

BUSINESS CONTINUITY PLAN

Document Information

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Prepared By: _____

Reviewed By: _____

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I. BUSINESS INFORMATION

Organization Name: _____

Primary Business Address: _____

City, State ZIP: _____

Phone: _____

Email: _____

Website: _____

Primary Contact Person: _____

Title: _____

Phone: _____

Email: _____

II. EXECUTIVE SUMMARY

Purpose of this Plan:

Scope of this Plan:

Objectives:

- Minimize disruption to critical business functions.
- Ensure safety of personnel.
- Protect company assets and data.
- Maintain customer service and satisfaction.
- Comply with regulatory requirements.
- Minimize financial losses.
- Restore operations within defined timeframes.
- Other: _____

III. BUSINESS IMPACT ANALYSIS (BIA)

A. Critical Business Functions

Identify essential functions that must continue or be quickly restored.

Critical Function	Description	RTO (Recovery Time Objective)	RPO (Recovery Point Objective)	Dependencies (Internal/External)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

B. Potential Impacts of Disruption

Describe the potential financial, operational, and reputational impacts of a prolonged disruption to critical functions.

Financial Impact:

Operational Impact:

Reputational Impact:

IV. EMERGENCY RESPONSE PLAN

A. Incident Detection and Reporting

How are incidents detected?

Who is responsible for reporting incidents?

Name: _____

Title: _____

Phone: _____

Email: _____

Reporting Procedure:

B. Crisis Management Team (CMT)

Identify key personnel and their roles during an incident.

Role/Responsibility	Name	Primary Phone	Alternate Phone	Email
Incident Commander	_____	_____	_____	_____
Communications Lead	_____	_____	_____	_____
Operations Lead	_____	_____	_____	_____
IT/Data Lead	_____	_____	_____	_____
Finance Lead	_____	_____	_____	_____
HR Lead	_____	_____	_____	_____

C. Emergency Contact List (Internal)

Name	Role	Primary Phone	Alternate Phone	Email
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

D. Communication Plan

Internal Communication:

Methods: Email SMS/Text Phone Tree Internal Messaging System

Other: _____

Key Messages:

External Communication:

Methods: Website Update Social Media Press Release Customer Email

Other: _____

Spokesperson: _____

Contact: _____

Key Messages:

E. Evacuation Procedures

Assembly Point(s): _____

Evacuation Routes:

Personnel Accountability:

V. BUSINESS RECOVERY STRATEGIES

A. Data Backup and Recovery

Backup Frequency: Daily Weekly Monthly Continuous

Backup Location: On-site Off-site Cloud-based Hybrid

Backup System/Provider: _____

Recovery Procedure:

B. Alternative Work Sites

Primary Alternative Site: _____

Address: _____

Contact: _____

Secondary Alternative Site (if applicable): _____

Address: _____

Contact: _____

Remote Work Capabilities:

C. Equipment and Supply Recovery

Critical Equipment List:

Supplier for Replacement Equipment: _____

Contact: _____

Essential Supplies (e.g., office supplies, specialized materials):

D. Vendor and Supplier Management

Critical Vendors/Suppliers:

Vendor Name	Service/Product	Contact Person	Phone	Email
_____	_____	_____	_____	_____

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Contingency Plans for Vendor Failure:

E. Financial and Accounting Recovery

Access to Financial Records:

Payroll Processing Contingency:

Accounts Payable/Receivable Contingency:

Banking Relationships:

Bank Name: _____

Contact: _____

Phone: _____

VI. TESTING AND MAINTENANCE

A. Testing Schedule

Last Test Date: _____ day of _____, 20_____

Next Scheduled Test: _____ day of _____, 20_____

Testing Frequency: Annually Semi-annually Quarterly Other:

Type of Test: Tabletop Exercise Walkthrough Simulation Full Interruption
Test

B. Review and Update Procedures

Plan Review Frequency: Annually Semi-annually Quarterly As needed after
incident

Responsible Party for Updates: _____

Update Procedure:

VII. APPENDICES

A. Key Internal Contact Information

Name	Role	Primary Phone	Alternate Phone	Email
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

_____	_____	_____	_____	_____
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B. Emergency Services Contact Information

Service	Phone Number	Notes
Police	_____	_____
Fire	_____	_____
Medical	_____	_____
Utility (Power)	_____	_____
Utility (Water)	_____	_____
IT Support	_____	_____
Building Management	_____	_____

C. Critical Asset Inventory

Asset Type	Description	Location	Vendor/Support	Serial/ID
Hardware	_____	_____	_____	_____
Software	_____	_____	_____	_____
Documents	_____	_____	_____	_____
Other	_____	_____	_____	_____

D. Insurance Policy Information

Insurance Provider: _____

Policy Number: _____

Contact Person: _____

Phone: _____

Email: _____

Coverage Details:
