Business Continuity and Recovery Planning Guide

The Greater East Pasco Chamber of Commerce encourages each business to have a continuity and recovery plan of action. The East Pasco Chamber of Commerce has its own plan but would like to share a template to assist others in the development of their business plan.

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Step 1: About Your Organization

|  |  |
| --- | --- |
| **Primary Organization Location** | **Second organization Location** |
| Organization Name | Organization Name |
| Street Address | Street Address |
| City, STATE, ZIP CODE | City, STATE, ZIP CODE |
| Telephone Number | Telephone Number |
| **Primary Point of Contact** | **Alternate Point of Contact** |
| Primary Emergency Contact | alternate Emergency Contact |
| Telephone Number | Telephone Number |
| Alternate Telephone Number | Alternate Telephone Number |
| Email Address | Email Address |
| **Emergency Contact Information - Dial 911 in an emergency** | |
| Non-emergency Police | Electricity Provider |
| Non-emergency Fire | Gas Provider |
| Insurance Provider | water Provider |
| Poison Information Center | Other (e.g., property management) |
| Other (e.g., property security) | Other (e.g., IT support contractor) |
| Other (e.g., bank agent) | Other |
| Other | Other |

Step 2: Business Continuity and Recovery Planning Team

The following people will participate in business continuity and recovery planning.

|  |  |  |
| --- | --- | --- |
| **name** | **Position** | **email** |
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**Coordination with Others**

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

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| --- | --- | --- |
| **name** | **Organizations/business** | **email** |
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**Meeting Schedule**

The emergency planning team will meet on a regular basis.

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| --- | --- | --- |
| **Date** | **Location** | **Topic** |
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Step 3: Potential Hazards

This information should be included in your Emergency Preparedness and Response Plan, however reiterating key potential hazards in your Business Continuity and Recovery Plan will help you focus on the types of incidents from which you may need to recover. Make sure to look inside and outside your organization as well as the surrounding community. Ask yourself questions like: How do I get in and out of the area? How do my staff, suppliers, and clients/constituents get in and out of the area? What should I be concerned with which could interrupt the organization?

The following disasters could impact our operations.

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| **external (earthquake, fire, power outage, flood, disease, vandalism, etc.)** |
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| **internal (fire, flood, theft, data management, power outage, disease, etc.)** |
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Step 4: Critical Assets

If these items are taken away, it would drastically affect or harm your organization or cause a major disruption to operations. What does your organization need to operate?

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| --- | --- |
| **People (employees, consumers, donors, board members, clients/constituents, key volunteers, etc.)** | |
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| **building (physical structure, storage unit, satellite office, main office, storefront, capital lease, etc.)** | |
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| **Computer equipment (computers, software, servers/network, specialty tools, copiers, etc.)** | |
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| **data (documents, payroll, files, records, server backup tapes, etc.)** | |
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| **inventory/product (stock, supplies, new materials, etc.)** | |
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| **operations (any disruption to ops, accounts receivable/payable, payroll, mailroom, etc.)** | |
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| **Valuable Contents (artwork, valuables, collectables, etc.)** | |
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| **Books and Records (vital records, payroll information, etc.)** | |
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| **equipment (HVAC, kitchen equipment, audiovisual equipment, specialty tools, copiers, etc.)** | |
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| **Furniture and Fixtures (office furniture, custom-built furniture, etc.)** | |
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| **Grounds (custom decorations, outdoor equipment, signage, etc.)** | |
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| **other** | |
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Step 5: Critical Operations

Identify operations that are critical for your organization’s survival. How will you continue to perform these functions in a disaster situation? What operations are necessary to fulfill legal and financial obligations? Which are necessary to maintain cash flow and reputation? What operations does your organization provide to others (i.e. shelter, day care, spiritual guidance, food, etc.)? In the event of a disaster, will people be congregating at your location needing assistance?

procedures to restart operation after minimal disaster impact: If a disaster causes negligible or marginal impact on operations, these procedures will help to restart the operation in the same location.

procedures to completely restore operation after significant disaster impact: If a disaster causes critical or catastrophic impact on operations, these procedures will help to restore the operation in the same location, an alternate location, or a new location.

|  |  |  |
| --- | --- | --- |
| **operation:** |  | |
| staff in charge (Position) | | staff in charge (name) |
| key supplies/equipment | | key suppliers/contractors |
| procedures to restart operation after minimal disaster impact | | |
| procedures to completely restore operation after significant disaster impact | | |

|  |  |  |
| --- | --- | --- |
| **operation:** |  | |
| staff in charge (Position) | | staff in charge (name) |
| key supplies/equipment | | key suppliers/contractors |
| procedures to restart operation after minimal disaster impact | | |
| procedures to completely restore operation after significant disaster impact | | |

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| **operation:** |  | |
| staff in charge (Position) | | staff in charge (name) |
| key supplies/equipment | | key suppliers/contractors |
| procedures to restart operation after minimal disaster impact | | |
| procedures to completely restore operation after significant disaster impact | | |

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| **operation:** |  | |
| staff in charge (Position) | | staff in charge (name) |
| key supplies/equipment | | key suppliers/contractors |
| procedures to restart operation after minimal disaster impact | | |
| procedures to completely restore operation after significant disaster impact | | |

Step 6: Key Organizations and Businesses

The following is a list of organizations and businesses that are critical to maintaining business (i.e. vendors, suppliers, funders, etc.).

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| --- | --- | --- |
| **Organization name:** |  | |
| Street Address | | contact Name |
| City, STATE, ZIP CODE | | contact Telephone Number |
| Telephone Number | fax Number | contact email |
| emergency Telephone | website | does this Organization have a continuity plan? |
| material/service provided | | |
| If this organization experiences a disaster, we will obtain materials/services from the following**:** | | |

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| --- | --- | --- |
| **Organization name:** |  | |
| Street Address | | contact Name |
| City, STATE, ZIP CODE | | contact Telephone Number |
| Telephone Number | fax Number | contact email |
| emergency Telephone | website | does this Organization have a continuity plan? |
| material/service provided | | |
| If this organizations experiences a disaster, we will obtain materials/services from the following**:** | | |

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| --- | --- | --- |
| **Organization name:** |  | |
| Street Address | | contact Name |
| City, STATE, ZIP CODE | | contact Telephone Number |
| Telephone Number | fax Number | contact email |
| emergency Telephone | website | does this Organization have a continuity plan? |
| material/service provided | | |
| If this company experiences a disaster, we will obtain materials/services from the following**:** | | |

|  |  |  |
| --- | --- | --- |
| **Organization name:** |  | |
| Street Address | | contact Name |
| City, STATE, ZIP CODE | | contact Telephone Number |
| Telephone Number | fax Number | contact email |
| emergency Telephone | website | does this organization have a continuity plan? |
| material/service provided | | |
| If this company experiences a disaster, we will obtain materials/services from the following**:** | | |

Step 7: Computer Inventory Form

Use this form to:

* Log your computer hardware serial and model numbers. Attach a copy of your vendor documentation to this document.
* Record the name of the company from which you purchased or leased this equipment and the contact name to notify you about your computer repairs.

Make additional copies as needed. *Keep one copy of this list in a secure place on your premises and another in an off-site location.*

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| --- | --- | --- | --- | --- | --- |
| **Hardware Inventory** | | | | | |
| **Hardware  (CPU, Monitor, Printer, Keyboard, Mouse, plus description)** | **Model Purchased** | **Serial Number** | **Date Purchased** | **company purchased or leased from** | **Cost** |
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| **software Inventory** | | | | | |
| **name of software** | **version** | **Serial / Key Number** | **disc or download** | **Date Purchased** | **Cost** |
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Step 8: Information Technology Security

Data security and backup should be an ongoing process; however, it is crucial before a disaster. If you use a contractor for your IT support, they should be included in your business continuity and recovery planning. Identify the records that are essential to perform your critical functions. Vital records may include employee data, payroll, financial and insurance records, customer data, legal and lease documents. Are any impossible to recreate? Are copies stored offsite?

|  |  |
| --- | --- |
| **data security and back-up** | |
| lead staff or contractor | emergency contact telephone |
| email | alternate contact telephone |
| Back-up records are stored onsite here | Back-up records are stored offsite here |
| Virtual Records are Stored Here | Virtual Back-up Contact |
| If our Virtual records are destroyed, we will provide for continuity in the following ways: | |

|  |  |
| --- | --- |
| **IT ASSET security** | |
| lead staff or contractor | emergency contact telephone |
| email | alternate contact telephone |
| key computer hardware | to protect our computer hardware, we will: |
| key computer software | to protect our computer software, we will: |
| if our computers are destroyed, we will use back-up computers at the following locations: | |

Step 9: Alternate/Temporary Location

Determine if it is possible to set up an alternate or temporary location if your primary site is unavailable. Would this site become your new primary site? Do you have multiple locations in which you can condense work operations? How much work can be done virtually? Does your organization have options for relocation in the same complex? Would a work-from-home strategy work for your organization? What pre-agreements would you need for these options?

|  |  |  |  |
| --- | --- | --- | --- |
| **Alternate Location** | | **Second alternate Location** | |
| Street Address | | Street Address | |
| City, STATE, ZIP code | | City, STATE, ZIP code | |
| Telephone Number | | Telephone Number | |
| is there a pre-agreement in place? | | is there a pre-agreement in place? | |
| **Point of Contact** | | **Point of Contact** | |
| Contact name | | Contact name | |
| Telephone Number | Alternate Number | Telephone Number | Alternate Number |
| Email Address | | Email Address | |
| **site assessment** | | **site assessment** | |
| Number and type of staff to work here | | Number and type of staff to work here | |
| supplies already in place | | supplies already in place | |
| supplies that would be needed | | supplies that would be needed | |
| time to set up operations | | time to set up operations | |
| Length of time to stay in this site | | Length of time to stay in this site | |
| possible hazards in the area | | possible hazards in the area | |
| notes: | | notes: | |

Step 10: Staff Notification

Staff should be regularly updated on business operational status including whether they should report to work, what work conditions are like, alternate work sites and plans, plan triggers, etc.

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| --- | --- | --- |
| **Notification** | | |
| staff will be notified by:   * Phone tree * Automatic notification system * email blast * other:   staff will Respond by:   * Calling In to Live person * Calling Automatic Response System * email In * other: | staff member responsible for notification | |
| Telephone Number | email |
| Respond In Numer | Auto Response Number |
| Plan Trigger | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Notifying staff name:** | |  | | |
| Street Address | | | emergency contact Name | |
| City, STATE, ZIP code | | | relationship to employee | |
| Telephone Number | alternate number | | contact Telephone | alternate Telephone |
| email | | | contact email | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Notifying staff name:** | |  | | |
| Street Address | | | emergency contact Name | |
| City, STATE, ZIP code | | | relationship to employee | |
| Telephone Number | alternate number | | contact Telephone | alternate Telephone |
| email | | | contact email | |

Step 10: Staff Notification (continued)

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| --- | --- | --- | --- |
| **staff name:** |  | | |
| Street Address | | emergency contact Name | |
| City, STATE, ZIP code | | relationship to employee | |
| Telephone Number | alternate number | contact Telephone | alternate Telephone |
| email | | contact email | |

|  |  |  |  |
| --- | --- | --- | --- |
| **staff name:** |  | | |
| Street Address | | emergency contact Name | |
| City, STATE, ZIP code | | relationship to employee | |
| Telephone Number | alternate number | contact Telephone | alternate Telephone |
| email | | contact email | |

|  |  |  |  |
| --- | --- | --- | --- |
| **staff name:** |  | | |
| Street Address | | emergency contact Name | |
| City, STATE, ZIP code | | relationship to employee | |
| Telephone Number | alternate number | contact Telephone | alternate Telephone |
| email | | contact email | |

|  |  |  |  |
| --- | --- | --- | --- |
| **staff name:** |  | | |
| Street Address | | emergency contact Name | |
| City, STATE, ZIP code | | relationship to employee | |
| Telephone Number | alternate number | contact Telephone | alternate Telephone |
| email | | contact email | |

Step 11: Key Organization Contact Notification

Board members, clients/consumers and other key contacts should be regularly updated on operational status such open hours, orders in progress, etc. This may be done via your website, posting signs at your business or contacting them individually.

|  |  |
| --- | --- |
| **Notification** | |
| key Organization contacts will be notified by:   * website * Automatic notification system * email blast * signage * other: | staff member responsible for notification |
| Telephone Number |
| email |

|  |  |  |
| --- | --- | --- |
| **Organization name:** |  | |
| Street Address | | contact Name |
| City, STATE, ZIP Code | | contact Telephone Number |
| Telephone Number | fax Number | contact email |
| emergency Telephone | website | relationship to our Organization |

|  |  |  |
| --- | --- | --- |
| **Organization name:** |  | |
| Street Address | | contact Name |
| City, STATE, ZIP code | | contact Telephone Number |
| Telephone Number | fax Number | contact email |
| emergency Telephone | website | relationship to our organization |

|  |  |  |
| --- | --- | --- |
| **Organization name:** |  | |
| Street Address | | contact Name |
| City, State, Zip Code | | contact Telephone Number |
| Telephone Number | fax Number | contact email |
| emergency Telephone | website | relationship to our organization |

|  |  |  |
| --- | --- | --- |
| **Organization name:** |  | |
| Street Address | | contact Name |
| City, STATE, ZIP Code | | contact Telephone Number |
| Telephone Number | fax Number | contact email |
| emergency Telephone | website | relationship to our Organization |

|  |  |  |
| --- | --- | --- |
| **Organization name:** |  | |
| Street Address | | contact Name |
| City, STATE, ZIP Code | | contact Telephone Number |
| Telephone Number | fax Number | contact email |
| emergency Telephone | website | relationship to our Organization |

|  |  |  |
| --- | --- | --- |
| **Organization name:** |  | |
| Street Address | | contact Name |
| City, STATE, ZIP Code | | contact Telephone Number |
| Telephone Number | fax Number | contact email |
| emergency Telephone | website | relationship to our Organization |

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| --- | --- | --- |
| **Organization name:** |  | |
| Street Address | | contact Name |
| City, STATE, ZIP Code | | contact Telephone Number |
| Telephone Number | fax Number | contact email |
| emergency Telephone | website | relationship to our Organization |

Step 12: Continuity of Management Plan

You can assume that not every key person will be readily available or physically at the facility after an emergency. Ensure that recovery decisions can be made without undue delay. If relevant, consult your legal department regarding laws and corporate bylaws governing continuity of management.

Establish procedures for:

* Assuring the chain of command
* Maintaining lines of succession for key personnel

|  |  |  |  |
| --- | --- | --- | --- |
| **policy statement regarding continuity of management** | | | |
|  | | | |
| **leader name:** |  | | |
| Street Address | | | succesor Name |
| City, STATE, ZIP Code | | | succesor Telephone Number |
| Telephone Number | | emergency Telephone | succesor email |
| email | | | relationship to Leader |
| **leader name:** |  | | |
| Street Address | | | succesor Name |
| City, STATE, ZIP Code | | | succesor Telephone Number |
| Telephone Number | | emergency Telephone | succesor email |
| email | |  | relationship to Leader |
| **leader name:** |  | | |
| Street Address | | | succesor Name |
| City, STATE, ZIP Code | | | succesor Telephone Number |
| Telephone Number | | emergency Telephone | succesor email |
| email | |  | relationship to Leader |

Step 13: Insurance Coverage Discussion Form

Use this form to discuss your insurance coverage with your agent. Having adequate coverage now will help you recover more rapidly from a catastrophe.

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| --- | --- | --- | --- | --- | --- | --- |
| **insurance agent:** | |  | | | | |
| Street Address | | | | contact Name | | |
| City, STATE, ZIP Code | | | | contact Telephone Number | | |
| Telephone Number | | fax Number | | contact emergency telephone | | |
| emergency Telephone | | website | | contact email | | |
| **insurance policy information** | | | | | | |
| **type of insurance** | **policy number** | | **Deductibles** | | **Policy limits** | **Coverage (General Description)** |
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| **disaster related insurance questions** | | | | | | |
| Do you need Flood Insurance? □ Yes □ No | | | | What perils or causes of loss does my policy cover? | | |
| Do you need Earthquake Insurance? □ Yes □ No | | | | How will my property be valued? | | |
| Do you need Business Income and Extra Expense Insurance? □ Yes □ No | | | | Does my policy cover the cost of required upgrades to code? □ Yes □ No | | |
| How much insurance am I required to carry to avoid becoming a co-insurer? | | | | What does my policy require me to do in the event of a loss? | | |
| What types of records and documentation will my insurance company want to see? | | | | Am I covered for lost income in the event of business interruption because of a loss? Do I have enough coverage? For how long is coverage provided? How long is my coverage for lost income if my business is closed by order of a civil authority? | | |
| How will my emergency management program affect my rates? | | | |
| To what extent am I covered for loss due to interruption of power? Is coverage provided for both on- and off-premises power interruption? | | | | To what extent am I covered for reduced income due to customers' not all immediately coming back once the business reopens? | | |
| notes | | | | | | |