Business Continuity and Recovery Planning Guide

The Canadian Chamber of Commerce used, and adapted, this guide to develop its Business Continuity and Recovery Plan.

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Step 1: About Your Organization

PRIMARY ORGANIZATION LOCATION	SECOND ORGANIZATION LOCATION
ORGANIZATION NAME	ORGANIZATION NAME
STREET ADDRESS	STREET ADDRESS
CITY, PROV/TERR, POSTAL CODE	CITY, PROV/TERR, POSTAL CODE
TELEPHONE NUMBER	TELEPHONE NUMBER
PRIMARY POINT OF CONTACT	**ALTERNATE POINT OF CONTACT**
PRIMARY EMERGENCY CONTACT	ALTERNATE EMERGENCY CONTACT
TELEPHONE NUMBER	TELEPHONE NUMBER
ALTERNATE TELEPHONE NUMBER	ALTERNATE TELEPHONE NUMBER
EMAIL ADDRESS	EMAIL ADDRESS
EMERGENCY CONTACT INFORMATION - DIAL 911 IN AN EMERGENCY	
NON-EMERGENCY POLICE	ELECTRICITY PROVIDER
NON-EMERGENCY FIRE	GAS PROVIDER
INSURANCE PROVIDER	WATER PROVIDER
POISON INFORMATION CENTER	OTHER (E.G., PROPERTY MANAGEMENT)
OTHER (E.G., PROPERTY SECURITY)	OTHER (E.G., IT SUPPORT CONTRACTOR)
OTHER (E.G., BANK AGENT)	OTHER
OTHER	OTHER

Step 2: Business Continuity and Recovery Planning Team

The following people will participate in business continuity and recovery planning.

NAME	POSITION	EMAIL

Coordination with Others
The following people from neighbouring organizations, businesses and our building management will participate on our emergency planning team.

NAME	ORGANIZATIONS/ BUSINESS	EMAIL

Meeting Schedule
The emergency planning team will meet on a regular basis.

DATE	LOCATION	TOPIC

Step 3: Potential Hazards

This information should be included in your Emergency Preparedness and Response Plan, however reiterating key potential hazards in your Business Continuity and Recovery Plan will help you focus on the types of incidents from which you may need to recover. Make sure to look inside and outside your organization as well as the surrounding community. Ask yourself questions like: How do I get in and out of the area? How do my staff, suppliers, and clients/constituents get in and out of the area? What should I be concerned with that could interrupt the organization?

The following disasters could impact our operations.

EXTERNAL (earthquake, fire, power outage, flood, disease, vandalism, etc.)

INTERNAL (fire, flood, theft, data management, power outage, disease, etc.)

Step 4: Critical Assets

If these items are taken away, it would drastically affect or harm your organization or cause a major disruption to operations. What does your organization need to operate?

PEOPLE (employees, consumers, donors, board members, clients/constituents, key volunteers, etc.)	

BUILDING (physical structure, storage unit, satellite office, main office, storefront, capital lease, etc.)	

COMPUTER EQUIPMENT (computers, software, servers/network, specialty tools, copiers, etc.)	

DATA (documents, payroll, files, records, server backup tapes, etc.)	

INVENTORY/PRODUCT (stock, supplies, new materials, etc.)	

OPERATIONS (any disruption to ops, accounts receivable/payable, payroll, mailroom, etc.)	

VALUABLE CONTENTS (artwork, valuable collectables, etc.)	

BOOKS AND RECORDS (vital records, payroll information, etc.)	

EQUIPMENT (HVAC, kitchen equipment, audiovisual equipment, specialty tools, copiers, etc.)	

FURNITURE AND FIXTURES (office furniture, custom-built furniture, etc.)	

GROUNDS (custom decorations, outdoor equipment, signage, etc.)	

OTHER	

Step 5: Critical Operations

Identify operations that are critical for your organization's survival. How will you continue to perform these functions in a disaster situation? What operations are necessary to fulfill legal and financial obligations? Which are necessary to maintain cash flow and reputation? What operations does your organization provide to others (i.e. shelter, day care, spiritual guidance, food, etc.)? In the event of a disaster, will people be congregating at your location needing assistance?

PROCEDURES TO RESTART OPERATION AFTER MINIMAL DISASTER IMPACT: If a disaster causes negligible or marginal impact on operations, these procedures will help to restart the operation in the same location.

PROCEDURES TO COMPLETELY RESTORE OPERATION AFTER SIGNIFICANT DISASTER IMPACT: If a disaster causes critical or catastrophic impact on operations, these procedures will help to restore the operation in the same location, an alternate location, or a new location.

OPERATION:	
STAFF IN CHARGE (POSITION)	STAFF IN CHARGE (NAME)
KEY SUPPLIES/EQUIPMENT	KEY SUPPLIERS/CONTRACTORS
PROCEDURES TO RESTART OPERATION AFTER MINIMAL DISASTER IMPACT	
PROCEDURES TO COMPLETELY RESTORE OPERATION AFTER SIGNIFICANT DISASTER IMPACT	

OPERATION:	
STAFF IN CHARGE (POSITION)	STAFF IN CHARGE (NAME)
KEY SUPPLIES/EQUIPMENT	KEY SUPPLIERS/CONTRACTORS
PROCEDURES TO RESTART OPERATION AFTER MINIMAL DISASTER IMPACT	

PROCEDURES TO COMPLETELY RESTORE OPERATION AFTER SIGNIFICANT DISASTER IMPACT

OPERATION:	
STAFF IN CHARGE (POSITION)	STAFF IN CHARGE (NAME)
KEY SUPPLIES/EQUIPMENT	KEY SUPPLIERS/CONTRACTORS
PROCEDURES TO RESTART OPERATION AFTER MINIMAL DISASTER IMPACT	
PROCEDURES TO COMPLETELY RESTORE OPERATION AFTER SIGNIFICANT DISASTER IMPACT	

OPERATION:	
STAFF IN CHARGE (POSITION)	STAFF IN CHARGE (NAME)
KEY SUPPLIES/EQUIPMENT	KEY SUPPLIERS/CONTRACTORS
PROCEDURES TO RESTART OPERATION AFTER MINIMAL DISASTER IMPACT	
PROCEDURES TO COMPLETELY RESTORE OPERATION AFTER SIGNIFICANT DISASTER IMPACT	

Step 6: Key Organizations and Businesses

The following is a list of organizations and businesses that are critical to maintaining business (i.e. vendors, suppliers, funders, etc.).

ORGANIZATION NAME:		
STREET ADDRESS		CONTACT NAME
CITY, PROV/TERR, POSTAL CODE		CONTACT TELEPHONE NUMBER
TELEPHONE NUMBER	FAX NUMBER	CONTACT EMAIL
EMERGENCY TELEPHONE	WEBSITE	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN?
MATERIAL/SERVICE PROVIDED		
If this organization experiences a disaster, we will obtain materials/services from the following:		

ORGANIZATION NAME:		
STREET ADDRESS		CONTACT NAME
CITY, PROV/TERR, POSTAL CODE		CONTACT TELEPHONE NUMBER
TELEPHONE NUMBER	FAX NUMBER	CONTACT EMAIL
EMERGENCY TELEPHONE	WEBSITE	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN?
MATERIAL/SERVICE PROVIDED		
If this organizations experiences a disaster, we will obtain materials/services from the following:		

ORGANIZATION NAME:	
STREET ADDRESS	CONTACT NAME
CITY, PROV/TERR, POSTAL CODE	CONTACT TELEPHONE NUMBER
TELEPHONE NUMBER	FAX NUMBER	CONTACT EMAIL
EMERGENCY TELEPHONE	WEBSITE	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN?
MATERIAL/SERVICE PROVIDED		
If this company experiences a disaster, we will obtain materials/services from the following:		

ORGANIZATION NAME:	
STREET ADDRESS	CONTACT NAME
CITY, PROV/TERR, POSTAL CODE	CONTACT TELEPHONE NUMBER
TELEPHONE NUMBER	FAX NUMBER	CONTACT EMAIL
EMERGENCY TELEPHONE	WEBSITE	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN?
MATERIAL/SERVICE PROVIDED		
If this company experiences a disaster, we will obtain materials/services from the following:		

Step 7: Computer Inventory Form

Use this form to:
- Log your computer hardware serial and model numbers. Attach a copy of your vendor documentation to this document.
- Record the name of the company from which you purchased or leased this equipment and the contact name to notify for your computer repairs.

Make additional copies as needed. *Keep one copy of this list in a secure place on your premises and another in an off-site location.*

HARDWARE INVENTORY					
HARDWARE (CPU, MONITOR, PRINTER, KEYBOARD, MOUSE, PLUS DESCRIPTION)	**MODEL PURCHASED**	**SERIAL NUMBER**	**DATE PURCHASED**	**COMPANY PURCHASED OR LEASED FROM**	**COST**

SOFTWARE INVENTORY					
NAME OF SOFTWARE	**VERSION**	**SERIAL / KEY NUMBER**	**DISC OR DOWNLOAD**	**DATE PURCHASED**	**COST**

Step 8: Information Technology Security

Data security and backup should be an ongoing process; however, it is crucial before a disaster. If you use a contractor for your IT support, they should be included in your business continuity and recovery planning. Identify the records that are essential to perform your critical functions. Vital records may include employee data, payroll, financial and insurance records, customer data, legal and lease documents. Are any impossible to recreate? Are copies stored offsite?

DATA SECURITY AND BACK-UP	
LEAD STAFF OR CONTRACTOR	EMERGENCY CONTACT TELEPHONE
EMAIL	ALTERNATE CONTACT TELEPHONE
BACK-UP RECORDS ARE STORED ONSITE HERE	BACK-UP RECORDS ARE STORED OFFSITE HERE
VIRTUAL RECORDS ARE STORED HERE	VIRTUAL BACK-UP CONTACT
IF OUR VIRTUAL RECORDS ARE DESTROYED, WE WILL PROVIDE FOR CONTINUITY IN THE FOLLOWING WAYS:	

IT ASSET SECURITY	
LEAD STAFF OR CONTRACTOR	EMERGENCY CONTACT TELEPHONE
EMAIL	ALTERNATE CONTACT TELEPHONE
KEY COMPUTER HARDWARE	TO PROTECT OUR COMPUTER HARDWARE, WE WILL:
KEY COMPUTER SOFTWARE	TO PROTECT OUR COMPUTER SOFTWARE, WE WILL:
IF OUR COMPUTERS ARE DESTROYED, WE WILL USE BACK-UP COMPUTERS AT THE FOLLOWING LOCATIONS:	

Step 9: Alternate/Temporary Location

Determine if it is possible to set up an alternate or temporary location if your primary site is unavailable. Would this site become your new primary site? Do you have multiple locations in which you can condense work operations? How much work can be done virtually? Does your organization have options for relocation in the same complex? Would a work-from-home strategy work for your organization? What pre-agreements would you need for these options?

ALTERNATE LOCATION		SECOND ALTERNATE LOCATION	
STREET ADDRESS		STREET ADDRESS	
CITY, PROV/TERR, POSTAL CODE		CITY, PROV/TERR, POSTAL CODE	
TELEPHONE NUMBER		TELEPHONE NUMBER	
IS THERE A PRE-AGREEMENT IN PLACE?		IS THERE A PRE-AGREEMENT IN PLACE?	
POINT OF CONTACT		**POINT OF CONTACT**	
CONTACT NAME		CONTACT NAME	
TELEPHONE NUMBER	ALTERNATE NUMBER	TELEPHONE NUMBER	ALTERNATE NUMBER
EMAIL ADDRESS		EMAIL ADDRESS	
SITE ASSESSMENT		**SITE ASSESSMENT**	
NUMBER AND TYPE OF STAFF TO WORK HERE		NUMBER AND TYPE OF STAFF TO WORK HERE	
SUPPLIES ALREADY IN PLACE		SUPPLIES ALREADY IN PLACE	
SUPPLIES THAT WOULD BE NEEDED		SUPPLIES THAT WOULD BE NEEDED	
TIME TO SET UP OPERATIONS		TIME TO SET UP OPERATIONS	
LENGTH OF TIME TO STAY IN THIS SITE		LENGTH OF TIME TO STAY IN THIS SITE	
POSSIBLE HAZARDS IN THE AREA		POSSIBLE HAZARDS IN THE AREA	
NOTES:		NOTES:	

Step 10: Staff Notification

Staff should be regularly updated on business operational status including whether they should report to work, what work conditions are like, alternate work sites and plans, plan triggers, etc.

NOTIFICATION	

STAFF WILL BE NOTIFIED BY:
  □ PHONE TREE
  □ AUTOMATIC NOTIFICATION SYSTEM
  □ EMAIL BLAST
  □ OTHER:
STAFF WILL RESPOND BY:
  □ CALLING IN TO LIVE PERSON
  □ CALLING AUTOMATIC RESPONSE SYSTEM
  □ EMAIL IN
  □ OTHER:
	STAFF MEMBER RESPONSIBLE FOR NOTIFICATION

Detailed right-side table:

STAFF MEMBER RESPONSIBLE FOR NOTIFICATION	
TELEPHONE NUMBER	EMAIL
RESPOND IN NUMER	AUTO RESPONSE NUMBER
PLAN TRIGGER	

NOTIFYING STAFF NAME:			
STREET ADDRESS		EMERGENCY CONTACT NAME	
CITY, PROV/TERR, POSTAL CODE		RELATIONSHIP TO EMPLOYEE	
TELEPHONE NUMBER	ALTERNATE NUMBER	CONTACT TELEPHONE	ALTERNATE TELEPHONE
EMAIL		CONTACT EMAIL	

NOTIFYING STAFF NAME:			
STREET ADDRESS		EMERGENCY CONTACT NAME	
CITY, PROV/TERR, POSTAL CODE		RELATIONSHIP TO EMPLOYEE	
TELEPHONE NUMBER	ALTERNATE NUMBER	CONTACT TELEPHONE	ALTERNATE TELEPHONE
EMAIL		CONTACT EMAIL	

Step 10: Staff Notification (continued)

STAFF NAME:			
STREET ADDRESS		EMERGENCY CONTACT NAME	
CITY, PROV/TERR, POSTAL CODE		RELATIONSHIP TO EMPLOYEE	
TELEPHONE NUMBER	ALTERNATE NUMBER	CONTACT TELEPHONE	ALTERNATE TELEPHONE
EMAIL		CONTACT EMAIL	

STAFF NAME:			
STREET ADDRESS		EMERGENCY CONTACT NAME	
CITY, PROV/TERR, POSTAL CODE		RELATIONSHIP TO EMPLOYEE	
TELEPHONE NUMBER	ALTERNATE NUMBER	CONTACT TELEPHONE	ALTERNATE TELEPHONE
EMAIL		CONTACT EMAIL	

STAFF NAME:			
STREET ADDRESS		EMERGENCY CONTACT NAME	
CITY, PROV/TERR, POSTAL CODE		RELATIONSHIP TO EMPLOYEE	
TELEPHONE NUMBER	ALTERNATE NUMBER	CONTACT TELEPHONE	ALTERNATE TELEPHONE
EMAIL		CONTACT EMAIL	

STAFF NAME:			
STREET ADDRESS		EMERGENCY CONTACT NAME	
CITY, PROV/TERR, POSTAL CODE		RELATIONSHIP TO EMPLOYEE	
TELEPHONE	ALTERNATE NUMBER	CONTACT	ALTERNATE

NUMBER		TELEPHONE	TELEPHONE
EMAIL		CONTACT EMAIL	

Step 11: Key Organization Contact Notification

Board members, clients/consumers and other key contacts should be regularly updated on operational status such open hours, orders in progress, etc. This may be done via your website, posting signs at your business or contacting them individually.

NOTIFICATION	
KEY ORGANIZATION CONTACTS WILL BE NOTIFIED BY: □ WEBSITE □ AUTOMATIC NOTIFICATION SYSTEM □ EMAIL BLAST □ SIGNAGE □ OTHER:	STAFF MEMBER RESPONSIBLE FOR NOTIFICATION
	TELEPHONE NUMBER
	EMAIL

ORGANIZATION NAME:		
STREET ADDRESS		CONTACT NAME
CITY, PROV/TERR, POSTAL CODE		CONTACT TELEPHONE NUMBER
TELEPHONE NUMBER	FAX NUMBER	CONTACT EMAIL
EMERGENCY TELEPHONE	WEBSITE	RELATIONSHIP TO OUR ORGANIZATION

ORGANIZATION NAME:		
STREET ADDRESS		CONTACT NAME
CITY, PROV/TERR, POSTAL CODE		CONTACT TELEPHONE NUMBER
TELEPHONE NUMBER	FAX NUMBER	CONTACT EMAIL
EMERGENCY TELEPHONE	WEBSITE	RELATIONSHIP TO OUR ORGANIZATION

ORGANIZATION NAME:		
STREET ADDRESS		CONTACT NAME

CITY, STATE, ZIP CODE		CONTACT TELEPHONE NUMBER
TELEPHONE NUMBER	FAX NUMBER	CONTACT EMAIL
EMERGENCY TELEPHONE	WEBSITE	RELATIONSHIP TO OUR ORGANIZATION

ORGANIZATION NAME:		
STREET ADDRESS		CONTACT NAME
CITY, PROV/TERR, POSTAL CODE		CONTACT TELEPHONE NUMBER
TELEPHONE NUMBER	FAX NUMBER	CONTACT EMAIL
EMERGENCY TELEPHONE	WEBSITE	RELATIONSHIP TO OUR ORGANIZATION

ORGANIZATION NAME:		
STREET ADDRESS		CONTACT NAME
CITY, PROV/TERR, POSTAL CODE		CONTACT TELEPHONE NUMBER
TELEPHONE NUMBER	FAX NUMBER	CONTACT EMAIL
EMERGENCY TELEPHONE	WEBSITE	RELATIONSHIP TO OUR ORGANIZATION

ORGANIZATION NAME:		
STREET ADDRESS		CONTACT NAME
CITY, PROV/TERR, POSTAL CODE		CONTACT TELEPHONE NUMBER
TELEPHONE NUMBER	FAX NUMBER	CONTACT EMAIL

EMERGENCY TELEPHONE	WEBSITE	RELATIONSHIP TO OUR ORGANIZATION

ORGANIZATION NAME:		
STREET ADDRESS		CONTACT NAME
CITY, PROV/TERR, POSTAL CODE		CONTACT TELEPHONE NUMBER
TELEPHONE NUMBER	FAX NUMBER	CONTACT EMAIL
EMERGENCY TELEPHONE	WEBSITE	RELATIONSHIP TO OUR ORGANIZATION

Step 12: Continuity of Management Plan

You can assume that not every key person will be readily available or physically at the facility after an emergency. Ensure that recovery decisions can be made without undue delay. If relevant, consult your legal department regarding laws and corporate bylaws governing continuity of management.

Establish procedures for:
- Assuring the chain of command
- Maintaining lines of succession for key personnel

POLICY STATEMENT REGARDING CONTINUITY OF MANAGEMENT		
LEADER NAME:		
STREET ADDRESS		SUCCESOR NAME
CITY, PROV/TERR, POSTAL CODE		SUCCESOR TELEPHONE NUMBER
TELEPHONE NUMBER	EMERGENCY TELEPHONE	SUCCESOR EMAIL
EMAIL		RELATIONSHIP TO LEADER
LEADER NAME:		
STREET ADDRESS		SUCCESOR NAME
CITY, PROV/TERR, POSTAL CODE		SUCCESOR TELEPHONE NUMBER
TELEPHONE NUMBER	EMERGENCY TELEPHONE	SUCCESOR EMAIL
EMAIL		RELATIONSHIP TO LEADER
LEADER NAME:		
STREET ADDRESS		SUCCESOR NAME
CITY, PROV/TERR, POSTAL CODE		SUCCESOR TELEPHONE NUMBER

TELEPHONE NUMBER	EMERGENCY TELEPHONE
EMAIL	

SUCCESOR EMAIL
RELATIONSHIP TO LEADER

Step 13: Insurance Coverage Discussion Form

Use this form to discuss your insurance coverage with your agent. Having adequate coverage now will help you recover more rapidly from a catastrophe.

INSURANCE AGENT:			
STREET ADDRESS		CONTACT NAME	
CITY, PROV/TERR, POSTAL CODE		CONTACT TELEPHONE NUMBER	
TELEPHONE NUMBER	FAX NUMBER	CONTACT EMERGENCY TELEPHONE	
EMERGENCY TELEPHONE	WEBSITE	CONTACT EMAIL	

INSURANCE POLICY INFORMATION

TYPE OF INSURANCE	POLICY NUMBER	DEDUCTIBLES	POLICY LIMITS	COVERAGE (GENERAL DESCRIPTION)

DISASTER RELATED INSURANCE QUESTIONS

Do you need Flood Insurance? ☐ Yes ☐ No	What perils or causes of loss does my policy cover?
Do you need Earthquake Insurance? ☐ Yes ☐ No	How will my property be valued?
Do you need Business Income and Extra Expense Insurance? ☐ Yes ☐ No	Does my policy cover the cost of required upgrades to code? ☐ Yes ☐ No
How much insurance am I required to carry to avoid becoming a co-insurer?	What does my policy require me to do in the event of a loss?
What types of records and documentation will my insurance company want to see?	Am I covered for lost income in the event of business interruption because of a loss? Do I have enough coverage? For how long is coverage provided? How long is my coverage for lost income if my business is closed by order of a civil authority?
How will my emergency management program affect my rates?	

To what extent am I covered for loss due to interruption of power? Is coverage provided for both on- and off-premises power interruption?	To what extent am I covered for reduced income due to customers' not all immediately coming back once the business reopens?
NOTES	