**Business Continuity and Disaster Preparedness Plan**

This document is based on the *Ready Business* Business Continuity and Disaster Preparedness Plan at <http://www.ready.gov/business/_downloads/sampleplan.pdf>, which cannot be saved and updated. It also incorporates the Insurance Coverage Discussion Form at <http://www.ready.gov/business/_downloads/insuranceform.pdf> and the Computer Information Form at <http://www.ready.gov/business/_downloads/computerinventory.pdf>.

Prepared by:

Date:

Updated by:

Date:

**Plan to Stay in Business**

Business Name:

Address:

City, State, Zip Code:

Telephone Number:

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

Business Name:

Address:

City, State, Zip Code:

Telephone Number:

The following person is our primary crisis manager.

Primary Emergency Contact:

Telephone Number:

Alternative Number:

E-mail:

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:

The following person will serve as the company spokesperson in an emergency.

Spokesperson:

Telephone Number:

Alternative Number:

E-mail:

If the person is unable to serve as spokesperson, the person below will succeed in the responsibility.

Secondary Spokesperson:

Telephone Number:

Alternative Number:

E-mail:

**Emergency Contact Information**

Dial 9-1-1 in an emergency.

Non-emergency Police/Fire:

Insurance provider:

**Plan to Stay in Business**

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.

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| Operation | Staff in Charge | Action Plan |
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**Suppliers and Contractors**

Company Name:

Street Address:

City, State, ZIP:

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:

Phone:

Fax:

E-mail:

Contact Name:

Account Number:

Materials/Service Provided:

*(Copy and repeat for all suppliers and contractors.)*

**Evacuation Plan for (insert address) Location**

The following natural and man-made disasters that might require evacuation 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 *(how many?)* times a year.

If we must leave the workplace quickly:

1. Warning system:

We will test the warning system and record results (how many?) times a year.

1. Assembly site:
2. Assembly site manager and alternate:

Responsibilities include:

1. Shut-down manager and alternate:

Responsibilities include:

1. (who?) is responsible for issuing all clear.

**Shelter in Place Plan for (insert address) Location**

The following natural and man-made disasters that might require sheltering in place 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 *(how many?)* times a year.

If we must take shelter quickly:

1. Warning system:

We will test the warning system and record results (how many?) times a year.

1. Storm shelter location:
2. “Seal the room” shelter location:
3. Shelter manager and alternate:

Responsibilities include:

1. Shut-down manager and alternate:

Responsibilities include:

1. (who?) 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**

*(who?)* 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 *(where or known by whom?).*

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:

**Computer Inventory**

**Hardware Inventory**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Hardware Model (CPU, Monitor, Printer, Keyboard, Mouse) | Hardware Size, RAM & CPU Capacity |  Date Purchased | From Whom Purchased or Leased, Contact Name & Phone |  Serial Number | Date Purchased | Cost |
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The following provides support for computer hardware.

Company Name:

Street Address:

City, State, ZIP:

Phone:

Fax:

E-mail:

Contact Name:

**Insurance Coverage Information**

Insurance agent:

Address:

City, State, Zip Code:

Phone:

Fax:

E-mail:

**Insurance Policy Information**

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| --- | --- | --- | --- | --- |
| Type of Insurance | Policy Number | Deductibles | Policy Limits | Coverage(General Description) |
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Do we need flood insurance?

Do we need earthquake insurance?

Do we need business income and extra expense insurance?

Other disaster-related insurance questions:

**Employee Emergency Contact Information**

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Office Phone | Home Phone | Cell Phone | Out-of-Town Contact |
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**Annual Review**

We will review and update this business continuity and disaster plan (when? how often?)

**Additional Notes**

November 2009

From the Extension Disaster Education Network (EDEN)

[www.EDEN.lsu.edu](http://www.EDEN.lsu.edu)