

Being Prepared With Life Contingency and Emergency Planning and Preparation

Section V

Business Emergency Planning Checklists

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Know Your Operations

Use this form to identify what business functions are critical to your business' survival. Duplicate the form for each business function.

Updated: _____

Next Review Date: _____

BUSINESS FUNCTION:

Priority: Extremely High High Medium Low

Employee in charge: _____

Timeframe or deadline: _____

Money lost (or fines imposed) if not done: _____

Obligation: None Legal Contractual Regulatory Financial

Who performs this function? (List all that apply)

Employees: _____

Suppliers/vendors: _____

Key contacts: _____

(For additional space, use the Notes area below)

What is needed to perform this function? (List all that apply)

Equipment: _____

Special Reports/Supplies: _____

Dependencies: _____

(For additional space, use the Notes area below)

Who helps perform this function? (List all that apply)

Employees: _____

Suppliers/vendors: _____

Key contacts: _____

(For additional space, use the Notes area below)

Who uses the output from this function? (List all that apply)

Employees: _____

Suppliers/Vendors: _____

Key Contacts: _____

(For additional space, use the Notes area below)

Brief description of how to complete this function:

Workaround methods: _____

Notes: _____

Know Your Employees

Use this form to record information about all employees, including the business owner so that each person can be contacted at any time. Duplicate the form for each employee.

Updated: _____

Next Review Date: _____

EMPLOYEE NAME:

Position/title: _____

Home address: _____

City, State, ZIP: _____

Office phone: _____

Ext. _____

Alternate phone: _____

Home phone: _____

Mobile phone: _____

Office e-mail: _____

Home e-mail: _____

Special needs: _____

Certifications:

First Aid Emergency Medical Technician (EMT) CPR Ham Radio

Other: _____

Special licenses: _____

Local Emergency Contact

Full name: _____

Relationship: _____

Home phone: _____

Mobile Phone: _____

E-mail: _____

Out of State Emergency Contact

Full name: _____

Relationship: _____

Home phone: _____

Mobile Phone: _____

E-mail: _____

Notes: _____

Know Your Key Customers, Contacts, Suppliers and Vendors

Use this form to record information about your current suppliers, those you could use as an alternate choice and your key customers and contacts. Duplicate the form for each contact.

Updated: _____

Next Review Date: _____

CONTACT TYPE:

Current Supplier/Vendor

Back-Up Supplier/Vendor

Key Customer/Contact

Company /Individual Name:

Account Number : _____

Materials/Service Provided: _____

Street Address: _____

City, State, Zip: _____

Company Phone: _____

Website: _____

Company Representative

Primary Contact: _____

Title: _____

Office Phone: _____

Mobile Phone: _____

E-mail: _____

Alternate Contact: _____

Title: _____

Office Phone: _____

Mobile Phone: _____

E-mail: _____

Notes: _____

Know Your Information Technology

Use this form to list the computer equipment, hardware and software, vital records and your back up processes that you will need to fulfill your critical business functions. Duplicate the form for each item or record.

Updated: _____

Next Review Date: _____

TYPE:

Computer Equipment/Hardware Computer Software Vital Records

Item:

Title and Version/Model Number: _____

Serial/Customer Number: _____

Registered User Name: _____

Purchase/Lease Price: \$ _____

Purchase/Lease Date: _____

Quantity (equipment) or Number of Licenses (software): _____

License Numbers: _____

Technical Support Number: _____

Primary Supplier/Vendor: _____

Alternate Supplier/Vendor: _____

Notes: _____

Name of vital record:

Name of Business Function Vital Record Supports: _____

Type of Media: _____

Is It Backed Up? _____

How Often is it Backed Up? _____

Type of Media for Backup: _____

Where is it Stored? _____

Can the Record be Recreated? _____

Notes: _____

Know Your Finances

Use this checklist to consider and plan for your business' financial needs in the event of a disruption.

Updated: _____

Next Review Date: _____

Overall Business Needs

Have you worked with your bank to set up a line of credit for your company?

Who is responsible to activate it and who has access to it? _____

How much cash would be needed to survive a 3-day, 5-day, 10-day, or longer shutdown?

For what purpose is the cash needed? _____

Will you have that cash on hand? _____

Who would make the decision to utilize the cash? _____

Who would have access to the cash? _____

Do you have sufficient cash to pay for various additional services that might be needed, such as janitorial or security services?

Do you have a company credit card that could be used for emergency purchases?

Who is authorized to use the credit card? _____

Will you be able to pay your bills/accounts payable?

Do you have procedures in place to accommodate a business disruption? _____

Will you be able to continue to accept payments from customers/accounts receivable?

Do you have procedures in place to accommodate a business disruption? _____

Have you identified an alternate location where you can work? _____

Human Resources

In the event of a widespread disaster, how will payroll be handled?

If your business is forced to shut down temporarily, will some or all employees continue to be paid?

For how long? _____

Will they be able to use their sick and/or vacation time without restriction? _____

Are there union considerations? _____

Have your employees been made aware of your policies that will be in place during a disruption? _____

If banks are closed, will your business provide payroll-cashing services?

What is your business' policy on cash advances, check cashing, and employee loans? _____

Will your employees be expected to work overtime? _____

Know Your Voice and Data Communications

| | | |
|---|--|---|
| Type Of Service: | <input type="checkbox"/> Telephone <input type="checkbox"/> PBX w/ ACD (Private Branch Exchange w/ Automatic Call Distribution) <input type="checkbox"/> PC Data Communications <input type="checkbox"/> Mobile Phone | <input type="checkbox"/> Satellite Phone <input type="checkbox"/> Fax Machine <input type="checkbox"/> Two-Way Radio & Pager <input type="checkbox"/> Other Explain: |
| Description And Model Number: (Enter "unknown" if telecommunications item is to be leased / bought for recovery location) | | |
| Status: | <input type="checkbox"/> Currently In Use <input type="checkbox"/> Will Lease/Buy For Recovery Location | |
| Voice Communications Features: | <input type="checkbox"/> Voice Mail <input type="checkbox"/> Speaker <input type="checkbox"/> Conference <input type="checkbox"/> Text Messaging | <input type="checkbox"/> Conversation Recorder <input type="checkbox"/> Other Explain: |
| Data Communications Features: | <input type="checkbox"/> Cable <input type="checkbox"/> DSL <input type="checkbox"/> T-1 | <input type="checkbox"/> Dial-Up <input type="checkbox"/> Other Explain: |
| Quantity: | | |
| Primary Supplier/Vendor: | | |
| Alternate Supplier/Vendor: | | |
| Recovery/Install Location: | | |
| Recovery Notes: | | |

Telephone, mobile and Fax Numbers

| Phone Number | Type (Enter Code) | Status (Enter Code) | Description (e.g. hotline, main line, toll free customer service line, dial-in to network) | Solution (Enter letter) | Related Business Function(s) |
|------------------------|---|--|---|---|------------------------------|
| | <u>L</u> Local <u>LD</u> Long Dist. <u>800</u> Toll Free <u>F</u> Fax <u>M</u> Mobile <u>O</u> Other | <u>C</u> Currently in use <u>E</u> Will establish during recovery | | <u>R</u> eroute to recovery location <u>N</u> ew Number <u>R</u> ecorded <u>M</u> sg <u>O</u> ther (Explain) | |
| | | | | | |
| | | | | | |
| | | | | | |
| Recovery Notes: | | | | | |
| | | | | | |

Know the key equipment / machinery necessary to perform essential business functions

| | | | |
|--|---|-----------------------|--|
| Item: | | | |
| Model: | | Serial Number: | |
| Related Business Function(s): | | | |
| Status: | <input type="checkbox"/> Currently In Use <input type="checkbox"/> Will Lease/Buy For Recovery Location | | |
| Is there a backup available: | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Primary Supplier/Vendor: | | | |
| Alternate Supplier/Vendor: | | | |
| Recovery Location For Installation: | | | |
| Order Time For Replacement: | | | |
| Recovery Notes: | | | |

Know Your Key Contacts

Type:

| | |
|---|---|
| <input type="checkbox"/> Accountant <input type="checkbox"/> Bank <input type="checkbox"/> Billing/Invoicing Service <input type="checkbox"/> Benefits Administration <input type="checkbox"/> Building Manager <input type="checkbox"/> Building Owner <input type="checkbox"/> Building Security <input type="checkbox"/> Creditor <input type="checkbox"/> Electric Company <input type="checkbox"/> Emergency Management Agency <input type="checkbox"/> Fire Department <input type="checkbox"/> Gas/Heat Company <input type="checkbox"/> Hazardous Materials <input type="checkbox"/> Hospital <input type="checkbox"/> Insurance Agent/Broker | <input type="checkbox"/> Insurance Company (Claims Reporting) <input type="checkbox"/> Internet Service Provider (ISP) <input type="checkbox"/> Key Customer/Client <input type="checkbox"/> Local Newspaper <input type="checkbox"/> Local Radio Station <input type="checkbox"/> Local Television Station <input type="checkbox"/> Mental Health/Social Service Agency <input type="checkbox"/> Payroll Processing <input type="checkbox"/> Police Dept. (Non-emergency) <input type="checkbox"/> Public Works Department <input type="checkbox"/> Small Business Administration Office <input type="checkbox"/> Telephone Company <input type="checkbox"/> Other Explain: |
|---|---|

| | | | |
|--|--|----------------|--|
| Name Of Business Or Service: | | | |
| Account Number: | | | |
| Materials/Service Provided: | | | |
| Street Address: | | | |
| City, State, Zip: | | | |
| Company/Service Phone (main): | | | |
| Website Address: | | | |
| Contacts | | | |
| Primary Contact: | | Title: | |
| Phone: | | Mobile: | |
| Pager: | | Fax: | |
| E-mail: | | | |
| Alternate Contact: | | Title: | |
| Phone: | | Mobile: | |
| Pager: | | Fax: | |
| E-mail: | | | |
| Recovery Notes: | | | |

Know which records are vital to critical business functions

| | | |
|---------------------------------------|---|---|
| Name Of Vital Record: | | |
| Business Function It Supports: | | |
| Media: | <input type="checkbox"/> Network <input type="checkbox"/> Hard drive <input type="checkbox"/> External hard drive <input type="checkbox"/> Laptop <input type="checkbox"/> CD <input type="checkbox"/> Flash drive | <input type="checkbox"/> Print version <input type="checkbox"/> Microfilm <input type="checkbox"/> Internet <input type="checkbox"/> Other Explain: |
| Is It Backed Up? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Media For Backup: | <input type="checkbox"/> Network <input type="checkbox"/> Hard drive <input type="checkbox"/> External Hard Drive <input type="checkbox"/> Laptop <input type="checkbox"/> CD <input type="checkbox"/> Flash drive | <input type="checkbox"/> Print version <input type="checkbox"/> Microfilm <input type="checkbox"/> Internet <input type="checkbox"/> Other Explain: |
| How Often Is It Backed Up? | <input type="checkbox"/> Hourly <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly | <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Yearly <input type="checkbox"/> Never <input type="checkbox"/> Other Explain: |
| Where Is It Stored? | | |
| Can The Record Be Recreated? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Recovery Notes: | | |