

PLAN TO STAY IN BUSINESS	If this location is not accessible we will operate from location below:
Business Name	Business Name
Address	Address
City, State	City, State
Telephone Number	Telephone Number
The following person is our primary crisis manager and will serve as the company spokesperson in an emergency.	If the person is unable to manage the crisis, the person below will succeed in management:
Primary Emergency Contact	Secondary Emergency Contact
Telephone Number	Telephone Number
Alternative Number	Alternative Number
E-mail	E-mail

### □ EMERGENCY CONTACT INFORMATION

Dial 9-1-1 in an Emergency

Non-Emergency Police/Fire

Insurance Provider



#### □ BE INFORMED

The following natural and man-made disasters could impact our business.

- 0\_\_\_\_\_
- o \_\_\_\_\_ o \_\_\_\_\_
- 0 \_\_\_\_\_

### □ EMERGENCY PLANNING TEAM

The following people will participate in emergency planning and crisis management.

0 \_\_\_\_\_\_ 0 \_\_\_\_\_\_ 0 \_\_\_\_\_\_ 0 \_\_\_\_\_\_

### □ WE PLAN TO COORDINATE WITH OTHERS

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

0 \_\_\_\_\_ 0 \_\_\_\_\_ 0 \_\_\_\_\_ 0 \_\_\_\_\_ 0 \_\_\_\_\_

### □ 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



### □ SUPPLIERS AND CONTRACTORS

Company Name:			
Street Address:			
City:	State:	Zip Code:	
Phone:	Fax:	E-Mail:	-
Contact Name:	Acco	ount Number:	
Materials/Service Pr	ovided:		_
1 2	1	ter, we will obtain supplies/	materials from the following:
Street Address:			
City:	State:	Zip Code:	
Phone:	Fax:	E-Mail:	-
Contact Name:	Acco	ount Number:	
Materials/Service Pr	ovided:		_
Company Name:	-		materials from the following:
City:	State:	Zip Code:	
Phone:	Fax:	E-Mail:	-
Contact Name:	Acco	ount Number:	
Materials/Service Pr	ovided:		_



EVACUATION PLAN FOR	LOCATION
(Insert address)	
<ul> <li>o We have developed these plans in collaboration with neighboring busi and building owners to avoid confusion or gridlock.</li> <li>o We have located, copied and posted building and site maps.</li> <li>o Exits are clearly marked.</li> <li>o We will practice evacuation procedures times a year.</li> </ul>	inesses
If we must leave the workplace quickly:	
1. Warning System:	
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.	



□ SHELTER-IN-PLACE PI	LAN FOR	LOCATION
	address)	
will provide in t keeping in a por	I to co-workers about which emerge the shelter location and which supp table kit personalized for individu e shelter procedures times a y	al needs.
If we must take shelter qu	ickly	
1. Warning System:		
We will test the warnin	g system and record results t	imes a year.
2. Storm Shelter Location	:	
3. "Seal the Room" Shelte	er Location:	
4. Shelter Manager & Alte	ernate:	
a. Responsibilities	Include:	
5. Shut Down Manager &	Alternate:	
a. Responsibilities	s Include:	
6.	is responsible for issuing a	all clear.



#### 

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 \_\_\_\_\_\_.