

Business Continuity Plan

Adapted from www.ready.gov/business

□ PLAN TO STAY IN BUSINESS

Business Name

Address

City, State, Zip Code

Telephone Number

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

Business Name

Address

City, State, Zip Code

Telephone Number

The following person is our primary point of contact and will serve as the company spokesperson in an emergency.

Primary Emergency Contact

Telephone Number

Alternative Number

E-mail

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

Secondary Emergency Contact

Telephone Number

Alternative Number

E-mail

EMERGENCY CONTACT INFORMATION

Dial 9-1-1 in an Emergency

Non-Emergency Police/Fire

Insurance

PLAN TO STAY IN BUSINESS

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

- _____
- _____
- _____
- _____

EMERGENCY PLANNING TEAM

The following people will participate in preparedness planning and management:

- _____
- _____
- _____
- _____
- _____

WE PLAN TO COORDINATE WITH OTHERS

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

- _____
- _____
- _____
- _____
- _____

□ OUR CRITICAL OPERATIONS

The following is a prioritized list of our critical operations, staff and procedures we need to recover from an event:

Operation	Staff in Charge	Action Plan
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

□ **SUPPLIERS AND CONTRACTORS**

Company Name: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

Contact Name: _____ Account Number: _____

Materials / Service Provided: _____

If this company experiences is unable to perform its normal functions/services, we will obtain supplies/materials from the following:

Company Name: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

Contact Name: _____ Account Number: _____

Materials / Service Provided: _____

Company Name: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

Contact Name: _____ Account Number: _____

Materials / Service Provided: _____

If this company experiences is unable to perform its normal functions/services, we will obtain supplies/materials from the following:

Company Name: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

Contact Name: _____ Account Number: _____

Materials / Service Provided: _____

□ **EVACUATION PLAN FOR** _____

(Location Address)

The following natural and man-made events 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.

3. Assembly Site Manager & Alternate: _____

Responsibilities Include:

4. Shut Down Manager & Alternate: _____

a. Responsibilities Include:

5. _____ is responsible for issuing all clear.

SHELTER IN PLACE PLAN FOR _____
(Location Address)

The following natural and man-made events 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 & Manager &

Alternate: _____

a. Responsibilities Include:

6. _____ is responsible for issuing all clear.

☐ COMMUNICATIONS

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

In the event of an event 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:

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 plan in

Additional Notes: