Sample Business Continuity and Disaster Preparedness Plan

☐ PLAN TO STAY IN BUSINESS

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

<table>
<thead>
<tr>
<th>Business Name</th>
<th>Business Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>Address</td>
</tr>
<tr>
<td>City, State</td>
<td>City, State</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>Telephone Number</td>
</tr>
</tbody>
</table>

The following person is our primary crisis manager and will serve as the company spokesperson in an emergency.

<table>
<thead>
<tr>
<th>Primary Emergency Contact</th>
<th>Secondary Emergency Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone Number</td>
<td>Telephone Number</td>
</tr>
<tr>
<td>Alternative Number</td>
<td>Alternative Number</td>
</tr>
<tr>
<td>E-mail</td>
<td>E-mail</td>
</tr>
</tbody>
</table>

☐ EMERGENCY CONTACT INFORMATION

Dial 9-1-1 in an Emergency

<table>
<thead>
<tr>
<th>Non-Emergency Police/Fire</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Insurance Provider</th>
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</thead>
</table>

Sample Business Continuity and Disaster Preparedness Plan (cont'd)

☐ **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.
- ________________________________________________
- ________________________________________________
- ________________________________________________
- ________________________________________________
- ________________________________________________
- ________________________________________________

☐ **WE PLAN TO COORDINATE WITH OTHERS**
The following people from neighboring businesses and our building management will participate on our emergency planning team.
- ________________________________________________
- ________________________________________________
- ________________________________________________
- ________________________________________________
- ________________________________________________
- ________________________________________________

☐ **OUR CRITICAL OPERATIONS**
The following is a prioritized list of our critical operations, staff and procedures we need to recover from a disaster.

<table>
<thead>
<tr>
<th>Operation</th>
<th>Staff in Charge</th>
<th>Action Plan</th>
</tr>
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<tbody>
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</tbody>
</table>
SUPPLIERS AND CONTRACTORS

Company Name: _______________________________________________
Street Address: _______________________________________________
City: ______________ State: ______________ Zip Code: _______________
Phone: _____________ Fax: _____________ E-Mail: _________________
Contact Name: _________________ Account Number: ______________
Materials/Service Provided: _______________________________________

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

Company Name: _______________________________________________
Street Address: _______________________________________________
City: ______________ State: ______________ Zip Code: _______________
Phone: _____________ Fax: _____________ E-Mail: _________________
Contact Name: _________________ Account Number: ______________
Materials/Service Provided: _______________________________________
Sample Business Continuity and Disaster Preparedness Plan (cont'd)

☐ EVACUATION PLAN FOR ________________________________ LOCATION

(Insert address)

- 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: ____________________________

   a. Responsibilities Include:

      __________________________________________________________________________
      __________________________________________________________________________
      __________________________________________________________________________

4. Shut Down Manager & Alternate: ____________________________

   a. Responsibilities Include:

      __________________________________________________________________________
      __________________________________________________________________________
      __________________________________________________________________________

5. ____________________________ is responsible for issuing all clear.
Sample Business Continuity and Disaster Preparedness Plan (cont'd)

☐ SHELTER-IN-PLACE PLAN FOR ______________________________ LOCATION

(Insert address)

- 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 Location:  __________________________________________

3. "Seal the Room" Shelter Location:___________________________________

4. Shelter Manager & Alternate:
   a. Responsibilities Include:

      1. _____________________________________________
      2. _____________________________________________
      3. _____________________________________________

5. Shut Down Manager & Alternate:
   a. Responsibilities Include:

      1. _____________________________________________
      2. _____________________________________________
      3. _____________________________________________

6. _________________________ is responsible for issuing all clear.
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:

___________________________________________________________________________
___________________________________________________________________________

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:

___________________________________________________________________________
Sample Business Continuity and Disaster Preparedness Plan (cont'd)

☐ **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 and disaster plan in ________________.