Continuity and Recovery Plan Template for Small Businesses



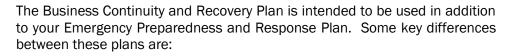
Disaster Recovery Planning for Small Businesses

Prepare, Plan, and Prevail!



This publication was supported by Grant Cooperative Agreement number 5U90TP917012-08 from the U.S. Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the CDC.

Preface



Business Continuity and Recovery Plan

This plan is for use once life and safety are secure in response to a disaster. This plan identifies key resources and needs to ensure that business may continue, perhaps in a limited capacity, or how your business will fully recover should the disaster be catastrophic.

This plan includes information such as:

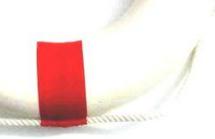
- Critical assets
- Critical operations
- Key suppliers and contractors
- Alternate business location

Emergency Preparedness and Response Plan

This plan identifies and prioritizes the key hazards that may affect business operations, and outlines preparedness and mitigation activities. This plan also includes operational procedures to respond effectively and efficiently to an incident. This goal of this procedure is to ensure life and safety are secure in response to a disaster.

This plan includes information such as:

- Preparedness
 - Hazard identification and assessment
 - o Employee education and training
 - o Drills and exercises timelines and plans for your business
 - First aid kits
 - o Disaster supply kits
- Response
 - Evacuation procedures
 - Fire procedures
 - o Shelter-in-place procedures
 - Staff notification
 - Information gathering procedures
 - Incident management



nstructions

At the Workshop

Follow the easy steps and include as much information as you can. Feel free to ask the facilitators questions about key concepts, or ask for tips and ideas.

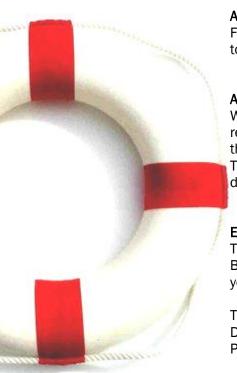
After the Workshop

When you return to your office, meet with your business continuity and recovery planning team. You may be able to add more information to each of these sections. Feel free to personalize the tables to your specific needs. The more detail you add, the better your plan will help you recover from a disaster.

Electronic Copies of this Template

This plan is included on your Disaster Recovery Planning for Small Businesses Workshop Resource CD in an electronic format (MS Word) so that you may easily enter and update your information.

This document is also available for download at the Los Angeles County Department of Public Health Emergency Preparedness and Response Program site, http://publichealth.lacounty.gov/eprp/index.htm.



Step 1: About Your Business

| | PRIMARY BUSINESS LOCATION | SECOND BUSINESS LOCATION |
|---|--|-----------------------------------|
| 1 | BUSINESS NAME | BUSINESS NAME |
| | STREET ADDRESS | STREET ADDRESS |
| | CITY, STATE, ZIP CODE | CITY, STATE, ZIP CODE |
| | TELEPHONE NUMBER | TELEPHONE NUMBER |
| | PRIMARY POINT OF CONTACT | ALTERNATE POINT OF CONTACT |
| | PRIMARY EMERGENCY CONTACT | ALTERNATE EMERGENCY CONTACT |
| | TELEPHONE NUMBER | TELEPHONE NUMBER |
| | ALTERNATE TELEPHONE NUMBER | ALTERNATE TELEPHONE NUMBER |
| | E-MAIL ADDRESS | E-MAIL ADDRESS |
| | EMERGENCY CONTACT INFORMATION - DIAL S | 911 IN AN EMERGENCY |
| | NON-EMERGENCY POLICE | ELECTRICITY PROVIDER |
| | NON-EMERGENCY FIRE | GAS PROVIDER |
| | INSURANCE PROVIDER | WATER PROVIDER |
| | OTHER (E.G., EQUIPMENT MANUFACTURER) | OTHER (E.G., PROPERTY MANAGEMENT) |
| | OTHER (E.G., HAZMAT SPILL CLEAN-UP) | OTHER (E.G., PROPERTY SECURITY) |
| | OTHER (E.G., IT SUPPORT CONTRACTOR) | OTHER (E.G., BANK AGENT) |
| | OTHER | OTHER |
| | OTHER | OTHER |
| | 1 | ۱ |

Step 2: Business Continuity and Recovery Planning Team

The following people will participate in business continuity and recovery planning.

| and the second | NAME | POSITION | EMAIL |
|----------------|------|----------|-------|
| | | | |
| and the second | | | |
| - | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Coordination with Others

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

| NAME | BUSINESS | EMAIL |
|------|----------|-------|
| | | |
| | | |
| | | |
| | | |
| | | |

Meeting Schedule

The emergency planning team will meet on a regular basis.

| DATE | LOCATION | TOPIC |
|------|----------|-------|
| | | |
| | | |
| | | |
| | | |
| | | |

Step 3: Potential Hazards

This information should be included in your Emergency Preparedness and Response Plan, however reiterating key potential hazards in your Business Continuity and Recovery Plan will help you focus on the types of incidents from which you may need to recover. Make sure to look inside and outside your business as well as the surrounding community. Ask yourself questions like: How do I get in and out of the area? How do my staff, suppliers, and customers get in and out of the area? What should I be concerned with that could interrupt my business?

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

EXTERNAL (earthquake, fire, power outage, flood, pandemic illness etc.)

INTERNAL (fire, flood, theft, data management, power outage, disease outbreak, etc.)

For more advanced hazard assessment, see the Appendix: Risk Assessment Matrix.

Step 4: Critical Assets

If these items are taken away, it would drastically affect your business or cause a major disruption to business.

| | PEOPLE (employees, customers, vendors, suppliers, visitors, etc.) | | |
|--|---|--|--|
| and the second sec | | | |
| | | | |
| | | | |
| | | | |
| | BUILDING (physical structure, storage unit, warehous | e, main office, store front, capital lease, etc.) | |
| | | | |
| | | | |
| | | | |
| - | | | |
| | EQUIPMENT (computers, software, servers/network, | specialty/manufacturing tools, copiers, furniture, etc.) | |
| 100 | | | |
| | | | |
| | | | |
| | DATA (documents, payroll, files, records, server back-u | ip tapes, etc.) | |
| | | | |
| | | | |
| | | | |
| | | | |
| | INVENTORY/PRODUCT (stock, supplies, new mater | ials, etc, etc.) | |
| | | | |
| | | | |
| | | | |
| | | | |
| | OPERATIONS (any disruption to ops, accounts received | able/payable, payroll, manufacturing, mail room, etc.) | |
| | | | |
| | | | |
| | | | |
| | | | |

Step 5: Critical Operations

Identify operations that are critical for business survival. Does your business provide services crucial to the incident response? How will you continue to perform these functions in a disaster situation? What operations are necessary to fulfill legal and financial obligations? Which are necessary to maintain cash flow and reputation?

PROCEDURES TO RESTART OPERATION AFTER MINIMAL DISASTER IMPACT: If a disaster causes negligible or marginal impact on operations, these procedures will help to restart the operation in the same location.

PROCEDURES TO COMPLETELY RESTORE OPERATION AFTER SIGNIFICANT DISASTER IMPACT: If a disaster causes critical or catastrophic impact on operations, these procedures will help to restore the operation in the same location, an alternate location, or a new location.

| OPERATION: | | |
|------------|--|---------------------------|
| | STAFF IN CHARGE (POSITION) | STAFF IN CHARGE (NAME) |
| | KEY SUPPLIES/EQUIPMENT | KEY SUPPLIERS/CONTRACTORS |
| | PROCEDURES TO RESTART OPERATION AFTER MINIMAL DISASTER IMPACT | |
| | PROCEDURES TO COMPLETELY RESTORE OPERATION AFTER SIGNIFICANT DISASTER IMPACT | |

| OPERATION: | | | |
|--|---------------------------|--|--|
| STAFF IN CHARGE (POSITION) | STAFF IN CHARGE (NAME) | | |
| KEY SUPPLIES/EQUIPMENT | KEY SUPPLIERS/CONTRACTORS | | |
| PROCEDURES TO RESTART OPERATION AFTER MINIMAL DISASTER IMPACT | | | |
| PROCEDURES TO COMPLETELY RESTORE OPERATION AFTER SIGNIFICANT DISASTER IMPACT | | | |

Step 5: Critical Operations (continued)

PROCEDURES TO RESTART OPERATION AFTER MINIMAL DISASTER IMPACT: If a disaster causes negligible or marginal impact on operations, these procedures will help to restart the operation in the same location.

PROCEDURES TO COMPLETELY RESTORE OPERATION AFTER SIGNIFICANT DISASTER IMPACT: If a disaster causes critical or catastrophic impact on operations, these procedures will help to restore the operation in the same location, an alternate location, or a new location.

OPERATION:

| STAFF IN CHARGE (POSITION) | STAFF IN CHARGE (NAME) |
|---|---------------------------|
| KEY SUPPLIES/EQUIPMENT | KEY SUPPLIERS/CONTRACTORS |
| PROCEDURES TO RESTART OPERATION AFTER MINIMAL DISASTER IMPACT | |

PROCEDURES TO COMPLETELY RESTORE OPERATION AFTER SIGNIFICANT DISASTER IMPACT

| OPERATION: | | |
|--|---------------------------|--|
| STAFF IN CHARGE (POSITION) | STAFF IN CHARGE (NAME) | |
| KEY SUPPLIES/EQUIPMENT | KEY SUPPLIERS/CONTRACTORS | |
| PROCEDURES TO RESTART OPERATION AFTER MINIMAL DISASTER IMPACT | | |
| PROCEDURES TO COMPLETELY RESTORE OPERATION AFTER SIGNIFICANT DISASTER IMPACT | | |

Step 6: Key Suppliers and Contractors

The following is a list of suppliers and contractors that are critical to maintaining business.

66022

| BUSINESS NAME: | | |
|---|------------|--|
| STREET ADDRESS | | CONTACT NAME |
| CITY, STATE, ZIP CODE | | CONTACT TELEPHONE NUMBER |
| TELEPHONE NUMBER | FAX NUMBER | CONTACT EMAIL |
| EMERGENCY TELEPHONE | WEBSITE | DOES THIS BUSINESS HAVE A CONTINUITY PLAN? |
| MATERIAL/SERVICE PROVIDED | | |
| If this company experiences a disaster, we will obtain materials/services from the following: | | |
| | | |
| - annun | | |

| BUSINESS NAME: | | | |
|---|------------|--|--|
| STREET ADDRESS | | CONTACT NAME | |
| | | | |
| CITY, STATE, ZIP CODE | | CONTACT TELEPHONE NUMBER | |
| TELEPHONE NUMBER | FAX NUMBER | CONTACT EMAIL | |
| EMERGENCY TELEPHONE | WEBSITE | DOES THIS BUSINESS HAVE A CONTINUITY PLAN? | |
| MATERIAL/SERVICE PROVIDED | | | |
| | | | |
| If this company experiences a disaster, we will obtain materials/services from the following: | | | |
| | | | |
| | | | |

Step 6: Key Suppliers and Contractors (continued)

(deces)

| | BUSINESS NAME: | | |
|---|-----------------------------|--|--|
| | STREET ADDRESS | | CONTACT NAME |
| | CITY, STATE, ZIP CODE | | CONTACT TELEPHONE NUMBER |
| - | TELEPHONE NUMBER | FAX NUMBER | CONTACT EMAIL |
| | EMERGENCY TELEPHONE | WEBSITE | DOES THIS BUSINESS HAVE A CONTINUITY PLAN? |
| | MATERIAL/SERVICE PROVIDED | | |
| | If this company experiences | s a disaster, we will obtain n | naterials/services from the following: |
| | - Anna - | | |
| | BUSINESS NAME: | | |
| | STREET ADDRESS | | CONTACT NAME |
| | CITY, STATE, ZIP CODE | | CONTACT TELEPHONE NUMBER |
| | TELEPHONE NUMBER | FAX NUMBER | CONTACT EMAIL |
| | EMERGENCY TELEPHONE | WEBSITE | DOES THIS BUSINESS HAVE A CONTINUITY PLAN? |
| MATERIAL/SERVICE PROVIDED | | | |
| If this company experiences a disaster, we will obtain materials/services from the following: | | naterials/services from the following: | |

Step 7: Computer Inventory Form

Use this form to:

- Log your computer hardware serial and model numbers. Attach a copy of your vendor documentation to this document.
- Record the name of the company from which you purchased or leased this equipment and the contact name to notify for your computer repairs.

Make additional copies as needed. Keep one copy of this list in a secure place on your premises and another in an off-site location.

| HARDWARE INVER | NIURI | | | | |
|---|--------------------|------------------|-------------------|--|------|
| HARDWARE (CPU, MONITOR, PRINTER, KEYBOARD, MOUSE, PLUS DESCRIPTION) | MODEL PURCHASED | SERIAL NUMBER | DATE PURCHASED | COMPANY PURCHASED OR LEASED FROM | COST |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| SOFTWARE INVEN | TORY | | | | |
| | | | | DATE | |

| NAME OF SOFTWARE | VERSION | SERIAL / KEY NUMBER | DISC OR DOWNLOAD | DATE PURCHASED | COST |
|---------------------|---------|------------------------|---------------------|-------------------|------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Step 8: Information Technology Security

Data security and back up should be an ongoing process, however it is crucial after a disaster. If you use a contractor for your IT support, they should be including in your business continuity and recovery planning. Identify the records that are essential to perform your critical functions. Vital records may include employee data, payroll, financial and insurance records, customer data, legal and lease documents. Are any impossible to re-create or are copies stored offsite?

| L | | |
|---|--|---|
| ļ | DATA SECURITY AND BACK-UP | |
| | LEAD STAFF OR CONTRACTOR | EMERGENCY CONTACT TELEPHONE |
| | EMAIL | ALTERNATE CONTACT TELEPHONE |
| | BACK-UP RECORDS ARE STORED ONSITE HERE | BACK-UP RECORDS ARE STORED OFFSITE HERE |
| | IF OUR ACCOUNTING AND PAYROLL RECORDS ARE DES FOLLOWING WAYS: | TROYED, WE WILL PROVIDE FOR CONTINUITY IN THE |

| IT ASSET SECURITY | |
|--|---|
| LEAD STAFF OR CONTRACTOR | EMERGENCY CONTACT TELEPHONE |
| EMAIL | ALTERNATE CONTACT TELEPHONE |
| KEY COMPUTER HARDWARE | TO PROTECT OUR COMPUTER HARDWARE, WE WILL: |
| KEY COMPUTER SOFTWARE | TO PROTECT OUR COMPUTER SOFTWARE, WE WILL: |
| IF OUR COMPUTERS ARE DESTROYED, WE WILL USE BA | CK-UP COMPUTERS AT THE FOLLOWING LOCATIONS: |

Step 9: Alternate/Temporary Business Location

Determine if it is possible to set up an alternate or temporary business location if your primary site is unavailable. Would this site become your new primary business site? Do you have multiple locations in which you can condense work operations? How much work can be done virtually? Does your business park have options for relocation in the same park? What pre-agreements would you need?

| | ALTERNATE BUSINESS | | | BUSINESS LOCATION | |
|---|--|--------------------------------------|--|---|--|
| | STREET ADDRESS | BLOCATION | STREET ADDRESS | BUSINESS LUCATION | |
| | STREET ADDRESS | | STREET ADDRESS | | |
| | CITY, STATE, ZIP CODE | | CITY, STATE, ZIP CODE | | |
| | , | | | | |
| | TELEPHONE NUMBER | | TELEPHONE NUMBER | | |
| | | | | | |
| | IS THERE A PRE-AGREEME | NT IN PLACE? | IS THERE A PRE-AGREEM | ENT IN PLACE? | |
| | | | | | |
| | POINT OF CONTACT | | POINT OF CONTACT | | |
| | CONTACT NAME | | CONTACT NAME | | |
| | | 1 | | | |
| _ | TELEPHONE NUMBER | ALTERNATE NUMBER | TELEPHONE NUMBER | ALTERNATE NUMBER | |
| | | | | | |
| | E-MAIL ADDRESS | | E-MAIL ADDRESS | | |
| | | | | | |
| | | | OITE ACCECCATENIT | | |
| | SITE ASSESSMENT | | SITE ASSESSMENT | | |
| | SITE ASSESSMENT | AFF TO WORK HERE | SITE ASSESSMENT | TAFF TO WORK HERE | |
| | NUMBER AND TYPE OF STA | | NUMBER AND TYPE OF S | | |
| | | | | | |
| | NUMBER AND TYPE OF STA | CE | NUMBER AND TYPE OF S | ACE | |
| | NUMBER AND TYPE OF STA | CE | NUMBER AND TYPE OF S | ACE | |
| | NUMBER AND TYPE OF STA | CE E NEEDED | NUMBER AND TYPE OF S | ACE BE NEEDED | |
| | NUMBER AND TYPE OF STA SUPPLIES ALREADY IN PLA SUPPLIES THAT WOULD BE | CE E NEEDED | NUMBER AND TYPE OF ST SUPPLIES ALREADY IN PL SUPPLIES THAT WOULD E | ACE BE NEEDED | |
| | NUMBER AND TYPE OF STA SUPPLIES ALREADY IN PLA SUPPLIES THAT WOULD BE | CE E NEEDED NS | NUMBER AND TYPE OF ST SUPPLIES ALREADY IN PL SUPPLIES THAT WOULD E | ACE BE NEEDED ONS | |
| | NUMBER AND TYPE OF STA SUPPLIES ALREADY IN PLA SUPPLIES THAT WOULD BE TIME TO SET UP OPERATIO LENGTH OF TIME TO STAY | CE E NEEDED NS IN THIS SITE | NUMBER AND TYPE OF ST SUPPLIES ALREADY IN PL SUPPLIES THAT WOULD E TIME TO SET UP OPERATION LENGTH OF TIME TO STANK | ACE BE NEEDED ONS (IN THIS SITE | |
| | NUMBER AND TYPE OF STA SUPPLIES ALREADY IN PLA SUPPLIES THAT WOULD BE TIME TO SET UP OPERATIO | CE E NEEDED NS IN THIS SITE | NUMBER AND TYPE OF ST SUPPLIES ALREADY IN PL SUPPLIES THAT WOULD E TIME TO SET UP OPERATION | ACE BE NEEDED ONS (IN THIS SITE | |
| | NUMBER AND TYPE OF STA SUPPLIES ALREADY IN PLA SUPPLIES THAT WOULD BE TIME TO SET UP OPERATIO LENGTH OF TIME TO STAY POSSIBLE HAZARDS IN TH | CE E NEEDED NS IN THIS SITE | NUMBER AND TYPE OF ST SUPPLIES ALREADY IN PL SUPPLIES THAT WOULD E TIME TO SET UP OPERATION LENGTH OF TIME TO STAY POSSIBLE HAZARDS IN THE | ACE BE NEEDED ONS (IN THIS SITE | |
| | NUMBER AND TYPE OF STA SUPPLIES ALREADY IN PLA SUPPLIES THAT WOULD BE TIME TO SET UP OPERATIO LENGTH OF TIME TO STAY | CE E NEEDED NS IN THIS SITE | NUMBER AND TYPE OF ST SUPPLIES ALREADY IN PL SUPPLIES THAT WOULD E TIME TO SET UP OPERATION LENGTH OF TIME TO STANK | ACE BE NEEDED ONS (IN THIS SITE | |
| | NUMBER AND TYPE OF STA SUPPLIES ALREADY IN PLA SUPPLIES THAT WOULD BE TIME TO SET UP OPERATIO LENGTH OF TIME TO STAY POSSIBLE HAZARDS IN TH | CE E NEEDED NS IN THIS SITE | NUMBER AND TYPE OF ST SUPPLIES ALREADY IN PL SUPPLIES THAT WOULD E TIME TO SET UP OPERATION LENGTH OF TIME TO STAY POSSIBLE HAZARDS IN THE | ACE BE NEEDED ONS (IN THIS SITE | |

Step 10: Staff Notification

Staff should be regularly updated on business operational status including whether they should report to work, what work conditions are like, alternate work sites and plans, etc.

| 1 | NOTIFICATION | | | | |
|---|--|---|--|--|--|
| | STAFF WILL BE NOTIFIED BY: | STAFF MEMBER RESPONSIBLE FOR NOTIFICATION | | | |
| | AUTOMATIC NOTIFICATION SYSTEM EMAIL BLAST | TELEPHONE NUMBER EMAIL | | | |
| | □ OTHER: | | | | |

| STAFF NAME: | | | |
|-----------------------|------------------|--------------------------|---------------------|
| STREET ADDRESS | | EMERGENCY CONTACT NAME | |
| CITY, STATE, ZIP CODE | | RELATIONSHIP TO EMPLOYEE | |
| TELEPHONE NUMBER | ALTERNATE NUMBER | CONTACT TELEPHONE | ALTERNATE TELEPHONE |
| EMAIL | | CONTACT EMAIL | |

| STAFF NAME: | | | |
|-----------------------|------------------|--------------------------|---------------------|
| STREET ADDRESS | | EMERGENCY CONTACT NAME | |
| CITY, STATE, ZIP CODE | | RELATIONSHIP TO EMPLOYEE | |
| TELEPHONE NUMBER | ALTERNATE NUMBER | CONTACT TELEPHONE | ALTERNATE TELEPHONE |
| EMAIL | | CONTACT EMAIL | |

| STAFF NAME: | | | |
|-----------------------|------------------|--------------------------|---------------------|
| STREET ADDRESS | | EMERGENCY CONTACT NAME | |
| CITY, STATE, ZIP CODE | | RELATIONSHIP TO EMPLOYEE | |
| TELEPHONE NUMBER | ALTERNATE NUMBER | CONTACT TELEPHONE | ALTERNATE TELEPHONE |
| EMAIL | | CONTACT EMAIL | |

Step 10: Staff Notification (continued)

| | STAFF NAME: | | | |
|---|-----------------------|------------------|--------------------------|---------------------|
| 2 | STREET ADDRESS | | EMERGENCY CONTACT NAME | |
| | CITY, STATE, ZIP CODE | | RELATIONSHIP TO EMPLOYEE | |
| | TELEPHONE NUMBER | ALTERNATE NUMBER | CONTACT TELEPHONE | ALTERNATE TELEPHONE |
| | EMAIL | | CONTACT EMAIL | |

| STAFF NAME: | | | |
|-----------------------|------------------|--------------------------|---------------------|
| STREET ADDRESS | | EMERGENCY CONTACT NAME | |
| CITY, STATE, ZIP CODE | | RELATIONSHIP TO EMPLOYEE | |
| TELEPHONE NUMBER | ALTERNATE NUMBER | CONTACT TELEPHONE | ALTERNATE TELEPHONE |
| EMAIL | | CONTACT EMAIL | |

| STAFF NAME: | | | |
|-----------------------|------------------|--------------------------|---------------------|
| STREET ADDRESS | | EMERGENCY CONTACT NAME | |
| CITY, STATE, ZIP CODE | | RELATIONSHIP TO EMPLOYEE | |
| TELEPHONE NUMBER | ALTERNATE NUMBER | CONTACT TELEPHONE | ALTERNATE TELEPHONE |
| EMAIL | | CONTACT EMAIL | |

| STAFF NAME: | | | | | | | | | |
|-----------------------|------------------|---------------------------------------|--|--|--|--|--|--|--|
| STREET ADDRESS | | EMERGENCY CONTACT NAME | | | | | | | |
| | | | | | | | | | |
| CITY, STATE, ZIP CODE | | RELATIONSHIP TO EMPLOYEE | | | | | | | |
| TELEPHONE NUMBER | ALTERNATE NUMBER | CONTACT TELEPHONE ALTERNATE TELEPHONE | | | | | | | |
| EMAIL | | CONTACT EMAIL | | | | | | | |

Step 11: Key Business Contact Notification

Customers, vendors, and other key business contacts should be regularly updated on business operational status such open hours, orders in progress, etc. This may be done via your website, posting signs at your business, or contacting them individually.

| | NOTIFICATION | | | | | | | | | |
|---|----------------------------------|---------------|---|--|--|--|--|--|--|--|
| | KEY BUSINESS CONTACTS | | STAFF MEMBER RESPONSIBLE FOR NOTIFICATION | | | | | | | |
| - | AUTOMATIC NOTIFI EMAIL BLAST | CATION SYSTEM | TELEPHONE NUMBER | | | | | | | |
| | □ SIGNAGE □ OTHER: | | EMAIL | | | | | | | |
| | BUSINESS NAME: | | | | | | | | | |
| | STREET ADDRESS | | CONTACT NAME | | | | | | | |
| | CITY, STATE, ZIP CODE | | CONTACT TELEPHONE NUMBER | | | | | | | |
| | TELEPHONE NUMBER | FAX NUMBER | CONTACT EMAIL | | | | | | | |
| | EMERGENCY TELEPHONE | WEBSITE | RELATIONSHIP TO OUR BUSINESS | | | | | | | |
| | BUSINESS NAME: | | | | | | | | | |
| | STREET ADDRESS | | CONTACT NAME | | | | | | | |
| | CITY, STATE, ZIP CODE | | CONTACT TELEPHONE NUMBER | | | | | | | |
| | TELEPHONE NUMBER | FAX NUMBER | CONTACT EMAIL | | | | | | | |
| | EMERGENCY TELEPHONE | WEBSITE | RELATIONSHIP TO OUR BUSINESS | | | | | | | |
| | BUSINESS NAME: | | | | | | | | | |
| | STREET ADDRESS | | CONTACT NAME | | | | | | | |
| | CITY, STATE, ZIP CODE | | CONTACT TELEPHONE NUMBER | | | | | | | |
| | TELEPHONE NUMBER | FAX NUMBER | CONTACT EMAIL | | | | | | | |
| | EMERGENCY TELEPHONE | WEBSITE | RELATIONSHIP TO OUR BUSINESS | | | | | | | |

Step 11: Key Business Contact Notification (continued)

| | BUSINESS NAME: | | | | | | |
|---|--|-----------------------|--|---|--|--|--|
| | STREET ADDRESS | | CONTACT NAME | TELEPHONE NUMBER EMAIL SHIP TO OUR BUSINESS NAME TELEPHONE NUMBER EMAIL SHIP TO OUR BUSINESS NAME TELEPHONE NUMBER EMAIL SHIP TO OUR BUSINESS | | | |
| unin Carl | | | | | | | |
| | CITY, STATE, ZIP CODE | | CONTACT TELEPHONE NUMBER | | | | |
| - | TELEPHONE NUMBER | FAX NUMBER | CONTACT EMAIL | | | | |
| | EMERGENCY TELEPHONE | WEBSITE | RELATIONSHIP TO OUR BUSINESS | | | | |
| | BUSINESS NAME: | | | | | | |
| | STREET ADDRESS | | CONTACT NAME | | | | |
| | CITY, STATE, ZIP CODE | | CONTACT TELEPHONE NUMBER | | | | |
| | TELEPHONE NUMBER | FAX NUMBER | CONTACT EMAIL | | | | |
| | EMERGENCY TELEPHONE | WEBSITE | RELATIONSHIP TO OUR BUSINESS | | | | |
| our and the second s | BUSINESS NAME: | | | | | | |
| | | | | | | | |
| | STREET ADDRESS | | CONTACT NAME | | | | |
| | STREET ADDRESS CITY, STATE, ZIP CODE | | CONTACT NAME CONTACT TELEPHONE NUMBER | | | | |
| | | FAX NUMBER | | | | | |
| | CITY, STATE, ZIP CODE | FAX NUMBER WEBSITE | CONTACT TELEPHONE NUMBER | | | | |
| | CITY, STATE, ZIP CODE TELEPHONE NUMBER EMERGENCY TELEPHONE | | ONTACT TELEPHONE NUMBER | | | | |
| | CITY, STATE, ZIP CODE TELEPHONE NUMBER | | CONTACT TELEPHONE NUMBER | | | | |
| | CITY, STATE, ZIP CODE TELEPHONE NUMBER EMERGENCY TELEPHONE BUSINESS NAME: | | CONTACT TELEPHONE NUMBER CONTACT EMAIL RELATIONSHIP TO OUR BUSINESS | | | | |
| | CITY, STATE, ZIP CODE TELEPHONE NUMBER EMERGENCY TELEPHONE BUSINESS NAME: STREET ADDRESS | | CONTACT TELEPHONE NUMBER CONTACT EMAIL RELATIONSHIP TO OUR BUSINESS CONTACT NAME | | | | |

Step 12: Continuity of Management Plan

You can assume that not every key person will be readily available or physically at the facility after an emergency. Ensure that recovery decisions can be made without undue delay. If relevant, consult your legal department regarding laws and corporate bylaws governing continuity of management.

Establish procedures for:

- Assuring the chain of command
- Maintaining lines of succession for key personnel

POLICY STATEMENT REGARDING CONTINUITY OF MANAGEMENT

| LEADER NAME: | | | | | | | | |
|-----------------------|---------------------|---------------------------|--|--|--|--|--|--|
| STREET ADDRESS | | SUCCESOR NAME | | | | | | |
| CITY, STATE, ZIP CODE | | SUCCESOR TELEPHONE NUMBER | | | | | | |
| | | | | | | | | |
| TELEPHONE NUMBER | EMERGENCY TELEPHONE | SUCCESOR EMAIL | | | | | | |
| EMAIL | | RELATIONSHIP TO LEADER | | | | | | |
| LEADER NAME: | | | | | | | | |
| STREET ADDRESS | | SUCCESOR NAME | | | | | | |
| CITY, STATE, ZIP CODE | | SUCCESOR TELEPHONE NUMBER | | | | | | |
| TELEPHONE NUMBER | EMERGENCY TELEPHONE | SUCCESOR EMAIL | | | | | | |
| EMAIL | | RELATIONSHIP TO LEADER | | | | | | |
| LEADER NAME: | 1 | 1 | | | | | | |
| STREET ADDRESS | | SUCCESOR NAME | | | | | | |
| CITY, STATE, ZIP CODE | | SUCCESOR TELEPHONE NUMBER | | | | | | |
| TELEPHONE NUMBER | EMERGENCY TELEPHONE | SUCCESOR EMAIL | | | | | | |
| EMAIL | | RELATIONSHIP TO LEADER | | | | | | |

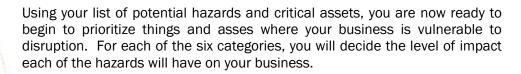
Step 13: Insurance Coverage Discussion Form

Use this form to discuss your insurance coverage with your agent. Having adequate coverage now will help you recover more rapidly from a catastrophe.

| INSURANCE AGEN | T: | | | | | | | | | | |
|--|-------------|---------------------|----------|--|--------------------------------------|--|--|--|--|--|--|
| STREET ADDRESS | | | | CONTACT | CONTACT NAME | | | | | | |
| CITY, STATE, ZIP CODE | Ξ | | | CONTACT TELEPHONE NUMBER | | | | | | | |
| TELEPHONE NUMBER | | FAX NUMBER | | CONTACT EMERGENCY TELEPHONE | | | | | | | |
| EMERGENCY TELEPH | ONE | WEBSITE | | CONTACT EMAIL | | | | | | | |
| INSURANCE POLIC | CY IN | FORMATION | | l | | | | | | | |
| TYPE OF INSURANCE | LICY NUMBER | DEDUC | TIBLES | POLICY LIMITS | COVERAGE (GENERAL DESCRIPTION) | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| DISASTER RELATE | D IN | SURANCE QUE | STIONS | | | | | | | | |
| Do you need Flood Ins | suran | ce? 🗆 Yes 🗆 No | , | What perils or causes of loss does my policy cover? | | | | | | | |
| Do you need Earthqua | ake In | surance? 🗆 Yes | □ No | How will my property be valued? | | | | | | | |
| Do you need Business Insurance? | | me and Extra Exp | ense | Does my policy cover the cost of required upgrades to code? □ Yes □ No | | | | | | | |
| How much insurance becoming a co-insure | | required to carry t | o avoid | What does my policy require me to do in the event of a loss? | | | | | | | |
| What types of records insurance company w | | | ill my | Am I covered for lost income in the event of business interruption because of a loss? Do I have enough | | | | | | | |
| How will my emergend my rates? | cy ma | nagement progra | m affect | coverage? For how long is coverage provided? How long is my coverage for lost income if my business is closed by order of a civil authority? | | | | | | | |
| To what extent am I co interruption of power? on- and off-premises p | ls co | verage provided | for both | To what extent am I covered for reduced income due to customers' not all immediately coming back once the business reopens? | | | | | | | |
| NOTES | | | | | | | | | | | |

Appendix

Risk Assessment Matrix



Before completing your Risk Assessment Matrix you need to understand the difference between the levels of impact. Below the levels are discussed and listed in order of escalation.

- Negligible limited to no business disruptions or property damage
- **Marginal** a hindrance that may affect business operations without shutting down, you have no minor damage, it may be an occurrence in the surrounding neighborhood
- **Critical** temporary disruptions of business or major damage to the facility, impacts are to the community
- Catastrophic a disaster that affects entire regional community causing business disruptions and forces closure of building(s). This is an event of large proportions. It can include complete destruction, multiple injuries or deaths, and a regional event which means limited or no outside resources available for prolonged periods of time.

The table on the following page will help you to determine and prioritize your business risks. General types of events are listed on the left side. There are additional spaces provided to customize for your business needs.

Begin with the first listed disaster event, earthquake. Circle the number in each asset area to score how the hazard would likely impact your business. Complete the other rows then total your numbers for both columns and rows.

As the last step, prioritize which areas should be addressed first, based on highest vulnerability, and then assign each column with your priority number 1-6.

From: 7 Steps to an Earthquake Resilient Business, Earthquake Country Alliance, www.earthquakecountry.info/roots/

| Risk Assessment Matrix | | | | | | | | | | | | | | | | | | | |
|--|--------------------------|---|-----------|--|---|---|--------|---|--|--------|---|---|--------|---|--|--------|---|------------------------|--|
| Impact to Critical Business Assets | | | | | | | | | | | | | | | | | | | |
| Type of Event / Hazar d | Peo 1=N 2=N 3=0 | | ble al | Building 1=Negligible 2=Marginal 3=Critical 4=Catastrop hic | | Equipment 1=Negligible 2=Marginal 3=Critical 4=Catastrop hic | | | Data 1=Negligible 2=Marginal 3=Critical 4=Catastrop hic | | | Inventory/Prod uct 1=Negligible 2=Marginal 3=Critical 4=Catastrophic | | | Operations 1=Negligible 2=Marginal 3=Critical 4=Catastrop hic | | | Tota I Scor e | |
| | 1 4 | 2 | 3 | 1 4 | 2 | 3 | 1 4 | 2 | 3 | 1 4 | 2 | 3 | 1 4 | 2 | 3 | 1 4 | 2 | 3 | |
| | 1 4 | 2 | 3 | 1 4 | 2 | 3 | 1 4 | 2 | 3 | 1 4 | 2 | 3 | 1 4 | 2 | 3 | 1 4 | 2 | 3 | |
| | 1 4 | 2 | 3 | 1 4 | 2 | 3 | 1 4 | 2 | 3 | 1 4 | 2 | 3 | 1 4 | 2 | 3 | 1 4 | 2 | 3 | |
| | 1 4 | 2 | 3 | 1 4 | 2 | 3 | 1 4 | 2 | 3 | 1 4 | 2 | 3 | 1 4 | 2 | 3 | 1 4 | 2 | 3 | |
| | 1 4 | 2 | 3 | 1 4 | 2 | 3 | 1 4 | 2 | 3 | 1 4 | 2 | 3 | 1 4 | 2 | 3 | 1 4 | 2 | 3 | |
| | 1 4 | 2 | 3 | 1 4 | 2 | 3 | 1 4 | 2 | 3 | 1 4 | 2 | 3 | 1 4 | 2 | 3 | 1 4 | 2 | 3 | |
| | 1 4 | 2 | 3 | 1 4 | 2 | 3 | 1 4 | 2 | 3 | 1 4 | 2 | 3 | 1 4 | 2 | 3 | 1 4 | 2 | 3 | |
| | 1 4 | 2 | 3 | 1 4 | 2 | 3 | 1 4 | 2 | 3 | 1 4 | 2 | 3 | 1 4 | 2 | 3 | 1 4 | 2 | 3 | |
| | 1 4 | 2 | 3 | 1 4 | 2 | 3 | 1 4 | 2 | 3 | 1 4 | 2 | 3 | 1 4 | 2 | 3 | 1 4 | 2 | 3 | |
| | 1 4 | 2 | 3 | 1 4 | 2 | 3 | 1 4 | 2 | 3 | 1 4 | 2 | 3 | 1 4 | 2 | 3 | 1 4 | 2 | 3 | |
| | 1 4 | 2 | 3 | 1 4 | 2 | 3 | 1 4 | 2 | 3 | 1 4 | 2 | 3 | 1 4 | 2 | 3 | 1 4 | 2 | 3 | |
| | 1 4 | 2 | 3 | 1 4 | 2 | 3 | 1 4 | 2 | 3 | 1 4 | 2 | 3 | 1 4 | 2 | 3 | 1 4 | 2 | 3 | |
| Totals | | | | | | | | | | | | | | | | | | | |
| Priorit y | | | | | | | | | | | | | | | | | | | |



Constant and Associates, Inc. info@constantassociates.com