

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

Business Name

Address

Address

City, State

City, State

Telephone Number

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

Primary Emergency Contact

Telephone Number

Telephone Number

Alternative Phone Number

Alternative Phone Number

E-mail

E-mail

EMERGENCY CONTACT INFORMATION

Dial 9-1-1 in an Emergency

Non-Emergency Police Department

Non-Emergency Fire Department

Address

Address

Telephone Number

Telephone Number

Insurance Provider

Other

Address

Address

Telephone Number & Policy #

Telephone Number

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BE INFORMED

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:

Name	
Title	
Telephone	
Email	
Name	
Title	
Telephone	
Email	

Name	
Title	
Telephone	
Email	
Name	
Title	
Telephone	
Email	

WE PLAN TO COORDINATE WITH OTHERS

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

Name	
Title	
Company	
Telephone	
Email	
Name	
Title	
Company	
Telephone	
Email	

Name	
Title	
Company	
Telephone	
Email	
Name	
Title	
Company	
Telephone	
Email	

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

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SUPPLIERS & CONTRACTORS

PRIMARY

SECONDARY
(In the event the primary experiences a disaster)

Company Name	
Address	
City, State, Zip	
Phone/Fax	
Contact Name	
Email	
Account #	
Materials/ Service Provided:	

Company Name	
Address	
City, State, Zip	
Phone/Fax	
Contact Name	
Email	
Account #	
Materials/ Service Provided:	

Company Name	
Address	
City, State, Zip	
Phone/Fax	
Contact Name	
Email	
Account #	
Materials/ Service Provided:	

Company Name	
Address	
City, State, Zip	
Phone/Fax	
Contact Name	
Email	
Account #	
Materials/ Service Provided:	

Company Name	
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City, State, Zip	
Phone/Fax	
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Company Name	
Address	
City, State, Zip	
Phone/Fax	
Contact Name	
Email	
Account #	
Materials/ Service Provided:	

Company Name	
Address	
City, State, Zip	
Phone/Fax	
Contact Name	
Email	
Account #	
Materials/ Service Provided:	

Company Name	
Address	
City, State, Zip	
Phone/Fax	
Contact Name	
Email	
Account #	
Materials/ Service Provided:	

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EVACUATION PLAN FOR _____ LOCATION

- 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:

PRIMARY

Name	
Title	
Telephone	
Email	

ALTERNATE

Name	
Title	
Telephone	
Email	

Responsibilities include:

4. SHUT DOWN MANAGER & ALTERNATE:

PRIMARY

Name	
Title	
Telephone	
Email	

ALTERNATE

Name	
Title	
Telephone	
Email	

Responsibilities include:

5. PERSON RESPONSIBLE FOR ISSUING ALL CLEAR: _____

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SHELTER IN-PLACE PLAN FOR _____ LOCATION

- 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 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 SITE: _____

SEAL-THE-ROOM SITE: _____

2. SHELTER MANAGER & ALTERNATE:

PRIMARY

ALTERNATE

Name	
Title	
Telephone	
Email	

Name	
Title	
Telephone	
Email	

Responsibilities include:

4. SHUT DOWN MANAGER & ALTERNATE:

PRIMARY

ALTERNATE

Name	
Title	
Telephone	
Email	

Name	
Title	
Telephone	
Email	

Responsibilities include:

5. PERSON RESPONSIBLE FOR ISSUING ALL CLEAR: _____

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COMMUNICATIONS

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

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

CYBER SECURITY

To protect our computer hardware, we will:

To protect our computer software, we will:

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

RECORDS BACK-UP

Person responsible for backing up our critical records including payroll and account systems:

Name	
Title	
Telephone	
Email	

Back-up records including a copy of this plan, sitemaps, insurance policies, bank account records and computer backups are stored onsite and offsite at:

On-site Location

Address

City, State

Telephone Number

Off-site Location

Address

City, State

Telephone Number

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

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EMPLOYEE EMERGENCY CONTACT INFORMATION

Employee	Phone	Alternate Phone

ANNUAL REVIEW

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