**business Continuity Plan**

***<Company Name>***

***<department name>***

***Prepared by: , <Position>***

***<Name>, Consultant***

**<Date>**

**Date of Last Review: <Date>**

**Storage Location:**

 **Primary:**

 **Alternate:**

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# **Plan Overview**

## Purpose:

This Business Continuity Plan (BCP) will be updated in response to changes in the business environment. The <department name> will review the plan at least annually.

This document outlines the steps required to operate the <department name> in the event of an unanticipated interruption of normal operations. This document will articulate the triggers for when alternate business processes need to be deployed, the steps to deploy alternate business processes, the methods for verifying that business has been properly restored and ensuring data integrity, and activities for returning to “normal” business processing.

## Policy:

This BCP will only be used in situations when it is determined that business impacts and /or business risk requires alternate business processes or locations.

## Scope:

This BCP is applicable for the <department name> of the <Company Name>.

## Assumptions:

The plan will be implemented if systems are unavailable for 48 hours

* Facilities will provide temporary space for critical staff
* UITS will provide technical assistance for temporary location
* Telecommunications will have phone lines available in temporary location
* Equipment can be rented or otherwise acquired as needed
* UITS can restore files from the latest off-site backups

# **Description of** <department name>

## Location

<Company Name>

…

…, Storrs, CT 06269

# **Disaster Recovery Strategy**

## Plan Activation Authorization:

*Identify the people that are authorized to activate the various contingency plans.*

|  |  |  |  |
| --- | --- | --- | --- |
| ***Primary Name & Title*** | ***Contact Data*** | ***Alternate Name*** | ***Contact Data*** |
|  |  |  |  |
|  |  |  |  |

## Work at Home:

*If there are functions that could be performed by staff working from home, describe the approach that would be used to implement the move.*

## Move to Alternate Location:

*If there are functions that could be performed by staff working from an alternate location, describe the approach that would be used to implement the move.*

## Plan Activation Triggers:

*Describe the criteria that would be used to identify the need to activate one of the various contingency plans.*

|  |  |
| --- | --- |
| ***Action*** | ***Trigger Criteria*** |
|  |  |
|  |  |
|  |  |

## Team Roles and Responsibilities

*Identify the people responsible for planning, documenting, coordinating, testing, implementing, and maintaining the Business Continuity Plan. If the size of the organization requires creations of multiple specialized teams, describe the teams and identify the members of each team.*

|  |  |  |
| --- | --- | --- |
| ***Title*** | ***Name*** | ***Contact Information*** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

## Pre-disaster Activities:

*List the tasks that are required on an ongoing basis, to keep the plan current and viable and indicate the person assigned to complete that task.*

|  |  |  |
| --- | --- | --- |
| ***#*** | ***Task*** | ***Assignment*** |
| ***1*** |  |  |
| ***2*** |  |  |
| ***3*** |  |  |
| ***4*** |  |  |
| ***5*** |  |  |
| ***6*** |  |  |
| ***7*** |  |  |
| ***8*** |  |  |
| ***9*** |  |  |
| ***10*** |  |  |

## Emergency Identification and Response:

*List the tasks to be performed upon discovery of a possible emergency event or notification that an emergency event has occurred.*

|  |  |  |
| --- | --- | --- |
| ***#*** | ***Task***(All completed as quickly as possible after notification of disaster. Notification may come from Police, Fire, or Facilities Management, depending on the group that responds first or is designated as “primary” responder. All use the same University contact list.) | ***Assignment*** |
| ***1*** |  |  |
| ***2*** |  |  |
| ***3*** |  |  |
| ***4*** |  |  |
| ***5*** |  |  |
| ***6*** |  |  |

## Emergency Damage Assessment / Evaluation:

*List the tasks that are required assess the damage caused by an emergency.*

|  |  |  |
| --- | --- | --- |
| ***#*** | ***Task***(All completed as quickly as possible after authorization to re-enter the damaged structure.) | ***Assignment*** |
| 1 |  |  |
| ***2*** |  |  |
| ***3*** |  |  |

## Emergency Response Assignments:

*List the tasks to be performed in the event that a disaster situation has been declared.*

| **#** | **Tasks** | **Assignment** | **Estimated** **Completion****Time** | **Date/Time Completed** |
| --- | --- | --- | --- | --- |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |
| 9 |  |  |  |  |
| 10 |  |  |  |  |
| 11 |  |  |  |  |
| 12 |  |  |  |  |
| 13 |  |  |  |  |
| 14 |  |  |  |  |
| 15 |  |  |  |  |
| 16 |  |  |  |  |
|  |  |  |  |  |

## Alternative / Manual Processes:

*Describe the activities or process steps for each alternative/manual process needed to perform necessary function durin an interruption to normal operations*

| **#** | **Process Step** | **Assignment** | **Estimated** **Completion****Time** | **Date/Time Completed** |
| --- | --- | --- | --- | --- |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |

## Post-Emergency Assignments:

*List the activities to be performed after a* [*disaster recovery*](http://www.disasterrecoveryplantemplate.org) *event or after a recovery exercise. The purpose of these is to incorporate “lessons learned” into the business continuity planning process.*

| **#** | **Post-Disaster Responsibilities** | **Assignment** | **Estimated** **Completion****Time** | **Date/Time Completed** |
| --- | --- | --- | --- | --- |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |

## Communications & Decision-making Protocols:

*Describe any communication rules or guidelines that will be used during an emergency.*

Communications with news organizations will be channeled through the University’s public relations organization.

# **Returning to Normal Operations:**

## Authorization:

*Identify the people that are authorized to activate plans for returning to normal operations.*

|  |  |  |  |
| --- | --- | --- | --- |
| ***Primary Name & Title*** | ***Contact Data*** | ***Alternate Name*** | ***Contact Data*** |
|  |  |  |  |
|  |  |  |  |

## Operating Dependencies:

*Identify operational dependencies that impact the return to normal operations. (e.g. applications, servers, or transaction volumes that must be in place before processing can resume)*

## Steps to Return to Normal Operation:

*List the tasks to be performed to return to normal operations.*

|  |  |  |
| --- | --- | --- |
| ***#*** | ***Task******(The plan for the return will be developed with Building & Grounds, but will include the general steps shown.)*** | ***Assignment*** |
| ***1*** |  |  |
| ***2*** |  |  |
| ***3*** |  |  |
| ***4*** |  |  |
| ***5*** |  |  |
| ***6*** |  |  |
| ***7*** |  |  |
| ***8*** |  |  |

# ***Plan Maintenance Procedures:***

## Plan Review and Update Process:

*Describe the process for keeping the plan current.*

## Plan Distribution Procedures:

*Describe the process for distributing the plan and/or training people to use its content.*

## Validation Requirements:

*Identify frequency and type of testing (tabletop exercises, systems / telephony testing, department recovery tests, functional tests) required for this plan.*

## Recovery Plan Validation History:

*Record the history of review/testing/validation activities for the plan.*

|  |  |
| --- | --- |
| ***Date:***  | ***Type Test / Results:*** |
|  |  |
|  |  |

#

# **Additional Documentation:**

## Location of Disaster Recovery Documentation for Supporting Systems:

|  |  |  |
| --- | --- | --- |
| ***Application*** | ***Document Name*** | ***Location*** |
|  |  |  |
|  |  |  |

## Location of Supporting Documentation:

|  |  |
| --- | --- |
| ***Document Name*** | ***Location*** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

# ***Plan Update History:***

|  |  |  |
| --- | --- | --- |
| ***Date*** | ***Update Session Details*** | ***Revised By*** |
|  |  |  |
|  |  |  |

# ***Plan Sign Off***

This document describes the anticipated activities that will be needed to resume or continue business functions in the event of disruption to normal business activities.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Director/Department Head/Dean Date**