



## PLAN TO STAY IN BUSINESS: KEY BUSINESS FUNCTIONS

List your organization's key functions and what you will do to make sure that you can return to business after an emergency. Key business functions are activities that are important to your organization's survival and to the continuation of business operations. These can include vital documents or equipment, financial information, etc.

Key business function: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Responsible for planning: \_\_\_\_\_

Contact(s) that support this function: \_\_\_\_\_

Phone (work/cell): \_\_\_\_\_

Email (work/personal): \_\_\_\_\_

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Key business function: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Responsible for planning: \_\_\_\_\_

Contact(s) that support this function: \_\_\_\_\_

Phone (work/cell): \_\_\_\_\_

Email (work/personal): \_\_\_\_\_

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Key business function: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Responsible for planning: \_\_\_\_\_

Contact(s) that support this function: \_\_\_\_\_

Phone (work/cell): \_\_\_\_\_

Email (work/personal): \_\_\_\_\_

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Insurance Provider: \_\_\_\_\_

Policy number(s): \_\_\_\_\_

Name of agent: \_\_\_\_\_

Phone (work/cell): \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_



## PLAN TO STAY IN BUSINESS: CRITICAL EMPLOYEES

List staff members with assigned responsibilities during an emergency.

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Name/Role: \_\_\_\_\_

Phone (home/work/cell): \_\_\_\_\_

Email (work/personal): \_\_\_\_\_

Language(s) spoken: \_\_\_\_\_

Accommodations needed: \_\_\_\_\_

Responsibilities during an emergency: \_\_\_\_\_

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Name/Role: \_\_\_\_\_

Phone (home/work/cell): \_\_\_\_\_

Email (work/personal): \_\_\_\_\_

Language(s) spoken: \_\_\_\_\_

Accommodations needed: \_\_\_\_\_

Responsibilities during an emergency: \_\_\_\_\_

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Name/Role: \_\_\_\_\_

Phone (home/work/cell): \_\_\_\_\_

Email (work/personal): \_\_\_\_\_



Language(s) spoken: \_\_\_\_\_

Accommodations needed: \_\_\_\_\_

## PLAN TO STAY IN BUSINESS: IMPORTANT DOCUMENT

Keep copies of important records you may need in a waterproof, fireproof, portable container. Extra copies should be stored at a back-up location. Include the following:

- Building plans
- Insurance policies
- Employee contact and identification information
- Bank account records
- Tax records (three years of records for insurance purposes)
- Supplier and shipping contact lists
- Backups of computer data
- Licenses/permits, if applicable
- Other priority documents

These documents are located on site:

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These documents are located off site:

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- Network/cloud
- Hard drive
- Computer/laptop/tablet
- USB drive/CD
- Other:
- Other:



Notes:

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## PLAN TO STAY IN TOUCH: EMPLOYEE CONTACT INFORMATION

List all employees in the spaces below, and include their contact information and additional needs, if any (i.e., disabilities and other access and functional needs). Make sure you have a way to notify your employees if an emergency happens.

| Employee Name | Role | Phone | Email | Needs |
|---------------|------|-------|-------|-------|
|               |      |       |       |       |
|               |      |       |       |       |
|               |      |       |       |       |
|               |      |       |       |       |
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Notes:

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## PLAN TO TAKE ACTION: EMERGENCY ACTION PLAN

Make a plan for how everyone will keep in touch if an emergency occurs.

### EMPLOYEE ALERTING SYSTEM:

Emergency communications manager: \_\_\_\_\_

Call tree: \_\_\_\_\_

Hotline/"I'm okay" number: \_\_\_\_\_

Email alert: \_\_\_\_\_

Text message alert: \_\_\_\_\_

Instant message alert: \_\_\_\_\_

Other: \_\_\_\_\_

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Meeting place in your business's neighborhood: \_\_\_\_\_

Meeting place outside the neighborhood: \_\_\_\_\_

Out-of-area contact: \_\_\_\_\_

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Fire safety staff: \_\_\_\_\_

Safety manager: \_\_\_\_\_

Shut-down manager: \_\_\_\_\_

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Staff certified in CPR/AED: \_\_\_\_\_

Location of equipment: \_\_\_\_\_



Staff certified in first aid:

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Location of supplies:

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Other:

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Notes:

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## PLAN TO PROTECT YOUR INVESTMENT: EXTERNAL CONTACTS

List external contacts — including vendors, suppliers, resources, and utility providers that help your business function during and after an emergency.

Company name: \_\_\_\_\_

Account number (if applicable): \_\_\_\_\_

Name of contact: \_\_\_\_\_

Phone (work/cell/fax): \_\_\_\_\_

Service(s) provided/ Equipment maintained: \_\_\_\_\_

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Company name: \_\_\_\_\_

Account number (if applicable): \_\_\_\_\_

Name of contact: \_\_\_\_\_

Phone (work/cell/fax): \_\_\_\_\_

Service(s) provided/Equipment maintained: \_\_\_\_\_

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Company name: \_\_\_\_\_

Account number (if applicable): \_\_\_\_\_

Name of contact: \_\_\_\_\_

Phone (work/cell/fax): \_\_\_\_\_



Service(s) provided/Equipment maintained: \_\_\_\_\_

## PLAN TO PROTECT YOUR INVESTMENT: ASSETS

List the physical assets you will need to help your business function during and after an emergency.

### BACK-UP SITE

Back-up location name: \_\_\_\_\_

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

Phone/Fax: \_\_\_\_\_

Access Considerations: \_\_\_\_\_

| Item | Type/Description | Quantity | Primary Provider | Back-up Provider | Title/Version/Model Number | Serial Number | Business Function |
|------|------------------|----------|------------------|------------------|----------------------------|---------------|-------------------|
|      |                  |          |                  |                  |                            |               |                   |
|      |                  |          |                  |                  |                            |               |                   |
|      |                  |          |                  |                  |                            |               |                   |
|      |                  |          |                  |                  |                            |               |                   |
|      |                  |          |                  |                  |                            |               |                   |
|      |                  |          |                  |                  |                            |               |                   |

Notes: \_\_\_\_\_



## KNOW HOW TO RESPOND: EMERGENCY SUPPLIES

All employees should have emergency supplies if they are ordered to evacuate, or if they are required to stay where they are (i.e., shelter in place).

### Go Bag Checklist

All employees should assemble a Go Bag – a collection of items you may need in an evacuation. Encourage everyone to have a Go Bag customized to meet personal needs. Store these bags in an easily accessible location. Go Bags should include:

- Battery-operated AM/FM radio and extra batteries or a hand crank radio
- Bottled water and non-perishable food, such as energy or granola bars
- Contact and meeting place information for home and work
- Copies of important documents in a waterproof and portable container (e.g., insurance cards, photo IDs, proof of address.)
- First aid kit
- Flashlight
- Lightweight rain gear and Mylar/emergency blanket
- Medication information and other essential personal items
- Small regional map
- Comfortable shoes
- Other items:

### EMERGENCY SUPPLY KIT CHECKLIST

When preparing for emergencies, think first about basic survival: fresh water, food, clean air, and warmth. Check off items you already have and add those you will need:

- Battery-operated AM/FM radio and extra batteries or a hand crank radio
- First aid kit
- Flashlight
- One gallon of drinking water per person per day
- Nonperishable, ready-to-eat canned foods and manual can opener
- Personal hygiene items: soap, feminine hygiene products, toothbrush and toothpaste, etc.
- Phone that does not rely on electricity
- Whistle