Emergency Preparedness, Business Contingency, and Continuity Planning Guide

The Chandler Area Chamber of Commerce is making this planning guide available to provide a systematic approach following an emergency or disaster and facilitate recovery. The plan aims to help protect staff, volunteers, visitors, and property and restore critical business functions.

This guide may not entirely meet your needs but can serve as a starting point.

Most businesses are unprepared for a disaster. They aren't prepared because they don't believe a disaster will happen to them.

Every business should have a business continuity plan. Employee emergency contact information, contact lists, critical documents for decision-making, and a list of essential equipment are the basic elements of business continuity plans.

CHAMBER MEMBER BUSINESS CONTINUITY PLANNING QUESTIONNAIRE

As a member of the Chandler Area Chamber of Commerce, we must understand your level of readiness for a disaster. To ensure effective business continuity planning, please complete the form below:

Company name:
Company address:
City, state, and zip:
Emergency contact:
Contact phone number:
Contact email address:
Equipment, supplies, materials, goods, or services provided:
Please answer the following questions (circle either "yes" or "no"): 1. Do you have an Emergency Preparedness, Business Contingency, and Continuity Plan? Yes No 2. Do you verify the effectiveness of your plan? Yes No 3. Do you conduct regular employee emergency training? Yes No 4. Do you maintain a copy of your plan offsite? Yes No 5. Could you communicate with your employees in case of an emergency? Yes No 6. Do you back up critical data regularly? Yes No 7. Do you send your backups offsite regularly? Yes No 8. Do you check with your insurance provider to understand your coverage? Yes No 9. Do you cross-train your employees? Yes No 10. Do you have a policy regarding remote working? Yes No 11. Do you follow a specific method when updating your plan? Yes No Briefly describe your business continuity program:

Return the completed questionnaire to: Chandler Area Chamber of Commerce 400 East Route 66 Chandler, OK 74834

SMALL BUSINESS DISASTER PREPAREDNESS AND RECOVERY

How prepared are you? The Red Cross's Ready Rating (www.readyrating.org) provides a 123-question assessment to help businesses identify gaps and where to focus attention. Consider your risks and plan accordingly.

TOP PREPAREDNESS TIPS

- 1. Build a team to create your Emergency Preparedness, Business Contingency, and Continuity Plan.
- 2. Identify and prioritize your critical business functions.
- 3. Create a communications strategy for an emergency. Maintain contact lists for the board, staff, vendors, and other key contacts.
- 4. Gather critical documents and information needed for decision-making.
- 5. Learn how to identify possible hazards and emergencies and know the actions to take in specific situations.
- 6. Build your plan.
- 7. Create an emergency supply kit.
- 8. Protect and regularly back up your vital records and data. Store a copy offsite.
- 9. Practice and maintain your plan. Review annually.

TOP RECOVERY TIPS

- 1. Implement your disaster plan. Decide if a backup location is required.
- 2. Assemble your recovery team to assess the damage, identify potential hazards, and ensure safety at the site.
- 3. Identify and report damage and file insurance claims. Monitor the recovery process with detailed records.
- 4. Devise a communications plan to keep all essential parties, including the media, updated.
- 5. Connect with chambers of commerce, economic development, and other community support organizations.
- 6. Provide staff support and assistance as needed.
- 7. Document lessons learned and update your plan as needed.
- 8. Consider disaster assistance.

Step 1: About Your Business

PRIMARY BUSINESS LOCATION	SECOND BUSINESS LOCATION
BUSINESS NAME	
ADDRESS	ADDRESS
CITY, STATE, ZIP	CITY, STATE, ZIP
PHONE	PHONE
PRIMARY POINT OF CONTACT	ALTERNATE POINT OF CONTACT
PRIMARY CONTACT	ALTERNATE CONTACT
PHONE	PHONE
ALTERNATE PHONE	ALTERNATE PHONE
EMAIL ADDRESS	EMAIL ADDRESS
CRITICAL CONTACT INFORMATION (CA	ALL 911 IN AN EMERGENCY)
NON-EMERGENCY AMBULANCE	WATER PROVIDER
NON-EMERGENCY FIRE	ELECTRICITY PROVIDER
NON-EMERGENCY POLICE	GAS PROVIDER
NON-EMERGENCY COUNTY	PHONE PROVIDER
POISON INFORMATION CENTER	PROPERTY SECURITY
ACCOUNTANT	SECURITY SOFTWARE
BANK	INTERNET PROVIDER
INSURANCE PROVIDERS	WEB HOST
PROPERTY MANAGEMENT	IT ASSET SECURITY

Step 2: Business Continuity and Recovery Planning Team

The following people will build the business continuity and recovery plan.

NAME	PHONE	EMAIL

Coordination with Others

The following people from other organizations and businesses will join our emergency planning team.

NAME	BUSINESS	PHONE	EMAIL

Meeting Schedule

The emergency planning team will meet regularly.

DATE	TIME	LOCATION

Step 3: Critical Business Functions

Identify your critical business functions. If an emergency impacts your business, these procedures will help restore the operation in the same, alternate, or new location.

OPERATION:	
PERSON IN CHARGE	PHONE
SUPPLIES/EQUIPMENT NEEDED	OTHER
PROCEDURES TO RESTORE OPERATION AFTER EMI	ERGENCY
OPERATION:	
PERSON IN CHARGE	PHONE
SUPPLIES/EQUIPMENT NEEDED	OTHER
PROCEDURES TO RESTORE OPERATION AFTER EMI	ERGENCY
OPERATION:	
PERSON IN CHARGE	PHONE
SUPPLIES/EQUIPMENT NEEDED	OTHER
PROCEDURES TO RESTORE OPERATION AFTER EMI	ERGENCY

Step 4: Alternate/Temporary Location

If an emergency makes your primary location unavailable, decide on an alternative location to resume operations. Can the work be done remotely?

ALTERNATE LOCATION		SECOND ALTERNATE LOCATION			
ADDRESS	DDRESS		ADDRESS		
CITY, STATE, ZIP		CITY, STATE, ZIP			
PHONE		PHONE			
POINT OF CONTACT	Γ	POINT OF CONTACT	Γ		
PRIMARY CONTACT		PRIMARY CONTACT			
PHONE	ALTERNATE PHONE	PHONE	ALTERNATE PHONE		
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 IN PLACE		SUPPLIES IN PLACE			
SUPPLIES NEEDED		SUPPLIES NEEDED			
NOTES:		NOTES:			

Step 5: Key Contacts

The following is a roster with contact information for staff, board of directors, vendors, government, etc.,

STAFF MEMBER NAME	
ADDRESS	PHONE
CITY, STATE, ZIP	ALTERNATE PHONE
EMAIL	EMERGENCY CONTACT AND PHONE
NOTES	
BOARD MEMBER NAME	
ADDRESS	PHONE
CITY, STATE, ZIP	ALTERNATE PHONE
EMAIL	EMERGENCY CONTACT AND PHONE
NOTES	
VENDOR NAME	
ADDRESS	PHONE
CITY, STATE, ZIP	ALTERNATE PHONE
EMAIL	WEBSITE
OTHER	
NOTES	

Step 6: Critical Business Documents and Information

What does your business need to operate?

PEOPLE (staff, board of directors, vendors, members, donors, clients, volunteers, etc.)		
OFFICE OR BUILDING (physical structure, offic	e, storage unit, storefront, etc.)	
OPERATIONS (phone service, internet service, utili	ties, etc.)	
COMPUTERS AND EQUIPMENT (computers, tools, HVAC, kitchen equipment, audiovisual equipmen		
VITAL DATA AND FILES (documents, payroll inf	formation, files, records, backups, etc.)	
FURNITURE AND FIXTURES (office furniture,	custom-built furniture, etc.)	
INVENTORY/PRODUCT (stock, supplies, materi	als, etc.)	

VALUABLES (artwork, valuable collectibles, etc.)				
GROUNDS (custom decorations, outdoor equipment,	signage, etc.)			
OTHER				

Step 7: Possible Hazards and Emergencies

The following hazards and emergencies could impact our operations.

EXTERNAL (severe weather, winter storms, flash floods, earthquakes, fire, hazardous materials, auto accident, pandemic, theft, power outage, vandalism, etc.)
INTERNAL (flood, fire, violent or threatening behavior, bomb threat, hazardous materials, suspicious mail,
pandemic, theft, power outage, data management, etc.)
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Step 8: Computer Inventory Form

Keep one secure copy of this list on your premises and another offsite.

HARDWARE INVENTORY					
HARDWARE (CPU, MONITOR, PRINTER, KEYBOARD, MOUSE, PLUS DESCRIPTION)	MODEL	SERIAL NUMBER	DATE PURCHASED	COMPANY PURCHASED OR LEASED FROM	COST
SOFTWARE INV	ENTORY				
NAME OF SOFTWARE	VERSION	SERIAL/KEY NUMBER	CD OR DOWNLOAD	DATE PURCHASED	COST

Step 9: Insurance Coverage Form

Use this form to discuss insurance coverage with your agent.

INSURANCE AGENT:						
ADDRESS				CONTACT NAME		
CITY, STATE, ZIP				CONTACT PHONE		
PHONE		FAX		CONTACT OTHER PHONE		
WEBSITE		OTHER		CONTACT EMAIL		
INSURANCE POLICY INFORMATION						
TYPE OF INSURANCE	POLICY NUMBER		DEDUCTIBLES		POLICY LIMITS	COVERAGE (GENERAL DESCRIPTION)
						DESCRIPTION)
						DESCRIPTION)
						DESCRIPTION)
						DESCRIPTION)
						DESCRIPTION)