



Know Your Operations

Use this form to identify what business functions are critical to your business' survival. Duplicate the form for each business function.

Updated: _____

Next Review Date: _____

BUSINESS FUNCTION:

Priority: Extremely High High Medium Low

Employee in charge: _____

Timeframe or deadline: _____

Money lost (or fines imposed) if not done: _____

Obligation: None Legal Contractual Regulatory Financial

Who performs this function? (List all that apply)

(For additional space, use the Notes area)

Employees:

What is needed to perform this function? (List all that apply)

(For additional space, use the Notes area)

Equipment:

Suppliers/vendors:

Special Reports/Supplies:

Key contacts:

Dependencies:

Who helps perform this function? (List all that apply)

(For additional space, use the Notes area)

Employees:

Who uses the output from this function? (List all that apply)

(For additional space, use the Notes area)

Employees:

Suppliers/vendors:

Suppliers/Vendors:

Key contacts:

Key Contacts:



Know Your Operations

Brief description of how to complete this function:

Workaround methods:

Notes:



Know Your Employees

Use this form to record information about all employees, including the business owner so that each person can be contacted at any time. Duplicate the form for each employee.

Updated: _____

Next Review Date: _____

EMPLOYEE NAME:

Position/title: _____

Home address: _____

City, State, ZIP: _____

Office phone: _____ Ext. _____ Alternate phone: _____

Home phone: _____ Mobile phone: _____

Office e-mail: _____

Home e-mail: _____

Special needs: _____

Certifications:

First Aid Emergency Medical Technician (EMT) CPR Ham Radio

Other: _____

Special licenses: _____

Local Emergency Contact

Full name: _____

Relationship: _____

Home phone: _____ Mobile Phone: _____

E-mail: _____

Out of State Emergency Contact

Full name: _____

Relationship: _____

Home phone: _____ Mobile Phone: _____

E-mail: _____

Notes:



Know Your Key Customers, Contacts, Suppliers and Vendors

Use this form to record information about your current suppliers, those you could use as an alternate choice and your key customers and contacts. Duplicate the form for each contact.

Updated: _____

Next Review Date: _____

CONTACT TYPE:

Current Supplier/Vendor

Back-Up Supplier/Vendor

Key Customer/Contact

Company /Individual Name:

Account Number : _____

Materials/Service Provided: _____

Street Address: _____

City, State, Zip: _____

Company Phone: _____

Website: _____

Company Representative

Primary Contact: _____

Title: _____

Office Phone: _____

Mobile Phone: _____

E-mail: _____

Alternate Contact: _____

Title: _____

Office Phone: _____

Mobile Phone: _____

E-mail: _____

Notes:



Know Your Information Technology

Use this form to list the computer equipment, hardware and software, vital records and your back up processes that you will need to fulfill your critical business functions. Duplicate the form for each item or record.

Updated: _____

Next Review Date: _____

TYPE: _____

- Computer Equipment/Hardware Computer Software Vital Records

Item:

Title and Version/Model Number: _____

Serial/Customer Number: _____

Registered User Name: _____

Purchase/Lease Price: \$ _____

Purchase/Lease Date: _____

Quantity (equipment) or Number of Licenses (software): _____

License Numbers: _____

Technical Support Number: _____

Primary Supplier/Vendor: _____

Alternate Supplier/Vendor: _____

Notes: _____

Name of vital record:

Name of Business Function Vital Record Supports: _____

Type of Media: _____

Is It Backed Up? _____

How Often is it Backed Up? _____

Type of Media for Backup: _____

Where is it Stored? _____

Can the Record be Recreated? _____

Notes: _____



Know Your Finances

Use this checklist to consider and plan for your business' financial needs in the event of a disruption.

Updated: _____

Next Review Date: _____

Overall Business Needs

Have you worked with your bank to set up a line of credit for your company?

Who is responsible to activate it and who has access to it?

How much cash would be needed to survive a 3-day, 5-day, 10-day, or longer shutdown?

For what purpose is the cash needed?

Will you have that cash on hand?

Who would make the decision to utilize the cash?

Who would have access to the cash?

Do you have sufficient cash to pay for various additional services that might be needed, such as janitorial or security services?

Do you have a company credit card that could be used for emergency purchases?

Who is authorized to use the credit card?

Will you be able to pay your bills/accounts payable?

Do you have procedures in place to accommodate a business disruption?

Will you be able to continue to accept payments from customers/accounts receivable?

Do you have procedures in place to accommodate a business disruption?

Have you identified an alternate location where you can work?

Human Resources

In the event of a widespread disaster, how will payroll be handled?

If your business is forced to shut down temporarily, will some or all employees continue to be paid?

For how long?

Will they be able to use their sick and/or vacation time without restriction?

Are there union considerations?

Have your employees been made aware of your policies that will be in place during a disruption?

If banks are closed, will your business provide payroll-cashing services?

What is your business' policy on cash advances, check cashing, and employee loans?

Will your employees be expected to work overtime?
