

BUSINESS CONTINUITY PLAN



This template will help you protect and prepare your business and employees for a disaster. By simply filling out this form you will be creating a roadmap to follow in the event of a natural or manmade disaster.

So, go ahead and plan ahead!

Plan Revision Date: _____

BUSINESS CONTINUITY PLAN



EMPLOYEE INFORMATION

This step will ensure that you can reach key employees who may be dealing with the disaster at home as well. Make sure you update it as needed.

Employee Name _____
Address _____
City _____
State _____
Zip _____
County _____
Home Phone _____
Cell Phone _____
Other Phone _____
eMail _____
Emergency Contact and #s _____
Emergency eMail _____
Additional Information _____

Employee Name _____
Address _____
City _____
State _____
Zip _____
County _____
Home Phone _____
Cell Phone _____
Other Phone _____
eMail _____
Emergency Contact and #s _____
Emergency eMail _____
Additional Information _____

BUSINESS CONTINUITY PLAN



IMPORTANT RECORDS

There are many documents your business needs to operate. These include insurance policies, credit agreements, payroll databases; only you can include all that are necessary for your own operation. Make sure you keep hard copies of these documents secure outside the business location.

Record Name

Description

Record Type

(hard copy, electronic)

Where record is stored

Record Name

Description

Record Type

(hard copy, electronic)

Where record is stored

Record Name

Description

Record Type

(hard copy, electronic)

Where record is stored

BUSINESS CONTINUITY PLAN



MY CONTACTS

Identify all the suppliers, key customers, insurance agents, local jurisdiction emergency contacts, etc. that you need to keep your business going every day.

Business Name _____
Person Name _____
Nature of Business _____
Address _____
City _____
State _____
Zip _____
County _____
Home Phone _____
Cell Phone _____
Other Phone _____
eMail _____
Website _____
Additional Information _____

Business Name _____
Person Name _____
Nature of Business _____
Address _____
City _____
State _____
Zip _____
County _____
Home Phone _____
Cell Phone _____
Other Phone _____
eMail _____
Website _____
Additional Information _____

BUSINESS CONTINUITY PLAN



BACK-UP SUPPLIERS

In the event of a disaster, you may need to use other suppliers to meet your needs when your customary suppliers are unable to fill the bill due to their own emergencies.

Business Name _____
Person Name _____
Nature of Business _____
Address _____
City _____
State _____
Zip _____
County _____
Home Phone _____
Cell Phone _____
Other Phone _____
eMail _____
Website _____
**Primary business
supplier supports** _____

Business Name _____
Person Name _____
Nature of Business _____
Address _____
City _____
State _____
Zip _____
County _____
Home Phone _____
Cell Phone _____
Other Phone _____
eMail _____
Website _____
**Primary business
supplier supports** _____

BUSINESS CONTINUITY PLAN



MY ALTERNATE LOCATIONS

You may need to find another place to operate if your building is destroyed or compromised in the disaster. You should identify at least two alternate sites and discuss your needs with the owners.

Location Name _____

Location Owner _____

Name _____

Address _____

City _____

State _____

Zip _____

County _____

Home Phone _____

Cell Phone _____

Other Phone _____

eMail _____

Website _____

Location Name _____

Location Owner _____

Name _____

Address _____

City _____

State _____

Zip _____

County _____

Home Phone _____

Cell Phone _____

Other Phone _____

eMail _____

Website _____

BUSINESS CONTINUITY PLAN



COMMENTS

List any additional comments regarding your plan here:

BUSINESS CONTINUITY PLAN



DISASTER INFORMATION

Here is a list of suggestions; add whatever seems appropriate for your line of work.

Disaster location _____

Disaster Supply Kit (check all that apply)

- Your Business Continuity Plan**
- Important records and resources stored in a water proof container**
- Battery operated radio or television**
- Non-perishable three day food supply for you and your employees**
- Three day water supply for you and your employees (one gallon, per person, per day)**
- Coolers and containers for water and washing**
- Blankets, pillows, cots, and chairs**
- First aid kit including medicines, prescriptions, and first aid manual**
- Flashlights, batteries, light-sticks**
- Extra batteries for flashlights, radios, and televisions**
- Tool kit (basic tools, leather gloves, plastic gloves, etc.)**
- NOAA weather radios with batteries**
- Camera and film for documenting damages**
- Whistle/signal flare to signal for help**
- Tarps, plastic bags, duct tape**
- Cleaning supplies, including mops, towels, garbage bags, garbage cans**
- Smoke alarms and fire extinguishers**
- Generator**
- Gas for vehicles, generators and other equipment**
- Cash, ATM cards, credit cards, and proper identification**

BUSINESS CONTINUITY PLAN



CONGRATULATIONS!

You have created your own Business Continuity Plan!

Remember to update your plan on a yearly basis, or more frequently, as needed!

BUSINESS CONTINUITY PLAN (cont.)



BUSINESS INFORMATION

This process will ensure that you have readily available information pertaining to your business.

Business Name _____

Address _____

City _____

State _____

Zip _____

County _____

Phone _____

Cell Phone _____

Other Phone _____

eMail _____

Website _____

Additional Information _____

Business Name _____

Address _____

City _____

State _____

Zip _____

County _____

Phone _____

Cell Phone _____

Other Phone _____

eMail _____

Website _____

Additional Information _____

BUSINESS CONTINUITY PLAN (cont.)



EMPLOYEE INFORMATION

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Address _____
City _____
State _____
Zip _____
County _____
Home Phone _____
Cell Phone _____
Other Phone _____
eMail _____
Emergency Contact and #s _____
Emergency eMail _____
Additional Information _____

Employee Name _____
Address _____
City _____
State _____
Zip _____
County _____
Home Phone _____
Cell Phone _____
Other Phone _____
eMail _____
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Emergency eMail _____
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BUSINESS CONTINUITY PLAN (cont.)



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Person Name _____
Nature of Business _____
Address _____
City _____
State _____
Zip _____
County _____
Home Phone _____
Cell Phone _____
Other Phone _____
eMail _____
Website _____
Additional Information _____

Business Name _____
Person Name _____
Nature of Business _____
Address _____
City _____
State _____
Zip _____
County _____
Home Phone _____
Cell Phone _____
Other Phone _____
eMail _____
Website _____
Additional Information _____

BUSINESS CONTINUITY PLAN (cont.)



BACK-UP SUPPLIERS

In the event of a disaster, you may need to use other suppliers to meet your needs when your customary suppliers are unable to fill the bill due to their own emergencies.

Business Name _____
Person Name _____
Nature of Business _____
Address _____
City _____
State _____
Zip _____
County _____
Home Phone _____
Cell Phone _____
Other Phone _____
eMail _____
Website _____
Primary business supplier supports _____

Business Name _____
Person Name _____
Nature of Business _____
Address _____
City _____
State _____
Zip _____
County _____
Home Phone _____
Cell Phone _____
Other Phone _____
eMail _____
Website _____
Primary business supplier supports _____

BUSINESS CONTINUITY PLAN (cont.)



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Location Owner _____

Name _____

Address _____

City _____

State _____

Zip _____

County _____

Home Phone _____

Cell Phone _____

Other Phone _____

eMail _____

Website _____

Location Name _____

Location Owner _____

Name _____

Address _____

City _____

State _____

Zip _____

County _____

Home Phone _____

Cell Phone _____

Other Phone _____

eMail _____

Website _____