: _____

Phone: _____Fax:_____E-Mail: _____

Contact Name: _____ Account Number: _____

Materials/Service Provided: _____

Business Continuity and Disaster Preparedness Plan (cont'd)

☐ **EVACUATION PLAN FOR** _____

<center>(Insert address)</center>

     o We have developed these plans in collaboration with neighboring businesses
       and building owners to avoid confusion or gridlock.
     o We have located, copied and posted building and site maps.
     o Exits are clearly marked.
     o We will practice evacuation procedures _____ times a year.

If we must leave the workplace quickly:
_____
_____

1. Warning System:_____

   We will test the warning system and record results _____ times a year.

2. Assembly Site: _____

3. Assembly Site Manager & Alternate:_____

     a. Responsibilities Include:
     _____
     _____
     _____

4. Shut Down Manager & Alternate:_____

     a. Responsibilities Include:
     _____
     _____
     _____

5. _____is responsible for issuing all clear.

Business Continuity and Disaster Preparedness Plan (cont'd)

☐ **SHELTER-IN-PLACE PLAN FOR** _____

(Insert address)

  o We have talked to co-workers about which emergency supplies, if any, the company
     will provide in the shelter location and which supplies individuals might consider
     keeping in a portable kit personalized for individual needs.
  o We will practice shelter procedures _____ times a year.

If we must take shelter quickly
_____
_____

1. Warning System:_____

   We will test the warning system and record results _____ times a year.

2. Storm Shelter Location: _____

3. "Seal the Room" Shelter Location:_____

4. Shelter Manager & Alternate:

   a. Responsibilities Include:
   _____
   _____
   _____

5. Shut Down Manager & Alternate:

    a. Responsibilities Include:
   _____
   _____
   _____

6. _____is responsible for issuing all clear.

Business Continuity and Disaster Preparedness Plan (cont'd)

☐ **COMMUNICATIONS**

We will communicate our emergency plans with co-workers in the following way:

_____
_____

In the event of a disaster we will communicate with employees in the following way:

_____
_____

☐ **CYBER SECURITY**

To protect our computer hardware, we will:

_____

To protect our computer software, we will:

_____

If our computers are destroyed, we will use back-up computers at the following location:

_____

☐ **RECORDS BACK-UP**

_____ is responsible for backing up our critical records including payroll and accounting systems.

Back-up records including a copy of this plan, site maps, insurance policies, bank account records and computer back ups are stored onsite _____.

Another set of back-up records is stored at the following off-site location:

_____

If our accounting and payroll records are destroyed, we will provide for continuity in the following ways:

_____

Business Continuity and Disaster Preparedness Plan (cont'd)

☐ **EMPLOYEE EMERGENCY CONTACT INFORMATION**

The following is a list of our co-workers and their individual emergency contact information:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

☐ **ANNUAL REVIEW**

We will review and update this business continuity and disaster plan in _____.