



# Know Your Risks

Updated:

Next Review Date:

Use this form to review potential threats. Fill in one field for probability and one field for severity. Finally, multiply the probability and severity levels and enter the total in the total value column.

THREATS	Probability (0-5)	Severity (0-5)	Total
Earthquake			
Tornado / Wind / Hurricane			
Flood			
Severe Winter Weather			
Interior Fire			
Wildfire			
Loss / Illness of Key Staff			
Workplace Violence			
Software / Hardware Failure			
Power Outage			
Loss of Utilities (water, gas, electricity, etc.)			
Pandemic / Epidemic / Flu			
Loss of Premises			
Other:			
Other:			
Other:			
Other:			
Other:			
Other:			



# Know Your Operations

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)

Employees:

Suppliers/vendors:

Key contacts:

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

Employees:

Suppliers/vendors:

Key contacts:

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

Equipment:

Special Reports/Supplies:

Dependencies:

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

Employees:

Suppliers/Vendors:

Key Contacts:

Brief description of how to complete this function:

Workaround methods:

Notes:



# Know Your Employees

Updated:  
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## EMPLOYEE NAME:

Position / title:  
Home address:  
City, State, ZIP:  
Office phone:                      Ext.                      Alternate phone:  
Home phone:                      Mobile phone:  
Office email:  
Home email:  
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:  
Email:

## Out of State Emergency Contact

Full name:                                      Relationship:  
Home phone:                                      Mobile phone:  
Email:





# Know Your Key Customers, Contacts, Suppliers and Vendors

Updated:

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## 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:

Email:

Alternate Contact:

Title:

Office phone:

Mobile phone:

Email:

Notes:



# Know Your Information Technology

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

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?





# Know When to Test Your Plan

## Table Top Exercise: Power Outage Scenario

Exercise Date:

Next Exercise Date:

It is a hot, rainy Friday morning. The current time is 11:30 AM. Suddenly, the lights go out and all of the computers, printers, and copiers turn off. For a few seconds, there is silence before the chatter begins to pick up. One of your emergency lights comes on, but the rest are not working. While many of the offices have windows to provide minimal light, the majority of the hallways and interior rooms are left in the dark.

1. Take the first 10 minutes to discuss what you will do next.

It is now 1:00 PM and the lights still are not on. The building HVAC has been off now for 1 ½ hours and the temperature inside the building is gradually becoming unbearable. Your entire power grid is without power. There is no word from the electric company about restoration of power.

2. Now what are you going to do?
3. Is your technology/computer room being dealt with?  
By whom?
4. Has someone turned off all computers, printers, and equipment to prevent electrical surge when power is restored?
5. Is your phone system down?  
How are you going to manage the phone lines?

It is now 2:00 PM. Employees are asking if they can leave early. The word around town is that the power might not be restored for several days.

6. How will you communicate this message?
7. What instructions will you convey to your employees? Customers? Vendors?
8. Are you going to declare a disaster in order to activate your business continuity plan?

Continue your discussion with the following questions:

9. How are people within the organization communicating with each other (e.g., sending and receiving messages, information, and response details)?
10. How are they communication with other stakeholders (e.g., your customers and clients, the media)?
11. Is there a pre-determined and agreed upon central meeting place for company leaders, management, and employees?
12. Is there a copy of your business continuity plan that you can easily retrieve?
13. Are there any business processes for which there are manual workarounds?

If so, discuss how that would happen?

14. How would you find an appropriate place to operate from for the remainder of the day?

For the next one or two weeks, if necessary?

15. Have you begun an assessment that includes an evaluation of the status of employees, customers, operations, and external utilities?

16. How would you ensure that customer concerns are managed?

17. Have you begun to determine how much data was lost and how that will affect your operations?

18. Some employees are asking, "How will I know if I should come to work Monday?"

It is now 7:30 AM on Monday, three days later. The power is still out and the Health Department has determined that "no building without running water can open for business." Clients are calling and the company voicemail system is full. Employees are texting the Human Resources Director asking for guidance.

19. What do you tell them?

## Exercise Debrief:

20. What is missing from your plan?

21. What worked well in this scenario?

22. What did not work so well?

23. What could you do differently next time that would improve your response?

24. List the actions you will take to improve your plans.

## Exercise Wrap Up:

This completes the exercise. In order to maximize what can be learned from this effort, have all participants write down their thoughts and concerns. You can address these and the debrief issues at future meetings.

Notes: