Business Continuity & Disaster Preparedness Plan

□ PLAN TO STAY IN BUSINESS

Business Name

Address

City, State, Zip Code

Telephone Number

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

Primary Emergency Contact

Telephone Number

Alternative Number

E-mail Address

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

Business Name

Address

City, State, Zip Code

Telephone Number

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

Secondary Emergency Contact

Telephone Number

Alternative Number

E-mail Address

□ EMERGENCY CONTACTINFORMATION

Dial 9-1-1 in an Emergency

Non-Emergency Police/Fire

Insurance Provider

Business Continuity & Disaster Preparedness Plan (cont'd)

□ PLAN TO STAY IN BUSINESS

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

- ○ _____
- ○ _____
- ○ _____
- ○ _____

□ EMERGENCY PLANNING TEAM

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

- ○ _____
- ○ _____
- ○ _____
- ○ _____
- ○ _____

□ WE PLAN TO COORDINATE WITH OTHERS

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

- ○ _____
- ○ _____
- ○ _____
- ○ _____
- ○ _____

□ 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 & 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 business 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 business 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 & Disaster Preparedness Plan (cont'd)

□ EVACUATION PLAN FOR _____ LOCATION

(Insert Address)

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

- ○ We have developed these plans in collaboration with neighboring businesses and building owners to avoid confusion or gridlock
- ○ We have located, copied and posted building and site maps.
- ○ Exits are clearly marked.
- ○ 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 & Disaster Preparedness Plan (cont'd)

□ SHELTER IN PLACE PLAN FOR _____ LOCATION

(Insert Address)

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

○ 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.○ We have located, copied and posted building and site maps.

○ 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 Location & Alternate:_____

a. Responsibilities Include:

_____

_____

_____

5. Shut Down Manager & Alternate:_____

a. Responsibilities Include:

_____

_____

_____

6. _____is responsible for issuing all clear.

Business Continuity & 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 & 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 _____.

Additional Notes: