

***BUSINESS RESUMPTION PLAN***

**(NAME) DEPARTMENT**

## **QUICK REFERENCE GUIDE**

**(Recovery team contact information on next page)**

- ◆ **Receive alert notification (p10) Normal business hours (p6) after hours (p7)**
- ◆ **Notify Recovery Team (p3, 11-12)**
- ◆ **Meet Recovery Team at Assembly Site (p6)**
  - **Location:**
  - **Time:**
  - **Contact Name:**
- ◆ **Use employee contact list (attach local list to the back of the plan) to notify appropriate additional personnel to:**
  - **Proceed to Assembly Site**
    - **If appropriate, bring resumption plan**
    - **If appropriate, be prepared to travel (p17-19)**
    - **Bring ID Badge(s)**
    - **Bring pertinent resources from home or off-site (p20-21)**
    - **DO NOT TALK TO THE NEWS MEDIA**
- ◆ **If directed, meet the Emergency Management Team at the Command Center**
  - **Location:**
  - **Time:**
  - **Phone Number:**
- ◆ **Document information provided at the briefing**
- ◆ **Contact vendors and or clients if appropriate (p8&13)**
- ◆ **Report status of critical functions (p6) and potential concerns to the Emergency Management Team during the briefing**
- ◆ **Meet appropriate staff at Assembly Site (p6)**
- ◆ **Brief staff on the situation**
- ◆ **If Assembly Site is not the Workarea instruct appropriate staff to report to the Workarea (p14&18)**
- ◆ **Begin team recovery activities (p8 & p29)**

## Team Alert List

(Team Leader Name)	Home:	Date/Time:
Cell phone:	Pager:	Status:
For Emergency:		
Contact:	Relation:	Phone:

The Team Leader calls the following:

(Alternate Team Leader Name)	Home:	Date/Time:
Cell phone:	Pager:	Status:
For Emergency:		
Contact:	Relation:	Phone:

(Name)	Home:	Date/Time:
Cell phone:	Pager:	Status:
For Emergency:		
Contact:	Relation:	Phone:

(Name)	Home:	Date/Time:
Cell phone:	Pager:	Status:
For Emergency:		
Contact:	Relation:	Phone

(Name)	Home:	Date/Time:
Cell phone:	Pager:	Status:
For Emergency:		
Contact:	Relation:	Phone:

(Name)	Home:	Date/Time:
Cell phone:	Pager:	Status:
For Emergency:		
Contact:	Relation:	Phone

(Name)	Home:	Date/Time:
Cell phone:	Pager:	Status:
For Emergency:		
Contact:	Relation:	Phone:

Record the date and time that each person was notified or last attempt made. Add the contact status BSY-Busy, NA-No Answer, PNA Person-not Available.

After the team notification has been completed. This checklist should be given to the Emergency Operations Center staff or Emergency Management Team.

## TABLE OF CONTENTS

<b>QUICK REFERENCE GUIDE .....</b>	<b>2</b>
Team Alert List .....	3
<b>TEAM RESPONSIBILITIES: .....</b>	<b>6</b>
<b>TEAM LEADER RESPONSIBILITIES / CHECKLIST.....</b>	<b>6</b>
General .....	6
Critical Functions .....	6
Normal Business Hours Response .....	6
After Normal Business Hours Response .....	7
<b>Team Recovery.....</b>	<b>8</b>
Business Resumption Plan Copies .....	8
Cellular Phone (TBD).....	8
Team Workarea.....	8
Notifications.....	9
Team Recovery Steps.....	9
Personnel Location Form .....	10
Status Report.....	10
Travel Arrangements.....	10
<b>NOTIFICATION .....</b>	<b>11</b>
Notification Checklist .....	11
Notification Procedure .....	12
Notification Call List .....	13
Corporate Headquarters Phone Numbers: .....	14
Vendor Notification .....	15
Customer Notification .....	16
<b>Business Recovery Workarea Checklist.....</b>	<b>17</b>
Workarea Scenarios .....	17
Workarea Requirements.....	17
Telephone Equipment .....	17
Computer Equipment: .....	17
Resources Required Over Time.....	18
Resources Required Over Time (Consolidated) .....	19

<b>Business Recovery Site Information.....</b>	<b>20</b>
Guidelines for Travel to the Business Recovery Site .....	20
Business Recovery Site Information .....	21
Directions to the Business Recovery Site.....	21
Travel Request Form.....	22
<b>Off Site Stored Materials .....</b>	<b>23</b>
<b>Critical Resources to Be Retrieved.....</b>	<b>25</b>
<b>Personnel Location Control Form.....</b>	<b>27</b>
<b>Status Report Form .....</b>	<b>28</b>
<b>Recovery Preparedness .....</b>	<b>29</b>
Semiannual Plan Review.....	29
Training and Exercises.....	30
Activity Schedule .....	30
<b>Critical Function Recovery Tasks .....</b>	<b>32</b>

**Primary Contact:** \_\_\_\_\_ **Alternate:** \_\_\_\_\_

**Team Responsibilities:**

When notified by the Emergency Management Team that the Business Resumption Plan (BRP) has been activated, the primary responsibilities of the team will be to use their resources to support the corporate recovery effort and to activate their Recovery procedures.

**Team Leader Responsibilities / Checklist**

**Read the entire section before performing any assignments.**

**General**

The Primary responsibility of the Team Leader is to provide *leadership* of the recovery team and coordinate support for the recovery effort. Other responsibilities include:

1. Participate in Resumption meetings with the Emergency Management Team.
2. Direct the Business Continuity efforts of your team.
3. Oversee communications activities of the team.
4. Coordinate with the Emergency Operations Center regarding all administrative issues.

**Critical Functions**

**Restore the following critical functions:**

<b>RTO*</b>	<b>Critical Function</b>
_____	_____
_____	_____
_____	_____

**\* Recovery Time Objective (Amount of down time before outage threatens the survival of the company. RTO is determined by Senior Executives)**

**Normal Business Hours Response**

During an emergency that happens during normal business hours, follow the corporate emergency procedures to ensure the life and safety of all employees.

If the building is not accessible, the team personnel should assemble at:

- Primary site :
- Alternate site:

**Immediate actions to be taken by the department leader or assigned alternate:**

1. Take a head count to make sure all team members are safe and available. Notify the Emergency Management Team immediately if anyone is missing.
2. Look for a member of the Emergency Management Team to get instructions.
3. **Record all** the information and instructions given by the Emergency Management Team. Use the Notification Checklist located in this section as a guideline and work paper.
4. **Before** contacting anyone else review the Notification Procedure located in this section.
5. Notify department personnel not already notified. Use the Notification Call List located in this section; it contains a list of who to call and what information to pass on.
6. If instructed by the Emergency Management Team, activate the Recovery procedures are located in this section.

**After Normal Business Hours Response**

When notified by the Emergency Management Team that the Business Resumption Plan has been activated, the team leader will:

1. **Record all** the information and instructions given by the Emergency Management Team. Use the Notification Checklist located in this section as a guideline and work paper.
2. **Before** contacting anyone else review the Notification Procedure located in this section
3. You may be instructed to only notify your alternate team leader, your entire team or as many department personnel as possible. Use the Team Alert List located in the front of the plan or the Employee Call List located in the back of the plan. Record the status of all notifications and give the completed call list to the team leader.
4. If instructed by the Emergency Management Team, report to the Emergency Operations Center.
5. If instructed by the Emergency Management Team to activate your Recovery Team, procedures are located in this section.
6. When you activate your team, have them meet you at the primary or alternate meeting place listed below.

**Primary Location**

Facility Name:	
Street Address:	Floor:
City/State/Zip:	
Contact Person:	Phone No:
Alternate Contact:	24 Hour No:
	FAX No:
	Other No.:
Security Considerations:	

**Alternate Location**

Facility Name:	
Street Address:	Floor:
City/State/Zip:	
Contact Person:	Phone No:
Alternate Contact:	24 Hour No:
	FAX No:
	Other No.:
Security Considerations:	

**Team Recovery**

**Business Resumption Plan Copies**

The team leader should ensure that sufficient copies of the Business Resumption Plan are available.

**Cellular Phone (TBD)**

The team leader has a cellular phone for team use. The Emergency Management Team should be notified immediately of the cellular phone number.

**Team Workarea**

The Emergency Management Team will provide the team with a workarea for their use. Use the Business Recovery Workarea Checklist in the appendix to ensure that the



area is setup to match the requirements that the Recovery Team will need to support the recovery operation and resume essential business functions.

### **Notifications**

Provide notification of the problem to vendors. The information provided should be reviewed with the Emergency Management Team before calling.

### **Team Recovery Steps**

The following recovery actions are to be used as a guide. During a real disaster circumstances may dictate that some or all of the steps documented may have to be altered. The team leader should use his/her judgment while managing the recovery operation.

1. The team leader should contact the Emergency Management Team to find out:
  - When voice communications will be available at the workarea.
  - When servers will be operational and how current the master files will be.
2. Departmental Meeting:

Key department personnel should meet to determine actions to be taken and establish the priority of restoring business functions based on the workarea and resources available. The department leader should explain the goals and objectives identified by the Emergency Management Team.

  - a. Review tasks to be performed and assign personnel.
  - b. Personnel should be assigned to contact vendors and advise them about the situation and when they can expect service to be restored. Use the Vendor Notification in the appendix for contact information.
  - c. Determine if some personnel will have to travel to the business recovery site.
  - d. Distribute copies of any forms that will be needed during the recovery operation.
  - e. Distribute copies of the news media statement that has been prepared. Copies can be obtained from the Emergency Management Team. Instruct everyone not to make statements to the news media.
  - f. Personnel should be assigned to provide recovery support needed by other teams, as needed.
  - g. Identify the category in which personnel should be alerted. Consider:
    - Personnel that might be need to give aid to other teams / departments.
    - Personnel that will be needed at the workarea to resume normal business functions.
    - Personnel who should stay home and remain on standby (they will be needed when the initial group needs rest).

(Name) Department

3. Contact personnel that will be needed to report to the assigned workarea.
4. Designate space for personnel reporting to the workarea.
5. Implement procedures to resume time dependent functions based on the priority established.
6. Instruct all department personnel to carry photo identification with them at all times and be prepared to show it to security or local authorities.
7. As progress continues during the recovery operation, the team should be prepared to move back to the affected facility and resume normal business operations.

### **Personnel Location Form**

After the department personnel have been deployed, the department leader should complete the Personnel Location Control Form in the appendix. Completed forms should be sent to the Administrative Team to allow location tracking of all employees. Continue to update the information throughout each day of the recovery operation.

### **Status Report**

The department leader should prepare written status reports frequently for the Emergency Management Team to keep them apprised of the current situation. Use the Status Report Form in the appendix as a guide.

### **Travel Arrangements**

The department leader can get assistance for any team travel arrangements from the Administrative Support Team. This includes travel needs either inside of or out of the metro area. Use the Business Recovery Site Information section in the appendix for guidelines and to make a request.

**Notification**

**Notification Checklist**

When notified by the Emergency Management Team that the Business Resumption Plan (BRP) has been activated, the team leader or alternate should record the following information that will be passed along to department personnel:

1. Brief description of the problem: \_\_\_\_\_

\_\_\_\_\_

2. Location of the Emergency Operations Center: \_\_\_\_\_

\_\_\_\_\_

3. Phone number to contact the Emergency Operations Center: \_\_\_\_\_

4. Any immediate support requested by the Emergency Management Team:

\_\_\_\_\_

\_\_\_\_\_

5. Whether or not the facility can be entered:                      Yes ( )              No ( )

7. If the facility can not be entered, the location that the team should use for a workarea or meeting place:

\_\_\_\_\_

## Notification Procedure

The team leader, alternate or assigned individual upon activation of the Business Resumption Plan will contact team personnel using the following procedure:

During notifications of an alert or declared disaster, use this procedure to alert all personnel.

**Read the procedures thoroughly prior to making a call.** By using the following instructions, you will not unnecessarily alarm family members of an employee who was working at the affected site at the time of the disaster.

### Place phone call and say, “May I speak with (individual)?”

1. If available, provide the information you called to convey.
  - Remind the person to make no public statements about the situation.
  - Remind the person not to call co-workers (unless instructed to) and to advise their family not to call other employees.
  - Record the information in the contact status column.
2. If not available, say, “Where may I reach (individual)?”
  - If at any location other than the data center, get the phone number. Call the other location and providing the information you wanted to convey.
  - If the individual was working at the affected site, indicate that you will reach the individual there. **DO NOT discuss the disaster with the person answering the phone.**
  - Immediately notify the Emergency Operations Center.
  - Record the information in the contact status column.
3. If contact is made with an answering machine: Make no statement regarding the situation. Provide the phone number to call at Emergency Operations Center; ask that the employee make contact at that number as soon as possible.
  - Record the information in the contact status column.
4. If no answer:
  - Record the information in the contact status column.
5. If no answer and the individual has a beeper:
  - Place a call to the beeper number.
  - Enter the number of the Emergency Operations Center for the individual to call.
  - Record the information in the contact status column.

### **Notification Call List**

Using the team member contact list in the front of the plan, the team leader, alternate or assigned individual should convey the following information when contacting the team personnel:

- Brief description of the problem.
- Location of the Emergency Operations Center and / or the Business Recovery Site
- Phone number of the Emergency Operations Center.
- Immediate actions to be taken.
- Whether or not the facility can be entered.
- Location and time the team should meet.
- All team members should carry photo identification with them at all times and be prepared to show it to security or local authorities.
- Instruct everyone notified not to make any statements to the media.

All callers should record status of everyone they call, noting the time the call was placed and whether the person was contacted. Make a reasonable number of attempts if the phone was busy or there was no answer. Forward the completed list to the EOC and the staff will continue to attempt to contact team members.

(Name) Department

## **Appendix**

### **Corporate Headquarters Phone Numbers:**

**Vendor Notification**  
**CRITICAL VENDORS\***

Product/Service:	
Vendor Name:	
Street Address:	
City/State/Zip:	
Contact Person:	Phone No.:
Alternate Contact:	24 Hour No.:
	FAX No.:
	Other No.:
Comments:	

Product/Service:	
Vendor Name:	
Street Address:	
City/State/Zip:	
Contact Person:	Phone No.:
Alternate Contact:	24 Hour No.:
	FAX No.:
	Other No.:
Comments:	

Product/Service:	
Vendor Name:	
Street Address:	
City/State/Zip:	
Contact Person:	Phone No.:
Alternate Contact:	24 Hour No.:
	FAX No.:
	Other No.:
Comments:	

\*List only vendors that you would be responsible for contacting.

## Customer Notification

### KEY CUSTOMERS\*

Product/Service:	
Customer Name:	
Street Address:	
City/State/Zip:	
Contact Person:	Phone No.:
Alternate Contact:	24 Hour No.:
	FAX No.:
	Other No.:
Comments:	

Product/Service:	
Customer/Client Name:	
Street Address:	
City/State/Zip:	
Contact Person:	Phone No.:
Alternate Contact:	24 Hour No.:
	FAX No.:
	Other No.:
Comments:	

Product/Service:	
Customer/Client Name:	
Street Address:	
City/State/Zip:	
Contact Person:	Phone No.:
Alternate Contact:	24 Hour No.:
	FAX No.:
	Other No.:
Comments:	

\*List only those customers you would be responsible for contacting.



## Business Recovery Workarea Checklist

### Workarea Scenarios

The Emergency Management Team will provide the team leader with a workarea for the team to use. One of the following is the most likely scenario that will take place.

1. **Work area at the location, if the facility is accessible.**  
The Emergency Management Team will provide information about what area the team can use.
2. **Work area at a vendor Business Recovery Site, if the site is not available.**  
The Emergency Management Team will provide information about what area to use and the estimated time before terminals and communications to the backup site will be available.

### Workarea Requirements

The following lists the minimum requirements for the team at the workarea recovery location. Copiers and FAX machines will be available at the workarea for all teams to share.

Space in square feet: \_\_\_\_\_

Office Furniture:      Desks: \_\_\_\_\_      Chairs: \_\_\_\_\_      File Cabinets: \_\_\_\_\_

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

### Telephone Equipment

Phone Type: \_\_\_\_\_      Number of Phones: \_\_\_\_\_

### Computer Equipment:

Indicate what terminals and PC's would require connection to the network.

Platform: \_\_\_\_\_      Terminal Type: \_\_\_\_\_      Number: \_\_\_\_\_      Network \_\_\_\_\_  
PC Software: \_\_\_\_\_

### Resources Required over Time

The following two forms are used to plan the arrival of recovery resources to the Workarea. List only the increased amounts in each column. For example the team needs 35 people over all. They assign 15 at the 24 hours slot, another 5 in the 48 hours slot and 15 more in the 72 hours slot.

### Resources Required Over Time

Function / Resources	24 hours	48 hours	72 hours	1 week	2 weeks	1 month
<i>Function Name</i>						
Staff						
Area size						
Desks						
Chairs						
Telephones						
Faxes						
PCs						
Printers						
(Other)						
<i>Function Name</i>						
Staff						
Area size						
Desks						
Chairs						
Telephones						
Faxes						
PCs						
Printers						
(Other)						
<i>Function Name</i>						
Staff						
Area size						
Desks						
Chairs						
Telephones						
Faxes						
PCs						
Printers						
(Other)						

(Name) Department

**Resources Required Over Time (Consolidated)**

Function / Resources	24 hours	48 hours	72 hours	1 week	2 weeks	1 month
All team functions						
Staff						
Area size						
Desks						
Chairs						
Telephones						
Faxes						
PCs						
Printers						
(Other)						

List only the increased amounts in each column. For example the team needs 35 people over all. They assign 15 at the 24 hours slot, another 5 in the 48 hours slot and 15 more in the 72 hours slot.

## **Business Recovery Site Information**

### **Guidelines for Travel to the Business Recovery Site**

Most disasters are isolated to a single building or block. During those situations the Business Recovery site in the local area will be used for recovery. Some disasters are community wide and, as such, may eliminate the option of using the local Business Recovery site. In those instances, we may resort to using more distant recovery sites.

The team leader should divide the available personnel into two groups: those who will go to the backup site first and those who will be sent as replacements after a few days. The department leader should not over commit resources during the first few days.

The team leader should provide directions to the personnel that will be traveling to the backup site. In the event that personnel cannot drive to the backup site and will need air transportation, hotel accommodations, and advance expense money, the team leader should arrange the details through the Administrative team leader or EOC Director.

The team leader will provide the Administration team leader or EOC Director with the names of the individuals, their destination, hotel requirements, an estimate of any travel money needed, and instructions relating to specific personnel who should not travel together on the same airplane (many companies have travel policies that forbid key individuals to fly on the same airplane in case of an accident).

The EOC Staff will make the travel arrangements and will provide personnel with itineraries, tickets, and advance travel money.

**Business Recovery Site Information**

Primary Location

Facility Name:	
Street Address:	Floor:
City/State/Zip:	
Contact Person:	Phone No:
Alternate Contact:	24 Hour No:
	FAX No:
	Other No.:
Security Considerations:	

Alternate Location

Facility Name:	
Street Address:	Floor:
City/State/Zip:	
Contact Person:	Phone No:
Alternate Contact:	24 Hour No:
	FAX No:
	Other No.:
Security Considerations:	

**Directions to the Business Recovery Site**

TBD

**Travel Request Form**

Make additional copies as needed

This form should be completed by the team leader and given to the EOC staff.

Name	Destination	Departure Date	Departure Time
_____	_____	____ / ____ / ____	____ : ____
Hotel Reservation	Yes ( ) No ( )	Departure	Departure
Rental Car	Yes ( ) No ( )	Date	Time
Cash Advance \$	_____	_____	_____
Name	Destination	Departure Date	Departure Time
_____	_____	____ / ____ / ____	____ : ____
Hotel Reservation	Yes ( ) No ( )	Departure	Departure
Rental Car	Yes ( ) No ( )	Date	Time
Cash Advance \$	_____	_____	_____
Name	Destination	Departure Date	Departure Time
_____	_____	____ / ____ / ____	____ : ____
Hotel Reservation	Yes ( ) No ( )	Departure	Departure
Rental Car	Yes ( ) No ( )	Date	Time
Cash Advance \$	_____	_____	_____
Name	Destination	Departure Date	Departure Time
_____	_____	____ / ____ / ____	____ : ____
Hotel Reservation	Yes ( ) No ( )	Departure	Departure
Rental Car	Yes ( ) No ( )	Date	Time
Cash Advance \$	_____	_____	_____

## **Off Site Stored Materials**

Copies of critical documents, computer/PC back up floppies and tapes, critical supplies etc. may be available from a number of sources:

- Other First Bank facilities may have similar resources or copies of critical documents.
- Clients or contractors may have copies of critical documents.
- Commercial storage facilities will usually pick up back up tapes and documents and store them in a climate controlled and secure area.

### **Recovery Box**

Consider creating a “Recovery Box” for your business unit. This Recovery Box could contain specific items that your business unit would need if your building were not accessible. Some items that could be contained in this box include:

- Copies of forms your business unit would need right away
- Copies of Procedure Manuals
- A small supply of unique supplies your business unit would need right away

This box must, of course, be stored at an off-site location. The box and an inventory listing of its contents are both critical records and should be documented as such.

(Name) Department

Recovery Boxes

Team:
Storage Location:
Contact Name:

Box Identification:

Contents	Comments

Box Identification:

Contents	Comments

1. Storage location refers to the name of the off site storage facility.
2. Contact name refers to the person who coordinates retrieval of recovery boxes.
3. Box Identification refers to the identifying code on the outside of the box.
4. Contents/Comments identify the items stored in the box and special concerns such as update / maintenance or shelf life.



## **Critical Resources to Be Retrieved**

Many incidents do not completely destroy contents of offices. Depending on the circumstances, it might be possible to clean and dry paper, microfilm or microfiche. Even if computer diskettes, tapes and hard drives have been water, smoke or soot damaged, it might be possible to extract the information from them. Do not attempt to do this yourself. Contact your technical support area or facilities staff for help when the incident occurs.

Following the incident, if authorities and your facilities staff determine your affected building is safe to enter, you might be allowed into your building for a short time. This could be for as little as 15 minutes or one half-hour. Create a list of the critical items that you would need to retrieve if you could get into your building. This assumes, of course, that the items are salvageable.

You should list these items in order of importance.

Some examples of items you might need to retrieve include: computer disks, computers, selected paper files and work in process.

Examples of items that you should not list include: family pictures, unimportant files and information that are duplicated somewhere else.

**CRITICAL RESOURCES TO BE RETREIVED**

**Note: Use this form to document the materials that should be retrieved if you are able to enter your facility following the incident and the items are not badly damaged.**

Business Unit: \_\_\_\_\_

Bldg./Floor:			Location on Floor: (e.g. Northwest Corner)		
Items To Be Retrieved		Comments		Condition*	
<b>CRITICAL RECORDS:</b>					
<b>EQUIPMENT:</b>					
<b>OTHER:</b>					

\* Complete "Condition" at the time of the incident.

(Name) Department

**Personnel Location Control Form**

Make additional copies as needed

COMPLETE DAILY  
FORWARD TO THE CRISIS MANAGEMENT TEAM

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Completed by: \_\_\_\_\_

**Operations Team**

Name	Recovery Location	Phone Number	Work Schedule From To	
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## Status Report Form

Make additional copies as needed

**Use this form to log significant recovery activities.**

The team leader is required to submit written recovery status reports daily. Submit completed status reports to the Emergency Management Team. This status report may be submitted handwritten as long as it is legible.

Date:        \_\_\_/\_\_\_/\_\_\_

Time:        \_\_\_:\_\_\_ AM / PM

Name:        \_\_\_\_\_

Department:    **Operations Team**

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Conclusions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **Recovery Preparedness**

Team plans are intended to be living documents. They should reflect the latest information available. Team Leaders are responsible for reviewing and updating their plans on a semiannual basis.

The Team Leader, alternate Team Leader and other individuals who have copies of the team plan will be sent updates each time the plan is changed. The accepted practice is to print and distribute only the page or pages have been changed rather than the entire plan.

### **Semiannual Plan Review**

(Updates due January 1 and July 1)

Team Leader and Alternate Team Leader. This section identifies the persons assigned in the leadership positions. The team leader to identify changes in assigned personnel should review it.

Recovery Team Alert List. This section provides contact information for all personnel assigned to the team. This list is prone to change since team members may leave or join the team, names may change due to marriage and contact information may change. The team leader should send a copy of the Recovery Team Alert List to each team member to review and update.

Critical Functions List. This section, found in Team Leader Responsibilities, identifies the critical functions that apply to the team. The Team Leader will review the functions to determine that they are accurate.

Team Recovery Steps. This section identifies the strategies for recovery of critical functions. The team leader will review this list to determine that the strategies are meeting the current business objectives and accurately reflect the best possible solution.

Vendor and Customer Lists. This section identifies the contact information for critical vendors and customers. The team leader will review this list to determine that the list is complete and accurate.

Workarea Requirements. This section identifies critical resources required to support the recovery at the work area site. The team leader will review this list to determine that the list is complete and accurate.

Off Site stored Materials. This section identifies critical records or resources stored off site. The team leader will review this list to determine that the list is complete and accurate.

## **Training and Exercises**

Updated plans are not enough if the people assigned to recovery teams don't know what is expected of them. Team members should receive training on recovery concepts in general and their team's functions in particular. Exercises help identify needed improvements in strategies and plans. Exercises also give team members valuable experience in dealing with the challenges inherent in recovery operations.

The Business Continuity Group conducts training and exercises.

Team Member Orientation. This is a one-hour overview of the Business Continuity Program. Each team member should attend once per year. It is also available for the general employee population.

Team Exercise. The entire team participates in a two-hour tabletop exercise with a focus on their recovery strategies.

Team Leader Exercise. All the team leaders and Alternate Team Leaders participate in a two-hour tabletop exercise with a focus on facility wide recovery.

Functional Exercise. Actual hands-on test of hardware or connectivity capability at Work Area Recovery Centers. Actual use of alternate (manual) production process at the home or alternate facility.

## **Activity Schedule**

This document allows Team Leaders to track their own plan review, training and exercise activities for the year. The Business Continuity Group will periodically request a copy of the document to review the team's preparedness status. A new document will be started each year. The Business Continuity Group will keep each year's completed activity schedule on file for audit purposes.

(Name) Department

## ACTIVITY SCHEDULE

### Plan Reviews

*Enter the dates when plan reviews were conducted.*

<b>Plan Holders</b>	<b>Due Jan 1</b>	<b>Due Jul 1</b>
Team Leader (Name)		
Alt. Team Leader (Name)		
(Name)		
(Name)		
(Name)		
(Name)		

### Training / Exercises

*Enter the dates and number of participants for each activity. Each exercise type is expected to be conducted at least once per year.*

<b>Activity</b>	<b>Date Conducted</b>	<b># of Participants</b>	<b>Comments</b>
Orientation			
Team Exercise			
Team Leader Ex			
Functional Exercise			

Team Leaders: Attach participant sign in sheets, evaluations and comments to this sheet. Send this page to the Business Continuity Group no later than December 1.

### Critical Function Recovery Tasks

Function name: \_\_\_\_\_

Task	Required Steps	Expected Results	Task Duration
1.			
2.			
3.			
4.			
5.			
6.			
7.			