

***BUSINESS RECOVERY PLAN***

**Development and Review Guide**

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## **Introduction**

Deutsche Financial Services (DFS) has begun an intensive effort to document Business Continuity Plans for all business units of DFS. The Business Continuity Department has created this “Plan Development and Review Guide” to assist you in your part of developing your plan and collecting appropriate data. Plan orientation is an overview of the plan and identifies specific development responsibilities.

Following the guidelines and steps in this document will assist Local Recovery Coordinators and Team Leaders in creating a formal Business Continuity Plan for your business unit. It will help you become better prepared to continue essential business processes should an incident occur. It will also help your business unit to become less vulnerable to incidents. All of the activities in this document will be included in the Business Continuity Plan for the entire company.

As you address the activities that follow you should ask yourself “What do I do when we can not use our facility?” or “What can I do now to better prepare my business unit to respond when our facility is unavailable?” Why it is unavailable isn’t the issue. It could be as a result of a fire or tornado or massive power outage. Consider that your offices and all of the resources you have available for day to day operations are no longer available.

## Prevention

The best way to prepare for a disaster is to avoid the disaster. Therefore, look for any potential problems you can find and correct them. You should address those issues that you can solve and which will provide benefit.

Some items to look for include:

- Maintain good general housekeeping: Keep areas clean and free of obstructions and fire hazards. Remove any stored paper from common areas and store in restricted areas. Consider implementing a “clean desk policy”. In the same way that a large city phone directory does not burn as easily as loose paper, removing loose paper from desk tops to files at the end of the work day can reduce losses due to fire. This will also help to protect those documents from sprinkler discharge and other incidents.

Look for, and eliminate, any obviously overloaded electrical circuits. Employees may have installed non-business electrical appliances such as coffeepots, radios, space heaters and fans. These appliances can cause electrical fires by shorting out themselves or overloading circuits not designed for these appliances. Your facilities or building maintenance staff may be able to help you educate your staff regarding the problems these appliances can cause.

- Observe physical security procedures in your facility, and encourage increased security when appropriate. Questions to ask include; is your building open to the public? If you have restricted access, is “tailgating” allowed? If tailgating is not allowed, does it occur anyway?
- Observe information security procedures regarding computers in your facility, and encourage increased security when appropriate. Questions to ask include Does your staff have their passwords taped to their monitors? Are your laptop computers secured at the end of the workday? Does your staff leave their computers logged on to the network when they are away from their desks for extended periods such as lunch?

You may not have direct control over some of the above, but you can, and should, encourage those who do have authority to take appropriate action. Consider encouraging security-training sessions where appropriate.

## **Plan Orientation**

The team plan has been developed by the Business Continuity Office to the point that it is almost ready for use. Local Recovery Coordinators and Team Leaders are responsible for part of the plan development process. The next four pages provide a short description of each segment of the Recovery Team Plan and include development responsibilities as well as plan review concerns. Segment headings with a “\*” require Team Leader or Local Recovery Coordinator action.

### **Quick Reference Guide**

This one page document identifies the initial tasks required of the Team Leader and provides the relevant page number in the plan for additional information.

Plan development responsibility: Already provided by the Disaster Recovery Planning Office.

Plan review concerns: The page numbers referenced in this document may change as plan content changes. Team leaders and Recovery Coordinators should include this page in their semi-annual plan review.

### **\*Team Responsibilities**

A short paragraph states the general role of the team. The top of the page names the Team Leader and Alternate Team Leader.

Plan development responsibility: The local Recovery Coordinator or Team Leader must enter the names of the team leader and alternate.

Plan review concerns: The names of the leaders may change over time.

Team leaders and Recovery Coordinators should include this item in their semi-annual plan review.

### **\*Team Leaders Responsibilities/Checklist**

This segment spans a number of pages and explains general responsibilities; lists the critical functions that are performed by the department; identifies steps to take if the disaster happens during the normal work hours and after hours.

Plan development responsibility: The local Recovery Coordinator or Team Leader must enter the locations for the primary and alternate assembly site as determined by local executive management.

Plan review concerns: The names of the assembly sites may change. Team leaders and Recovery Coordinators should include this item in their semi-annual plan review.

### **\*Notification**

This segment spans four or more pages and provides information, checklist and team contact information. The checklist and procedures relate to receiving the initial disaster notification and passing along the notification to team members and department employees.

Plan development responsibility: The local Recovery Coordinator or Team Leader must enter the team member names and contact information. Department employees contact information is a locally generated list that is to be attached to the back of the plan.

Plan review concerns: The names of the team members and contact information may change. Team leaders and Recovery Coordinators should include this item in their semi-annual plan review.

**The Appendix contains procedures and forms important for recovery operations. They are explained individually below:**

### **DFS Corporate Headquarters Phone Numbers**

This is a list of corporate departments that may provide assistance or direction in the event of a disaster.

Plan development responsibility: Already provided by the Disaster Recovery Planning Office.

Plan review concerns: The contact information may change. Team leaders and Recovery Coordinators should include this item in their semi-annual plan review.

### **\*Vendor and Customer Notification**

These are two separate lists. The list identifies the Vendors or Customers by name and provides a phone number for each entry. This list also works as a form since it requests the date and time that the person was notified. This should be filled out as the people are notified.

Plan development responsibility: The local Recovery Coordinator or Team Leader must enter the vendor and customer names and contact information. Department/Teams that are the primary direct contact with vendors or clients should complete this form.

Plan review concerns: The names and contact information may change. Team leaders and Recovery Coordinators should include this item in their semi-annual plan review.

### **\*Business Recovery Workarea Checklist**

The Recovery Workarea is an alternate location where the Department/Team will conduct business during long-duration recovery operations. This one page document is a form that provides information about workspace and resources required by the department in order to support its activities.

Plan development responsibility: The local Recovery Coordinator or Team Leader must enter the space and resource information.

Plan review concerns: The information may change. Team leaders and Recovery Coordinators should include this item in their semi-annual plan review.

### **\*Resources Required Over Time**

This segment contains two forms that are used to plan the arrival of recovery resources to the Workarea. The first form identifies resources by critical function while the second form is a consolidated list of all resources required by the team.

Plan development responsibility: The local Recovery Coordinator or Team Leader must enter the resource information.

Plan review concerns: The information may change. Team leaders and Recovery Coordinators should include this item in their semi-annual plan review.

### **\*Business Recovery Site Information**

This segment contains three or more pages that include procedures for assigning personnel to a distant recovery site. It includes directions to the site and a travel request form.

Plan development responsibility: The local Recovery Coordinator or Team Leader must enter the recovery site information once local executives choose a site.

Plan review concerns: The information may change. Team leaders and Recovery Coordinators should include this item in their semi-annual plan review.

### **\*Off Site Stored Materials**

The first page discusses examples of off site storage and describes the use of recovery boxes. The following page is an inventory form used with recovery boxes.

Plan development responsibility: The local Recovery Coordinator or Team Leader must enter the recovery box inventory once the boxes are filled and removed off site.

Plan review concerns: Some contents of the boxes may be time sensitive and require periodic rotation. The inventory itself may change. Team leaders and Recovery Coordinators should include this item in their semi-annual plan review.

### **\*Critical Resources to be retrieved**

This one page form is used to identify critical forms, equipment or other items that would assist in the recovery effort but are not stored off site.

Plan development responsibility: The local Recovery Coordinator or Team Leader must enter the information to include the location of the items.

Plan review concerns: The information may change. Team leaders and Recovery Coordinators should include this item in their semi-annual plan review.

### **Personnel Location Control Form**

This document is used to record the location of team members and department personnel on daily bases during the recovery effort. Information is entered only after a recovery effort has begun and personnel are actually assigned to the locations.

Plan development responsibility: Already provided by the Disaster Recovery Planning Office.

Plan review concerns: None.

### **Status Report Form**

The Team Leader on a daily basis during the recovery effort completes this one page document. It is sent to the local Crisis Management Team.

Plan development responsibility: Already provided by the Disaster Recovery Planning Office.

Plan review concerns: None

### **\*Recovery Preparedness**

This segment of two or more pages identifies the activities required to keep the Team and the Recovery Plan prepared for a disaster. It explains the semi-annual plan review; training and exercises. The final page is an activity schedule/report that is completed by the Team Leader. This report charts the preparedness activity over a one-year period.

Plan development responsibility: Already provided by the Disaster Recovery Planning Office.

Plan review concerns: The information in the activity schedule will change as activity is conducted. Team leaders and Recovery Coordinators should include this item in their semi-annual plan review.

## Contact Information

Following an event that affects your business unit's ability to do business, the single most important activity to perform is contact the appropriate people to tell them about the incident so they can respond. If the right people can not be contacted, the recovery of essential business processes will not occur.

The people who need to be contacted generally fall into one of the following classifications:

- Employees
- Vendors
- Key Customers
- Other Business Partners or Support Providers

Following is information needed for each classification:

### Employees

- Name
- Title
- Address (Street address, not post office box number)
- Office telephone number
- Home telephone number
- Pager number, if available
- Cellular telephone number, if available
- Personal e-mail address, if available
- Alternate telephone number (not at same address)

Home street address is needed in case telephones are out of order and another employee must be dispatched to physically locate the employee.

Alternate telephone number is any additional number by which the employee can be contacted. Examples include the employee's weekend cottage or the phone number of a relative who will usually know how to reach the employee.

Some staff members may be concerned about having their home information published. They may, for example, have an unlisted home number. It is essential that all employees provide a means to be contacted following an incident. These employees must be reassured that this information will only be distributed on a "need to know" basis and that the information will have limited access.

This information is most easily gathered by distributing a form to be completed by individual employees. Accuracy of the information is most easily assured in this way. A sample form is included in the Appendix to this document.

## **Vendors**

- Product or service provided
- Name of the vendor
- Address
- Contact person's name
- Contact phone numbers
- Alternate names and numbers for the vendor
- Comments

Product or service provided should be a description of the product or service provided to you. Along with "Comments", this helps to indicate the reason that this vendor should be contacted following the event.

For some vendors, there may not be a specific contact person's name to list. The "Service Representative on Call" may be appropriate response in some cases. In other cases, a title or department, such as "Sales Representative" or "Service Department" may suffice.

Contact phone numbers should include all possible ways to reach the vendor including fax, cellular, pager, after hours number if different from the normal number and toll-free numbers in addition to the normal number.

Alternate names and numbers should also be listed wherever possible. Alternate names are alternates to the primary contact person's name, if listed.

Some vendors may not have 24-hour service. If your incident occurred on a Sunday afternoon, you might need to contact the vendor at that time. Discuss your concerns with the vendor representative to determine how to contact them during off-hours. After reassuring him or her that the information will have limited distribution, ask for home telephone numbers if cellular or pager numbers are not sufficient.

Comments can be used for any information significant to this vendor, such as the reason this vendor should be contacted following an incident, instructions the vendor would need or any appropriate notes.

## Key Customers

- Product or service you provide to them
- Customer's name
- Address
- Contact person's name
- Contact phone numbers
- Alternate names and numbers for the customer
- Comments

List only Key Customers, those who would need and expect personal notification from you. Include those customers who would be offended or take their business elsewhere if they were not contacted. Being pro-active in contacting important customers can go a long way in mitigating losses. Your Sales and Marketing Departments and others who could help in assuring the outside world that you have things under control should be listed here.

Specific information needed for Key Customers is the same as for Vendors.

## Other Business Partners or Support Providers

When an incident occurs, you may need to contact some organizations that do not fall into one of the earlier categories. You should create a list of any of those additional entities too. Some of those entities include:

- Emergency response agencies such as police, fire, utility companies, and the American Red Cross (if your community uses the 911 system, that should be documented).
- Business Partners (internal and external) that are neither Vendors nor Customers. These could include internal business units who rely on your business unit for information, your management, and internal business units that would support your recovery. Examples include corporate insurance, internal security, facilities, public relations and human resources.

The information needed to contact these entities is the same as for Vendors or Key Customers.

## Meeting Place

Select a place to meet in case your facility is unavailable. Make sure key people know the location, and have maps if necessary. This pre-defined meeting place will serve as a location for you and your key staff to plan your response to the incident.

In choosing this meeting place, think about any key resources you would need there, and consider its location. Some of the resources and location considerations are:

- Location: When selecting your meeting place, consider its location relative to your normal work place and to the key staff members you would call together there. The location should not be so far away that staff members would have difficulty getting there. Conversely, it should not be so close to your normal work location that it could be affected by the same incident. For example, following certain incidents, authorities may block off several city blocks around the affected facility. If your meeting place is across the street from your normal work location, you might not be able to get to it in this situation.
- Alternate Meeting Place: To solve the above issue, it is recommended that you select at least two possible meeting locations. Your primary location could be close to your facility, and be used if access is possible. Your alternate location should be further away, ensuring availability if your primary location is not accessible.
- Vulnerabilities: When selecting a location for your meeting place, especially for your alternate location, be sure to consider the types of vulnerabilities you have. For example, your meeting place should be inland. If your primary location is near a river, your meeting location should be on high ground. If your primary location is near an earthquake fault, your meeting location should be at a reasonable distance away from that fault line.
- Communications capability: Since the ability to communicate with others is essential to effectively respond to any incident, make sure that the location you choose has enough telephones for your needs. If you have a cellular phone, you should plan to take it with you to this meeting place as another means of communication, and in the case regular phones are not working.

If you have a portable/laptop computer with Internet or e-mail capabilities, your meeting place should have the capability to connect that computer as well. Assuming your laptop computer was not in the affected building, you should plan to take that laptop to the meeting place too.

- Size of the Facility: The location you choose should be big enough for the number of people that expect to congregate there. This is not an alternate place for your staff to work, though, only a place for you and your key staff to discuss your plan of action in response to the event, and to manage your recovery efforts. Therefore, it does not need to be so big that your entire staff can work there if your facility is affected. The alternate work location will come later when your complete Business Continuity Plan is documented.

Types of facilities to consider when selecting a meeting place include:

- Another company facility
- A hotel, convention center, or other public facility.

When documenting your meeting place, you should include its name, street address, who to contact to get in, and any security requirements. You should also consider appending a map to the location and a floor plan of the facility if they are not well known to the staff.

## Critical Records

Critical records are any information resources that are essential to the recovery of business processes. The best way to identify critical records is to think, "If I cannot get into our offices, what information would I need?"

Critical records may be paper, microfilm, microfiche, or electronic media such as tape, disk, CD-ROM or stored on a computer's hard drive.

Examples of information that might be classified as critical records include contracts or other legal documents, signature cards, operating procedure manuals and last month's spreadsheet in a computer.

### Protection Options

After determining what the critical records are, you will need to select a method for protecting or reproducing the information in the record. You should analyze options and perform a cost-benefit analysis to select the best method for protecting the individual record.

- For electronic computer records, you should back up the system, and store the backup off-site! If you do nothing else, do this! This may be the single most important step you can take to allow your business unit to recover from an incident.
- Duplicate the record and store it off-site. This is similar to the above, but for paper or microfilm information. This may be expensive, both in hard dollar cost and staff time.
- If duplication is not cost effective, some protection can be achieved by storing the record in fire resistant safes or cabinets.
- Some critical information can be reacquired from the source if the on-site record is destroyed. While this may be possible in some cases, consideration should be given to the risk. If you must ask a vendor or customer for their copy of a contract because yours has been destroyed in the incident, be aware of the negative image you are presenting. Be sure that the original source of the record is not likely to be affected by the same incident. For example, if another business unit has a copy, but is in the same building, you are not protected.

The following information should be documented for each type of record:

- Media
- Name of the record
- Location of backup copy
- Record storage identifier

Media will be paper, microfilm, microfiche, diskette, tape, optical disk or other storage media.

Name of the record could be as simple as a description of the information, such as “Contracts” or a detailed list of the files/folders/documents for computer records.

Location of backup copy should include maps or directions if someone from your staff would retrieve the record. In some cases, the records will be stored at a commercial storage vendor. Contact information for those companies should be included in your Critical Vendors list.

Commercial storage vendors usually use a proprietary numbering scheme so they can easily retrieve the record. Any such number should be documented as the Record storage identifier.

## **Recovery Box**

Consider creating a “Recovery Box” for your business unit. This Recovery Box could contain specific items that your business unit would need if your building was not accessible. Some items that could be contained in this box include:

- Copies of forms your business unit would need right away
- Copies of Procedure Manuals
- A small supply of unique supplies your business unit would need right away

This box must, of course, be stored at an off-site location. The box and an inventory listing of its contents are both critical records and should be documented as such.

## **Critical Resources to Be Retrieved**

Many incidents do not completely destroy contents of offices. Depending on the circumstances, it might be possible to clean and dry paper, microfilm or microfiche. Even if computer diskettes, tapes and hard drives have been water, smoke or soot damaged, it might be possible to extract the information from them. Do not attempt to do this yourself. Contact your technical support area or facilities staff for help when the incident occurs.

Following the incident, if authorities and your facilities staff determine your affected building is safe to enter, you might be allowed into your building for a short time. This could be for as little as 15 minutes or one half-hour. Create a list of the critical items that you would need to retrieve if you could get into your building. This assumes, of course, that the items are salvageable.

You should list these items in order of importance.

Some examples of items you might need to retrieve include: computer disks, computers, selected paper files and work in process.

Examples of items that you should not list include: family pictures, unimportant files and information that is duplicated somewhere else.

## **Forms**

On the following pages are forms that can be used to collect and document the information described previously. Instructions for completing each form are also provided.

## EMPLOYEE CALL LIST

Instructions for completing the form:

Following is information that should be included in the Employee Call List for each employee:

- Name
- Title
- Address (Street address, not post office box number)
- Office telephone number
- Home telephone number
- Pager number, if available
- Cellular telephone number, if available
- Personal e-mail address, if available
- Alternate telephone number

Home street address is needed in case telephones are out of order and another employee must be dispatched to physically locate the employee.

Alternate telephone number is any additional number by which the employee can be contacted. Examples include the employee's weekend cottage or the phone number of a relative who will usually know how to reach the employee.

If employees do not have pagers, cellular phones, or personal e-mail addresses, leave those entries blank.

Some staff members may be concerned about having their home information published. They may, for example, have an unlisted home number. It is essential that all employees provide a means to be contacted following an incident. These employees must be reassured that this information will only be distributed on a "need to know" basis, and that the information will have limited access.

This information is most easily gathered by distributing the attached Employee Contact Information Data Collection Form to the employees for them to complete. Accuracy of the information is most easily assured in this way. The following Employee Call List form can then be used to consolidate the information from the individual employees.

Before distributing the form titled "Employee Contact Information, Data Collection Form" to the employees, insert your name as the person the form should be returned to and the date by which you want it completed.

EMPLOYEE CALL LIST

Business Unit: \_\_\_\_\_

Name:  
Title:  
Address:  
City/State/Zip:  
Office Phone:  
Home Phone:  
Pager:  
Cellular:  
E-mail:  
Alternate number:

Name:  
Title:  
Address:  
City/State/Zip:  
Office Phone:  
Home Phone:  
Pager:  
Cellular:  
E-mail:  
Alternate number:

Name:  
Title:  
Address:  
City/State/Zip:  
Office Phone:  
Home Phone:  
Pager:  
Cellular:  
E-mail:  
Alternate number:

Name:  
Title:  
Address:  
City/State/Zip:  
Office Phone:  
Home Phone:  
Pager:  
Cellular:  
E-mail:  
Alternate number:

Name:  
Title:  
Address:  
City/State/Zip:  
Office Phone:  
Home Phone:  
Pager:  
Cellular:  
E-mail:  
Alternate number:

Name:  
Title:  
Address:  
City/State/Zip:  
Office Phone:  
Home Phone:  
Pager:  
Cellular:  
E-mail:  
Alternate number:

Employee Contact Information  
Data Collection Form

Please complete and return to: \_\_\_\_\_ By: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Employee Functional Title: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PHONE NUMBERS:

Home: ( ) \_\_\_\_\_

Work: ( ) \_\_\_\_\_

Cellular: ( ) \_\_\_\_\_

Pager: ( ) \_\_\_\_\_

Emergency Contact (External to your current household: i.e. Neighbor, friend, relative):

Name: \_\_\_\_\_ Home Number ( ) \_\_\_\_\_

Work Number ( ) \_\_\_\_\_

THE FOLLOWING INFORMATION IS OPTIONAL

Handicap Requirements:  Explain: \_\_\_\_\_  
\_\_\_\_\_

Medical Limitations:  Explain: \_\_\_\_\_  
\_\_\_\_\_

Transportation Required  Explain: \_\_\_\_\_  
\_\_\_\_\_

Childcare Required:  Explain: \_\_\_\_\_  
\_\_\_\_\_

## VENDORS AND CUSTOMERS

### BUSINESS PARTNERS/SUPPORT PROVIDERS

Instructions for completing the forms:

Following is information that should be included for each:

- Product/Service
- Vendor, Customer, or Partner name
- Address (Street address, not post office box number), City, State, Zip
- Contact Person's name
- Alternate Contact Person's name
- Regular and off-hours phone, FAX, and other phone number
- Comments

In some cases, a specific person's name is not appropriate. For example "Service Department", or "Representative on Call" might be the appropriate entry instead of a Contact Person's name.

The "Other No." is any additional phone number by which this entity can be reached. For example, many entities may have cellular or pager numbers.

Comments can be used for any additional information that would help following an incident. Suggestions include:

- Additional contact information
- Description of reasons this entity should be contacted following the incident
- Specific information this entity would need to know following your incident, such as account numbers or security clearance information.

The form for "Business Partners/Support Providers" is intended to document contact information for entities that do not logically fit into one of the other categories. Examples include:

- Emergency response agencies such as police, fire, utility companies, and Red Cross (Even if your community uses the 911 system, that should be documented).
- Internal business units who rely on your business unit for information, your management, and internal business units that would support your recovery, like corporate insurance, internal security, facilities and human resources.

CRITICAL VENDORS\*

Business Unit: \_\_\_\_\_

|                    |              |
|--------------------|--------------|
|                    |              |
| Product/Service:   |              |
| Vendor Name:       |              |
| Street Address:    |              |
| City/State/Zip:    |              |
| Contact Person:    | Phone No.:   |
| Alternate Contact: | 24 Hour No.: |
|                    | FAX No.:     |
|                    | Other No.:   |
| Comments:          |              |

|                    |              |
|--------------------|--------------|
|                    |              |
| Product/Service:   |              |
| Vendor Name:       |              |
| Street Address:    |              |
| City/State/Zip:    |              |
| Contact Person:    | Phone No.:   |
| Alternate Contact: | 24 Hour No.: |
|                    | FAX No.:     |
|                    | Other No.:   |
| Comments:          |              |

|                    |              |
|--------------------|--------------|
|                    |              |
| Product/Service:   |              |
| Vendor Name:       |              |
| Street Address:    |              |
| City/State/Zip:    |              |
| Contact Person:    | Phone No.:   |
| Alternate Contact: | 24 Hour No.: |
|                    | FAX No.:     |
|                    | Other No.:   |
| Comments:          |              |

\*List only vendors that you would be responsible for contacting should there be an emergency event to ESI.

KEY CUSTOMERS\*

Business Unit: \_\_\_\_\_

|                    |              |
|--------------------|--------------|
|                    |              |
| Product/Service:   |              |
| Customer Name:     |              |
| Street Address:    |              |
| City/State/Zip:    |              |
| Contact Person:    | Phone No.:   |
| Alternate Contact: | 24 Hour No.: |
|                    | FAX No.:     |
|                    | Other No.:   |
| Comments:          |              |

|                       |              |
|-----------------------|--------------|
|                       |              |
| Product/Service:      |              |
| Customer/Client Name: |              |
| Street Address:       |              |
| City/State/Zip:       |              |
| Contact Person:       | Phone No.:   |
| Alternate Contact:    | 24 Hour No.: |
|                       | FAX No.:     |
|                       | Other No.:   |
| Comments:             |              |

|                       |              |
|-----------------------|--------------|
|                       |              |
| Product/Service:      |              |
| Customer/Client Name: |              |
| Street Address:       |              |
| City/State/Zip:       |              |
| Contact Person:       | Phone No.:   |
| Alternate Contact:    | 24 Hour No.: |
|                       | FAX No.:     |
|                       | Other No.:   |
| Comments:             |              |

\*List only those customers you would be responsible for contacting in the event of a situation to ESI.

BUSINESS PARTNERS/SUPPORT PROVIDERS

Note: These are any entities that are not vendors or customers.

Business Unit: \_\_\_\_\_

|                                |              |
|--------------------------------|--------------|
| Product/Service:               |              |
| Partner/Support Provider Name: |              |
| Street Address:                |              |
| City/State/Zip:                |              |
| Contact Person:                | Phone No.:   |
| Alternate Contact:             | 24 Hour No.: |
|                                | FAX No.:     |
|                                | Other No.:   |
| Comments:                      |              |

|                                |              |
|--------------------------------|--------------|
| Product/Service:               |              |
| Partner/Support Provider Name: |              |
| Street Address:                |              |
| City/State/Zip:                |              |
| Contact Person:                | Phone No.:   |
| Alternate Contact:             | 24 Hour No.: |
|                                | FAX No.:     |
|                                | Other No.:   |
| Comments:                      |              |

|                                |              |
|--------------------------------|--------------|
| Product/Service:               |              |
| Partner/Support Provider Name: |              |
| Street Address:                |              |
| City/State/Zip:                |              |
| Contact Person:                | Phone No.:   |
| Alternate Contact:             | 24 Hour No.: |
|                                | FAX No.:     |
|                                | Other No.:   |
| Comments:                      |              |

## MEETING PLACE

Instructions for completing the form:

Following is information that should be included for each selected location:

- Facility Name
- Street Address, Floor, City, State, Zip
- Contact Person's name
- Alternate Contact Person's name
- Regular and off-hours phone, FAX, and other phone number
- Security Considerations

In some cases, a specific person's name is not appropriate. For example, "Security Guard on Duty", or "Night Manager" might be the appropriate entry instead a Contact Person's name.

The "Other No." is any additional phone number by which this entity can be reached. For example, many entities may have cellular or pager numbers.

Security Considerations include any security badges or a code required or lists of the individuals authorized to activate the facility.

MEETING PLACE

Business Unit: \_\_\_\_\_

Primary Location

|                          |             |
|--------------------------|-------------|
| Facility Name:           |             |
| Street Address:          | Floor:      |
| City/State/Zip:          |             |
| Contact Person:          | Phone No:   |
| Alternate Contact:       | 24 Hour No: |
|                          | FAX No:     |
|                          | Other No.:  |
| Security Considerations: |             |

Alternate Location

|                          |             |
|--------------------------|-------------|
| Facility Name:           |             |
| Street Address:          | Floor:      |
| City/State/Zip:          |             |
| Contact Person:          | Phone No:   |
| Alternate Contact:       | 24 Hour No: |
|                          | FAX No:     |
|                          | Other No.:  |
| Security Considerations: |             |

## CRITICAL RECORDS

Instructions for completing the form:

Following is information that should be included for each record:

- Record Name
- Description
- Media (Paper, diskette, tape, microfilm, microfiche, optical disk, or other media)
- Location
- Record Storage Identifier
- Contact Name
- Regular and off-hours phone, FAX, and other phone number
- Alternative Source (if applicable)
- Contact Name (of the alternative source)
- Regular and off-hours phone, FAX, and other phone number (of the alternative source)
- Comments

Record Name could be a description of the information, or specific file names for computer information.

Location could be the name of a commercial storage vendor or the company owned facility where the record is stored. Specific contact information should be included in your vendor list if a commercial vendor, or business partner list if company owned.

Record Storage Identifier refers to any proprietary numbering scheme that a commercial vendor uses to retrieve the record, or any similar identifier if a company owned location.

Contact Name should be the specific individual at the Location to be contacted to retrieve the record.

The “Other No.” is any additional phone number by which this Location can be reached. For example, cellular phone or pager.

Alternative Source implies that the information can be recreated. This should list the source to be contacted to recreate that record when needed. If the record can not be recreated, this should be left blank.

Comments should include any additional information that would help in retrieving or recreating the record.

CRITICAL RECORDS

Business Unit: \_\_\_\_\_

|                            |                                     |
|----------------------------|-------------------------------------|
| Record Name:               |                                     |
| Description:               |                                     |
| Media:                     |                                     |
| Location:                  |                                     |
| Record Storage Identifier: |                                     |
| Contact Name:              | Phone No:<br>24 Hour No:<br>FAX No: |
| Alternative Source:        |                                     |
| Contact Name:              | Phone No:<br>24 Hour No:<br>FAX No: |
| Comments:                  |                                     |

|                            |                                     |
|----------------------------|-------------------------------------|
| Record Name:               |                                     |
| Description:               |                                     |
| Media:                     |                                     |
| Location:                  |                                     |
| Record Storage Identifier: |                                     |
| Contact Name:              | Phone No:<br>24 Hour No:<br>FAX No: |
| Alternative Source:        |                                     |
| Contact Name:              | Phone No:<br>24 Hour No:<br>FAX No: |
| Comments:                  |                                     |

## **RESOURCES REQUIRED OVER TIME**

Instructions for completing the form:

Following is information that should be included for each report:

- Function Name
- Resource Name (provided)
- Recovery Timeline (provided)
- Number of additional resources for each time slot

The following two forms are used to plan the arrival of recovery resources to the Workarea. List only the increased amounts in each column. For example the team needs 35 people over all. They assign 15 at the 24 hours slot, another 5 in the 48 hours slot and 15 more in the 72 hours slot.

If the team has a recovery time objective of 72 hours the Team Leader wouldn't schedule the first group until the 72-hour slot and the rest of the resources in the one-week slot. In this case the number of resources for the 24-hour and 48 hour slots would be 0.

During an actual recovery situation, specific circumstances may allow for earlier occupation of the Recovery Workarea and enhanced resource availability. For planning purposes always assume the worst scenario rather than the best.

**Resources Required Over Time**

| Function / Resources | 24 hours | 48 hours | 72 hours | 1 week | 2 weeks | 1 month |
|----------------------|----------|----------|----------|--------|---------|---------|
| Function Name        |          |          |          |        |         |         |
| <b>Staff</b>         |          |          |          |        |         |         |
| <b>Area size</b>     |          |          |          |        |         |         |
| <b>Desks</b>         |          |          |          |        |         |         |
| <b>Chairs</b>        |          |          |          |        |         |         |
| <b>Telephones</b>    |          |          |          |        |         |         |
| <b>Faxes</b>         |          |          |          |        |         |         |
| <b>PCs</b>           |          |          |          |        |         |         |
| <b>Printers</b>      |          |          |          |        |         |         |
| <b>(Other)</b>       |          |          |          |        |         |         |
| Function Name        |          |          |          |        |         |         |
| <b>Staff</b>         |          |          |          |        |         |         |
| <b>Area size</b>     |          |          |          |        |         |         |
| <b>Desks</b>         |          |          |          |        |         |         |
| <b>Chairs</b>        |          |          |          |        |         |         |
| <b>Telephones</b>    |          |          |          |        |         |         |
| <b>Faxes</b>         |          |          |          |        |         |         |
| <b>PCs</b>           |          |          |          |        |         |         |
| <b>Printers</b>      |          |          |          |        |         |         |
| <b>(Other)</b>       |          |          |          |        |         |         |
| Function Name        |          |          |          |        |         |         |
| <b>Staff</b>         |          |          |          |        |         |         |
| <b>Area size</b>     |          |          |          |        |         |         |
| <b>Desks</b>         |          |          |          |        |         |         |
| <b>Chairs</b>        |          |          |          |        |         |         |
| <b>Telephones</b>    |          |          |          |        |         |         |
| <b>Faxes</b>         |          |          |          |        |         |         |
| <b>PCs</b>           |          |          |          |        |         |         |
| <b>Printers</b>      |          |          |          |        |         |         |
| <b>(Other)</b>       |          |          |          |        |         |         |

**Resources Required Over Time (Consolidated)**

| Function / Resources | 24 hours | 48 hours | 72 hours | 1 week | 2 weeks | 1 month |
|----------------------|----------|----------|----------|--------|---------|---------|
| All team functions   |          |          |          |        |         |         |
| <b>Staff</b>         |          |          |          |        |         |         |
| <b>Area size</b>     |          |          |          |        |         |         |
| <b>Desks</b>         |          |          |          |        |         |         |
| <b>Chairs</b>        |          |          |          |        |         |         |
| <b>Telephones</b>    |          |          |          |        |         |         |
| <b>Faxes</b>         |          |          |          |        |         |         |
| <b>PCs</b>           |          |          |          |        |         |         |
| <b>Printers</b>      |          |          |          |        |         |         |
| <b>(Other)</b>       |          |          |          |        |         |         |

List only the increased amounts in each column. For example the team needs 35 people over all. They assign 15 at the 24 hours slot, another 5 in the 48 hours slot and 15 more in the 72 hours slot.

## **CRITICAL RESOURCES TO BE RETREIVED**

### Instructions for Completing the Form

Following is information that should be included for each resource:

- Location of the resource, including location on the floor
- Name of the items to be retrieved
- Comments

List the items in order of importance for each category, Critical Records, Equipment, Other.

Comments should include anything that will help to retrieve the item, or understand why it is important to retrieve. This could include a more detailed location of the item in the work area or a description of the item.

Condition should be left blank at this time. If and when an incident occurs, you can use this column to describe the condition of the item when retrieved.

CRITICAL RESOURCES TO BE RETREIVED

Note: Use this form to document the materials that should be retrieved if you are able to enter your facility following the incident and the items are not badly damaged.

Business Unit: \_\_\_\_\_

|                          |  |            |
|--------------------------|--|------------|
|                          |  |            |
| Bldg./Floor:             | Location on Floor: (e.g. Northwest Corner) |            |
|                          |  |            |
| Items To Be Retrieved    | Comments                                   | Condition* |
| <b>CRITICAL RECORDS:</b> |  |            |
|                          |  |            |
|                          |  |            |
|                          |  |            |
|                          |  |            |
|                          |  |            |
|                          |  |            |
|                          |  |            |
|                          |  |            |
|                          |  |            |
| <b>EQUIPMENT:</b>        |  |            |
|                          |  |            |
|                          |  |            |
|                          |  |            |
|                          |  |            |
|                          |  |            |
|                          |  |            |
|                          |  |            |
|                          |  |            |
| <b>OTHER:</b>            |  |            |
|                          |  |            |
|                          |  |            |
|                          |  |            |
|                          |  |            |
|                          |  |            |
|                          |  |            |
|                          |  |            |
|                          |  |            |

\* Complete "Condition" at the time of the incident.

