

**BUSINESS CONTINUITY AND DISASTER PREPAREDNESS
Worksheet**

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Accountants Group Services
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1. _____ **Business Name**
_____ **Address**
_____ **City, State**
_____ **Telephone Number**

2. If this location is not accessible we will operate from location below:
_____ Business Name
_____ Address
_____ City, State
_____ Telephone Number

3. The following person is our primary crisis manager and will serve as the company spokesperson in an emergency.
_____ Primary Emergency Contact
_____ Telephone Number
_____ Alternative Number
_____ E-mail

4. If the person is unable to manage the crisis, the person below will succeed in management:
_____ Secondary Emergency Contact
_____ Telephone Number
_____ Alternative Number
_____ E-mail

5. EMERGENCY CONTACT INFORMATION
Dial 9-1-1 in an Emergency or

_____ **6. Non-Emergency Police/Fire**

_____ **7. Insurance Provider or contact**

8. The following natural and man-made disasters could impact our business.

9. OUR CRITICAL OPERATIONS

The following is a prioritized list of our critical operations, staff and procedures we need to recover from a disaster.

<u>Operation</u>	<u>Staff in Charge</u>	<u>Action Plan</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. SUPPLIERS AND CONTRACTORS

If this company experiences a disaster, we will obtain supplies/materials from the following:

Company Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____ E-Mail: _____
Contact Name: _____ Account Number: _____
Materials/Service Provided: _____

Company Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____ E-Mail: _____
Contact Name: _____ Account Number: _____
Materials/Service Provided: _____

Company Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____ E-Mail: _____
Contact Name: _____ Account Number: _____
Materials/Service Provided: _____

11. EVACUATION PLAN

We have located, copied and posted building and site maps. Y___, N___

Exits are clearly marked. Y___, N___

We will practice evacuation procedures ___ times a year.

If we must leave the workplace quickly:

a. Warning System: _____

b. We will test the warning system and record results ___ times a year.

c. Assembly Site: _____

d. Assembly Site Manager & Alternate: _____

a. Responsibilities Include:

e. Shut Down Manager & Alternate: _____

f. Responsibilities Include: _____

g. _____ is responsible for issuing all clear.

12. COMMUNICATIONS

We will communicate our emergency plans with co-workers in the following way:

In the event of a disaster we will communicate with employees in the following way:

13. CYBER SECURITY

To protect our computer hardware, we will:

To protect our computer software, we will:

If our computers are destroyed, we will use back-up computers at the following location:

14. RECORDS BACK-UP

a. _____ is responsible for backing up our critical records including payroll and accounting systems. Back-up records including a copy of this plan, site maps, insurance policies, bank account records and computer back ups are stored onsite _____.

b. Another set of back-up records is stored at the following off-site location:

c. If our accounting and payroll records are destroyed, we will provide for continuity in the following ways:

15. EMPLOYEE EMERGENCY CONTACT INFORMATION

A list of our co-workers and their individual emergency contact information is available at: