

## Business Continuity and Disaster Preparedness Plan

### PLAN TO STAY IN BUSINESS

\_\_\_\_\_

Business Name

\_\_\_\_\_

Address

\_\_\_\_\_

City, State

\_\_\_\_\_

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

\_\_\_\_\_

Business Name

\_\_\_\_\_

Address

\_\_\_\_\_

City, State

\_\_\_\_\_

Telephone Number

If the person is unable to manage the crisis, 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 Provider

## 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.

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

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

### 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: \_\_\_\_\_

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: \_\_\_\_\_

## 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.

## 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:

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

5. Shut Down Manager & Alternate:

a. Responsibilities Include:

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

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

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

**COMMUNICATIONS**

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

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

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**CYBER SECURITY**

To protect our computer hardware, we will:

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To protect our computer software, we will:

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

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**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:

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

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## 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 \_\_\_\_\_.