

**Being Prepared With  
Life Contingency and Emergency  
Planning and Preparation**

**Section VI**

**Sample Emergency Plan for Business and Legal**

Sample Emergency Plan (*Ten Pages*) ..... Page 1

# SAMPLE EMERGENCY PLAN

Author(s): \_\_\_\_\_

Date Originally Written: \_\_\_\_\_

Latest Update: \_\_\_\_\_

## **I. Plan to Stay in Business**

### **Current location:**

Business Name  
Address  
City, State, ZIP  
Telephone Number

**If this location is not accessible we will attempt to operate from the location below:**

Business Name  
Address  
City, State, ZIP  
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

**If the person is unable to manage the crisis, the person below at our location will succeed in management:**

Secondary Emergency Contact  
Telephone Number  
Alternative Number  
Email

**If no one at our location can manage the crisis, the person below at a different location or organization will succeed in management:**

Secondary Emergency Contact  
Organization  
Address  
City, State, ZIP  
Telephone Number  
Alternative Number  
Email

**II. Emergency Contact Information**

**Dial 9-1-1 in an Emergency**

\_\_\_\_\_  
**Non-Emergency Police/Fire**

\_\_\_\_\_  
**Insurance Provider/Telephone Number**

**III. Potential Disasters**

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

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**IV. Emergency Planning Team**

**The following people will participate in emergency planning and crisis management:**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**V. Coordinating with Others**

**The following people from neighboring businesses/organizations and our building management will participate on our emergency planning team:**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**VI. Insurance**

- We have spoken with our insurance agent about precautions to take for disasters that may directly impact our business.
- We have added special riders to protect valuable property and equipment if necessary.
- We have discussed business continuity insurance with our agent.
- We have discussed flood and/or earthquake insurance with our agent.

**VII. 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:

\_\_\_\_\_  
\_\_\_\_\_

Operation: \_\_\_\_\_  
Staff in Charge: \_\_\_\_\_  
Action Plan:

\_\_\_\_\_  
\_\_\_\_\_

Operation: \_\_\_\_\_  
Staff in Charge: \_\_\_\_\_  
Action Plan:

\_\_\_\_\_  
\_\_\_\_\_

**VIII. Suppliers and Contractors**

**Company #1**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Materials/Services Provided: \_\_\_\_\_

If Company #1 experiences a disaster, we will obtain supplies/materials from the following:

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Name: \_\_\_\_\_

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

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Name: \_\_\_\_\_

**Company #2**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Materials/Services Provided: \_\_\_\_\_

If Company #2 experiences a disaster, we will obtain supplies/materials from the following:

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Name: \_\_\_\_\_

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

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Name: \_\_\_\_\_

**IX. Fire Safety**

-We have installed smoke alarms, detectors and fire extinguishers in appropriate locations and we will have our office inspected for fire safety \_\_\_ times a year.

**X. Utilities**

-We have purchased a portable generator and/or back-up lights in the event of a utilities disruption.

**XI. Reducing Potential Damage**

-We have prevented or reduced potential damages in our facility by taking precautions, such as:

- bolting tall bookcases or display cases to wall studs.
- protecting breakable objects by securing them to a stand or shelf using hook-and-loop fasteners.
- moving to lower shelves large objects that could fall and break or injure someone.

- installing latches to keep drawers and cabinets from flying open and dumping their contents.
- using closed screw eyes and wire to securely attach framed pictures and mirrors to walls.
- using plumber's tape or strap iron to wrap around a hot water heater to secure it to wall studs.
- elevating electrical machinery off the floor for protection in the event of flooding.
- We have also considered having or have had a professional install:
  - flexible connectors to appliances and equipment fueled by natural gas.
  - shutters that can be closed to protect windows from damage caused by debris blown by a hurricane, tornado or severe storm.
  - automatic fire sprinklers.

**XI. Evacuation/Shelter Plan**

- 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 have talked to co-workers about which emergency supplies, if any, the company has on hand or will provide in the shelter location (if applicable) and which supplies individuals might consider keeping in a portable kit personalized for individual needs (i.e. medications).
- We will practice evacuation procedures \_\_\_ times a year.

**If we must leave the workplace quickly:**

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**We have the following supplies on hand:**

- Battery-powered commercial radio
- NOAA weather radio with an alert function
- Portable radios to coordinate the disaster team
- Extra batteries
- Flashlights
- Water-3 gallons per person
- Non-perishable Food/ Can openers if necessary
- First Aid Kit
- Petty cash (ATMs may not be operative)
- Wet weather clothing such as boots, hats, gloves, etc.
- Toiletries
- Blankets or sleeping bags
- Whistle to signal for help
- Dust or filter masks
- Moist towelettes or hand sanitizer for sanitation
- Wrench or pliers to turn off utilities
- Plastic sheeting and duct tape to "seal the room"

- Interlocking plastic crates to pack materials in
- Fans and dehumidifiers
- Pumps to remove water
- Wet and dry vacuum cleaners
- Waterproof and grounded heavy-duty extension cords
- Sponges, brushes, and hoses to clean materials
- Wheeled carts to move materials
- Freezer paper and/or wax paper to keep items from adhering to each other in a freezer.
- Heavy-duty Garbage bags and plastic ties for personal sanitation
- Toilet paper for personal sanitation
- Work gloves
- Household liquid bleach
- Map of area

**These supplies are stored onsite \_\_\_\_\_  
and offsite \_\_\_\_\_.**

**1. Warning System:**

\_\_\_\_\_

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

**2. Offsite Assembly Site Location: \_\_\_\_\_**

**3. Onsite Storm Shelter Location: \_\_\_\_\_**

**4. Onsite "Seal the Room" Shelter Location: \_\_\_\_\_**  
(Local authorities will inform us when/how to "seal the room" if necessary)

**5. Shelter Manager: \_\_\_\_\_**

**Alternate Shelter Manager: \_\_\_\_\_**

**a. Responsibilities Include:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**6. Shut Down Manager: \_\_\_\_\_**

**Alternate Shut Down Manager: \_\_\_\_\_**

**a. Responsibilities (Lock Doors, Shut Off Power, etc.) Include:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ is responsible for issuing all clear.

**XII. Employee Skills**

The following employees have skills (medical, engineering, communications, foreign language) that might be needed in an emergency:

Name: \_\_\_\_\_  
Skill(s): \_\_\_\_\_

Name: \_\_\_\_\_  
Skill(s): \_\_\_\_\_

**XIII. 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:

\_\_\_\_\_  
\_\_\_\_\_

In the event of a disaster employees will be able to communicate with the office in the following way (i.e. out-of-town phone number):

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In the event of a disaster clients will be able to communicate with the office in the following way (i.e. out-of-town phone number):

\_\_\_\_\_  
\_\_\_\_\_

**XIV. Co-Workers with Disabilities**

Name: \_\_\_\_\_ Disability: \_\_\_\_\_

Physical/Communication Limitations: \_\_\_\_\_

Equipment Instructions/Medication Procedures: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



Person in Office Who Will Assist Him/Her: \_\_\_\_\_  
Name: \_\_\_\_\_ Disability: \_\_\_\_\_  
Physical/Communication Limitations: \_\_\_\_\_  
Equipment Instructions/Medication Procedures: \_\_\_\_\_  
\_\_\_\_\_

Person in Office Who Will Assist Him/Her: \_\_\_\_\_

**XV. Cyber-Security**

To protect our computer hardware, we will (use surge protectors, i.e.):

\_\_\_\_\_

To protect our computer software, we will:

\_\_\_\_\_

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

\_\_\_\_\_

**XVI. 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, employee contact information, building management contact information (work and home), vendor contact information, office lease, client contact information, master docket/calendar for the firm, site maps, insurance policies, bank account records, client file index, clerk of court and key court personnel contact information, and computer back-ups are stored onsite \_\_\_\_\_ in a waterproof, fireproof portable container.

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:

\_\_\_\_\_

If our client records or other case information is destroyed, we will provide for continuity in the following ways:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**XVII. Employee Support**

-We have instructed employees to visit [www.fema.gov](http://www.fema.gov) or [www.ready.gov](http://www.ready.gov) to learn more about what they can do to protect themselves and their families in case of an emergency.

-If necessary, we have provided in our bylaws (as approved by our board) that we can provide our employees and their families with the following in case of an emergency:

- Cash advances
- Salary continuation
- Flexible work hours
- Reduced work hours
- Crisis counseling
- Care packages
- Day care

-If necessary, we have provided in our bylaws that we can increase staff/volunteer capacity and/or services in the event of an emergency following manner:

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**XVIII. Loans**

If necessary, we will obtain loan(s) from the following organizations:

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**XIX. Legal Continuity For the Legal Community**

**-Post-disaster, we will contact our clients** as stated above to assure them about the situation, inform them of how to contact the firm, and advise them of any relocation.

**-Post-disaster, we will contact the courts** and agencies where there are matters pending to arrange continuances and extensions and obtain copies of destroyed documents.

**-Post-disaster, we will contact other counsel** to arrange continuances and extensions and obtain copies of destroyed documents.

**-Post-disaster, we will notify the State Bar of any relocation or other issues.**

**-Other:** \_\_\_\_\_  
\_\_\_\_\_

**XIX. Employee Emergency Contact Information**

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

Name: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**XX. Annual Review**

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

NOTES: \_\_\_\_\_  
\_\_\_\_\_