

[Firm Name]

Business Resilience Planning Workbook

Disclaimer: This document has been developed to provide a framework for developing a Pre-Disaster Business Resilience Plan. It does not purport to contain an inclusive list of items or actions that may be deemed appropriate or necessary to include in a business continuity or risk management plan.



Saskatchewan Economic Development Association

Baseline Information

I. OPERATING LOCATION

Address _____
City, Province, Postal Code _____
Telephone Number _____

If this location is not accessible we will operate from location below:

Address _____
City, Province, Postal Code _____
Telephone Number _____

II. EMERGENCY CONTACT PERSONS

Primary Emergency Contact _____
Telephone Number _____
Alternative Number _____
E-mail _____

If the person is unable to manage the crisis, the person below will succeed in management:

Secondary Emergency Contact _____
Telephone Number _____
Alternative Number _____
E-mail _____

III. WE PLAN TO COORDINATE WITH OTHERS

The following people from neighboring businesses and our building management will participate on our emergency planning team.

- _____
- _____
- _____
- _____
- _____

Firm Policy

State your firm's objectives for maintaining business operations in the event of both internal and external significant business disruptions (SBDs), including your firm's obligation to grant customers access to their funds or product (if applicable) in the event of a significant business disruption.

This policy should be given to all employees. State who has the authority to execute the plan, where the plan is stored, and how to access the plan.

EXAMPLE:

Our firm's policy is to respond to a significant business disruption by safeguarding employees' lives and business property, making a financial and operational assessment, quickly recovering and resuming operations, protecting all of the firm's books and records, and allowing our customers to transact business. In the event that we determine we are unable to continue our business, we will assure customers prompt access to their funds and/or products.

Significant Business Disruptions (SBDs)

Our plan anticipates two kinds of SBDs, internal and external. Internal SBDs affect only our firm's ability to communicate and do business, such as a fire in our building. External SBDs prevent us from operating and may impact a broader number of firms, such as a flood, or a wide-scale, regional disruption. Our response to an external SBD relies more heavily on other organizations and systems.

Approval and Execution Authority

[Name, title], a principal of the firm, is responsible for approving the plan and for conducting the required annual review. [Name, title] has the authority to execute this plan (the plan could be called a Business Continuity Plan or Emergency Plan).

Plan Location and Access

Our firm will maintain hard copies of its plan, annual reviews, and the changes that have been made to it. An electronic copy of our plan is located on [server name] in the [file/folder name].

Business Description

Describe the nature of your business – products or services etc.

OFFICE LOCATIONS

List the locations of all of your offices, and state the means of transportation that employees may use to reach that facility. State also which critical business operations take place at each location.

Office Location #1

Our Location #1 Office is located at [address]. Its main telephone number is [insert]. Our employees may travel to that office by means of [insert all that apply (e.g., foot, car, bus, etc.)]. We engage in order taking and data entry at this location.

Office Location #2

Our Location #2 Office is located at [address]. Its main telephone number is [insert]. Our employees may travel to that office by means of [insert all that apply e.g., foot, car, bus, etc.]. We engage in manufacturing at this location.

Data Back-Up and Recovery

Identify the location of your firm's primary books and records (hard copy and electronic) and the location of your firm's back-up books and records (hard copy and electronic). Describe how your firm backs up its data. In addition, describe how your firm will recover data in the event of an SBD.

EXAMPLE: Our firm maintains its primary hard copy books and records and its electronic records at [address]. [Name, title, phone number] is responsible for the maintenance of these books and records. Our firm maintains its back-up hard copy books and records at [other address]. These records are [paper copies, etc.]. [Name, title, phone number] is responsible for the maintenance of these back-up books and records. Our firm backs up its paper records by copying and taking them to our back-up site. We back up our records every [time period].

The firm backs up its electronic records daily [or other time period] by [describe process], and keeps a copy at [other address]. In the event of an internal or external SBD that causes the loss of our paper records, we will physically recover them from our back-up site. If our primary site is inoperable, we will continue operations from our back-up site or an alternate location.

For the loss of electronic records, we will either physically recover the storage media or electronically recover data from our back-up site, or, if our primary site is inoperable, continue operations from our back-up site or an alternate location.

Financial and Operational Assessments

Describe your firm's procedures to identify changes in its operational, financial and credit risk exposures in the event of an SBD. Your firm should periodically assess the changes in these exposures and quickly make such an assessment in connection with an SBD.

Operational Risk

Operational risk includes the firm's ability to maintain communications with customers and to retrieve key activity records and resume operations.

EXAMPLE: In the event of an SBD, we will immediately identify what means will permit us to communicate with our customers, employees, suppliers, banks and other parties.. Although the effects of an SBD will determine the means of alternative communication, the communications options we will employ will include [our website, telephone voice mail, email, etc.]. In addition, we will retrieve data and activity records as described in the section above.

Financial and Credit Risk

Financial risk involves the firm's ability to fund operations and maintain adequate financing and sufficient capital. The firm also may face credit risk, which would also hinder the ability of the firm to fulfill its' obligations.

EXAMPLE: In the event of an SBD, we will determine the value and liquidity of our investments and other assets to evaluate our ability to continue to fund our operations. We will contact critical banks and investors to apprise them of our financial status. If we determine that we may be unable to meet our obligations or otherwise continue to fund our operations, we will request additional financing from our bank or other credit sources to fulfill our obligations to our customers and clients.

Our Critical Operations

The following is a prioritized list of our critical operations, staff and procedures we need to recover from a disaster.

EXAMPLE:

<i>Operation</i>	<i>Staff in Charge</i>	<i>Action Plan</i>
<i>Order Taking</i>	<i>Bob</i>	<i>Currently, our firm receives orders from customers via [insert all that apply (e.g., telephone, fax, email, website at [insert URL], in-person visits by the customer, etc.). During an SBD, either internal or external, we will continue to take orders through any of these methods that are available and reliable, and in addition, as communications permit, we will inform our customers what alternatives they have to send their orders to us. Customers will be informed of alternatives by [insert method].</i>
<i>Accounting</i>	<i>Mary</i>	<i>Currently, our firm processes receivables and payables by recording them on paper and electronically and sending them to our bookkeeper electronically. In the event of an internal SBD, we will send records manually via a courier or in person.</i>

Alternate Communications

EMPLOYEES

Describe the alternate means of communications that your firm will use to communicate with its employees in the event of an Significant Business Disruption (SBD).

EXAMPLE: We now communicate with our employees using [insert all that apply (e.g., telephone, email, and in person, etc.). In the event of an SBD, we will assess which means of communication are still available to us, and use the means closest in speed and form (written or oral) to the means that we have used in the past to communicate. We will also employ a call tree so that senior management can reach all employees quickly during an SBD (employee contact information is included further in this plan under Key Contacts). The call tree includes all staff home and cell phone numbers.

CUSTOMERS

Describe the alternate means of communications that your firm will use to communicate with its customers in the event of an SBD.

EXAMPLE: We now communicate with our customers using [insert all that apply (e.g., the telephone, email, our website, fax, Canada Post and in-person visits at our firm or another location)]. In the event of an SBD, we will assess which means of communication are still available to us, and use the means closest in speed and form (written or oral) to the means that we have used in the past to communicate with the other party. Our bookkeeper also keeps a current customer contact list at her offsite office.

SUPPLIERS OR VENDORS

EXAMPLE: We will contact our businesses with which we have an ongoing commercial relationship, and determine the extent to which we can continue our business relationship with them in light of the internal or external SBD. We will quickly establish alternative arrangements if a business can no longer provide the needed goods or services when we need them because of a SBD to them or our firm. A list of major and alternative suppliers is found further in this plan under Key Contacts. Our bookkeeper also keeps a current contact list of all our suppliers and vendors at her offsite office.

Insurance

Include a summary of all your insurance information and providers.

<i>Insurance type</i>	<i>Policy coverage</i>	<i>Policy exclusions</i>	<i>Insurance company and contact</i>	<i>Last review date</i>	<i>Payments due</i>
<i>[e.g. Building, Contents, Car, Business Interruption]</i>	<i>[e.g. Damage from fire, flood, theft,]</i>	<i>[e.g. Fraud, terrorism, tornado]</i>	<i>[e.g. XYZ Insurance, D. Higgins (Area code) Number]</i>	<i>[Day/Month/Year]</i>	<i>[Amount you pay and frequency . e.g. Monthly, yearly]</i>

Evacuation Plan

- We have developed this plan in collaboration with neighboring businesses and building owners to avoid confusion or gridlock.
- We have located, copied and posted building and site maps.
- Exits are clearly marked.
- We will practice evacuation procedures ____ times a year.

If we must leave the workplace quickly:

1. Warning System:

We will test the warning system and record results ____ times a year.

2. Assemble employees at the following site for evacuation:

3. Evacuation Site Manager and Alternate:

a. Responsibilities Include:

4. Shut Down Manager & Alternate:

a. Responsibilities Include:

5. _____ is responsible for issuing all clear.

Shelter Plan

- We have talked to co-workers about which emergency supplies, if any, the company will provide in the shelter location and which supplies individuals might consider keeping in a portable kit personalized for individual needs.
- We have located, copied and posted building and site maps.
- We will practice shelter procedures ____ times a year.

If we must take shelter quickly:

1. Warning System: _____

We will test the warning system and record results ____ times a year.

2. Storm Shelter Location:

3. Shelter Location Manager and Alternate:

a. Responsibilities Include:

4. Shut Down Manager & Alternate:

a. Responsibilities Include:

5. _____ is responsible for issuing all clear.

List of Critical Supplies

Use this form to list supplies needed to fulfill your critical business functions. A critical supply is any item essential to keep equipment or work processes functioning, e.g. special fluid for a machine, special forms and/or cheques.

- Be sure to list an order number.
- Record the Supplier Contact information under Key Contacts.
- Do not include basic office supplies, e.g. pens, paper, stapler. Do not include office furniture e.g. filing cabinets, mail bins, desks or chairs, as they all should be listed in *Miscellaneous Resources*.

ITEM	ITEM ORDER NUMBER	QUANTITY	SUPPLIERS	RELATED BUSINESS FUNCTIONS

Essential Equipment List

Identify the key equipment/machinery necessary to perform your essential business functions, i.e. the equipment or machinery that would shut you down or severely curtail production of goods or services if it failed. This could include tools and spare parts vital to operation of equipment. You may also want to list company-owned vehicles.

When there is adequate warning about an event, such as a wildfire or flood you might decide to take some of your equipment or machinery that can easily be moved to a safe place, so that it can be used at your recovery location(s).

<i>Item:</i>	
<i>Model:</i>	<i>Serial Number:</i>
<i>Related Business Function(s):</i>	
<i>Status:</i> Currently in use ___Yes ___No Will lease/buy for Recovery Location: ___Yes ___No	
<i>Is there a Backup Available:</i> ___Yes ___No	
<i>Primary Supplier:</i>	
<i>Alternate Supplier:</i>	
<i>Recovery Location for Install:</i>	

<i>Item:</i>	
<i>Model:</i>	<i>Serial Number:</i>
<i>Related Business Function(s):</i>	
<i>Status:</i> Currently in use ___Yes ___No Will lease/buy for Recovery Location: ___Yes ___No	
<i>Is there a Backup Available:</i> ___Yes ___No	
<i>Primary Supplier:</i>	
<i>Alternate Supplier:</i>	
<i>Recovery Location for Install:</i>	

Computer Equipment and Software

Use this form to list the computer equipment, hardware and software you will need to fulfill your critical business functions. If you go to a recovery location, it is likely you will need to lease or purchase computer equipment and replace your software. This form will assist you in listing what you will need to order.

<i>Item:</i>	
<i>Hardware:</i> ____ <i>Software:</i> ____	<i>Currently in use</i> ___Yes ___No <i>Will lease/buy for Recovery Location:</i> ___Yes ___No
<i>Title and Version/Model Number:</i>	
<i>Serial OR Customer Number:</i>	<i>Registered User Name:</i>
<i>Purchase/Lease Price:</i>	<i>Purchase/Lease Date:</i>
<i>Quantity of Equipment:</i> <i>Number of Software Licenses:</i>	<i>License Numbers:</i>
<i>Primary Supplier:</i>	
<i>Alternate Supplier:</i>	
<i>Recovery Location for Install:</i>	

<i>Item:</i>	
<i>Hardware:</i> ____ <i>Software:</i> ____	<i>Currently in use</i> ___Yes ___No <i>Will lease/buy for Recovery Location:</i> ___Yes ___No
<i>Title and Version/Model Number:</i>	
<i>Serial OR Customer Number:</i>	<i>Registered User Name:</i>
<i>Purchase/Lease Price:</i>	<i>Purchase/Lease Date:</i>
<i>Quantity of Equipment:</i> <i>Number of Software Licenses:</i>	<i>License Numbers:</i>
<i>Primary Supplier:</i>	
<i>Alternate Supplier:</i>	
<i>Recovery Location for Install:</i>	

Miscellaneous Resources

Use this form to list the basics to make your **Business Recovery Site** operational (if necessary), such as office furniture and other items. Consider unique requirements for employees with special needs.

ITEM	QUANTITY	PRIMARY SUPPLIER	ALTERNATE SUPPLIER	RECOVERY INSTALL LOCATION
Chairs				
Desks				
Safes				
Tables				
Filing Cabinets				
Portable air conditioner or fans				

Contacts

SUPPLIERS AND CONTRACTORS

(Copy this page to expand your list).

Company Name: _____
Street Address: _____
City: _____ Province: _____ Postal Code: _____
Phone: _____ Fax: _____
Email: _____
Contact Name: _____
Account Number: _____
Materials / Service Provided: _____

If this company experiences a disaster, we will obtain supplies/materials from the following:

Company Name: _____
Street Address: _____
City: _____ Province: _____ Postal Code: _____
Phone: _____ Fax: _____
Email: _____
Contact Name: _____
Account Number: _____
Materials / Service Provided: _____

If this company experiences a disaster, we will obtain supplies/materials from the following:

Company Name: _____
Street Address: _____
City: _____ Province: _____ Postal Code: _____
Phone: _____ Fax: _____
Email: _____
Contact Name: _____
Account Number: _____
Materials / Service Provided: _____

EMPLOYEE EMERGENCY CONTACT INFORMATION

The following is a list of our co-workers and their individual emergency contact information.

Name	Cell	Home Number

Disaster Response Checklist

When disaster strikes, you may be on your own for several hours or even days. Emergency services may not be able to respond right away. Check which supplies you have on hand to help you take care of your employees, customers or others on your premises until help arrives. Be sure to purchase the remaining supplies so you are ready when an emergency occurs. Check your kit every six months to replace expired or outdated items.

Working Smoke Detectors and Fire Extinguisher

Set a schedule to test smoke detectors annually and keep extra batteries on hand. Check the pressure indicator of your fire extinguisher monthly

Battery Operated Or Wind-Up AM/FM Radio

Maintain a current list of stations in your area that provide emergency updates and that have generator backup to support continuous broadcast. Keep extra batteries on hand, or consider a wind-up radio (wind one minute for 15 – 35 minutes of play).

First Aid Kit

Include scissors, tweezers, a variety of Band-Aids, gauze pads/roller gauze and tape, anti-bacterial wipes, first aid ointment, vinyl gloves, first aid book, and any other items you deem essential. Remember your kit is for “first” aid, not ongoing care.

Medications and Personal Items

Remember that you may not have access to pharmacies or doctors. Suggest that employees store a one-week supply of prescription and over-the-counter medications at their workspace, along with any instructions for taking them. Encourage employees to keep their doctors’ contact information close at hand, along with a list of any prescription medications and dosages they are currently taking. Employees might also choose to store an extra set of glasses and/or contact lenses and solution, batteries for hearing aids, walking aids, feminine and personal hygiene items, and any other personal items they may need.

Flashlights and Light Sticks

Keep flashlights and extra batteries in easy to find locations. Non-toxic chemical light sticks can be taped next to light switches for emergency use.

Bottled Water

Have at least one gallon of water per person per day to be used for drinking, personal hygiene and cooking. Store in sizes that are easily transportable, should you need to relocate.

Non-perishable Food and Utensils

Stock a supply of non-perishable food such as peanut butter, crackers, ready-to-eat canned meats, beans, fruits and vegetables, comfort/stress food such as cookies and hard candy, canned juices, powdered milk, etc. Be sure to have a manually operated can opener and plastic utensils.

Paper Supplies

Keep a supply of toilet paper, tissues, paper plates, napkins, and towels on hand. Also have note pads, markers, pens and pencils.

Tools and Other Supplies

Keep supplies such as duct tape, waterproof plastic sheets, shut-off wrench for water and gas, whistle, compass, plastic bucket with tight lid, work gloves, pliers, hammer, plastic garbage bags and ties. A pry bar, shovel, dust masks, eye protection, and a push broom will support clean-up.

Blankets

Keep a supply of blankets, pillows if available, cots or mats for sleeping/taking breaks.

Camera

Have a disposable camera, or a camera with extra batteries/film, available to record damage.

Cash and ATM/Credit Card(s)

Keep enough cash for immediate needs, and ATM and credit card(s) for emergency use (dependent on electric power availability).

Emergency Contact List

Maintain a current emergency contact list for employees and emergency services, such as police, fire and utility companies. Keep copies in several places, e.g. a smartphone, PC at home, or a trusted neighboring business.