# General Information and Organizational Functions

1. Which personnel at your organization are responsible for Continuity of Operations Planning (COOP)?

Name:

Title/Role:

Organization:

E-mail Address:

Telephone Number:

1. What is your organization’s mission statement?

*Please insert your organization’s mission statement in this box.*

1. During normal day-to-day operations, what activities does your organization carry out, and what services does your organization offer to clients, stakeholders, and the community in order to fulfill your mission?

|  |
| --- |
| **List of All Business Activities**  |
| *Example: An organization serving the homeless community may provide meals, job counseling, social support groups, and shelter on a day-to-day basis.*  |
|   |
|   |
|   |

1. What emergency management and/or relief services does your organization provide within the scope of its mission, if not already noted above?

|  |
| --- |
| **List of All Emergency Management and Relief Services**  |
| *Example: A faith-based organization may provide emergency shelter and spiritual support services to its members or to the community in emergency situations.*  |
|   |
|   |
|   |

1. Of the activities listed above (in both Question 3 and Question 4), which activities would you consider most critical in the event of an emergency (these are known as your “essential functions”)? Please list these activities in order of priority.

|  |
| --- |
| **Most Critical Organizations Activities**  |
| *Example: A disaster relief organization may will likely consider “management and distribution of relief funds” to be its most mission critical activity. (Insert additional lines, if necessary).*  |
| 1.  |
| 2.  |
| 3.  |

**Questions 6 through 29 of this worksheet focus on your “most critical activity”—i.e. the highest priority essential function of those listed above. If you have time after completing the following questions for Essential Function #1, move to your *next* most critical activity and answer questions 6 through 29 for that activity. Repeat until you have captured the details for all of your essential functions. (Note: many of the answers will repeat as you cover additional activities).**

# Emergency Activation and Decision Making *(When to Use the Plan)*

**Crisis Action Team**

1. Use the chart below to designate key functional representatives who will be responsible for assessment and recommendations to leadership in the early hours of a crisis. (Please note that contact information will be solicited in Question 13.)

|  |  |
| --- | --- |
| **Name**  | **Role**  |
|   |   |
|   |   |
|   |   |
|   |   |

**Chain of Command and Succession Management (Who to Turn to)**

1. For your organization’s **most critical activity**, what authority (e.g. decision-making, procurement) is required to sustain operations on a daily basis and in emergency situations?

*Suggestion: Consider the positions that hold the authority required to make decisions around this activity as well as the support staff needed to carry out this activity.*

1. What conditions would trigger delegation of authority in an emergency situation, and how does your organization delegate the authority required to fulfill the organization’s key activity?

*Example: The CEO of a non-profit cannot be located following a major catastrophic event. Consequently, decision-making authority regarding the organization’s mission-critical activities is transferred to the General Manager until the CEO can be located or a new CEO is appointed by the Board of Directors.*

1. What is your organization’s order of succession? (Please note that contact information will be solicited in Question 13.)

|  |  |
| --- | --- |
| **Name**  | **Title/Role**  |
| 1.  |   |
| 2.  |   |
| 3.  |   |
| 4.  |   |

1. Indicate any limitations on the duration, extent, and scope of the delegation.

*Example: According to organizational bylaws, authority in the above example may be transferred for up to two weeks, and requires Board approval to extend beyond that point.*

**Existing Service Commitments**

1. To which organizations, if any, does your organization have service commitments or MOUs in place in the event of an emergency or disaster situation?

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| --- |
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## Emergency Management Procedures (Taking Care of Our Organization)

**Primary and Alternate Facilities**

1. Please indicate all facilities in which your organization operates, and designate those facilities that would be needed in an emergency or disaster situation.

|  |  |  |  |
| --- | --- | --- | --- |
| **Facility Type**  | **Physical Address**  | **Phone Number**  | **Required for Essential Function? (Y/N)**  |
| Headquarters  |   |   |   |
| Main Operating Facilities  |   |   |   |
| Support Facilities  |   |   |   |

**Personnel Management**

1. Please use the chart below to list the names, roles, and contact information for ALL of your organization’s personnel. (Note: if you have all of this information captured in a separate document, simply bring or attach that document – no need to reenter it here).

|  |  |  |
| --- | --- | --- |
| **Name**  | **Role**  | **Contact Information**  |
| *Example: Jane Doe*  | *Director of Client Services*  | ***Office Location:*** *Fairfax, VA (Headquarters)* ***Work Telephone:*** *(703) 555-1234* ***Home Telephone:*** *(301) 555-4321* ***Cell Phone:*** *(202) 555-1000* ***Work E-mail:*** *janed@company.com* ***Home E-mail:*** *jane@domain.com*  |
|   |   | Office Location: Work Telephone: Home Telephone: Cell Phone: Work E-mail: Home E-mail:  |
|   |   | Office Location: Telephone Number: E-mail address:  |
|   |   | Office Location: Telephone Number: E-mail address:  |
|   |   | Office Location: Telephone Number: E-mail address:  |

1. In the event of an emergency, how will employees communicate with the organization and with each other?

*Example: The organization has a phone tree established to account for all personnel in an emergency situation. The organization also contracts with a third-party provider to establish and emergency hotline for disseminating critical information.*

1. If you have an emergency evacuation plan and/or shelter-in-place plan, please describe the procedures of these plans, including how you determine where staff will go, how you communicate instructions to staff, how you account for staff, how you determine when it is safe to reenter or exit the building, etc. (Please bring any supporting documents, such as protocols and escape route maps to the June 8 session.)

|  |
| --- |
| *Example: In the event of an emergency inside the organization’s facilities, all staff are to report to a designated facility. Floor supervisors direct staff out of the building and maintain rosters to account for all staff once building evacuation is complete.*  |
| **Emergency Evacuation Plan**  | **Shelter-in-Place Plan**  |
|     |   |

1. How frequently are your emergency procedures updated and emergency systems maintained? Who is responsible for maintaining these procedures?

*Example: Procedures are updated monthly by the Director of Operations.*

1. Do you have an emergency evacuation team (EET)? If so, how is that team staffed?

*Example: Floor supervisors provide direction to staff on their designated floors. The floor supervisor team consists of support staff trained in CRP and emergency situation management.*

1. If you have an EET, list all team members and their roles. (Note: Contact information should already have been provided in Question 13).

|  |  |
| --- | --- |
| **Name**  | **Jurisdiction**  |
| *John Doe*  | *4th Floor of Headquarters*  |
|   |   |
|   |   |

**Support and Counseling Services**

1. Determine whether or not the agency will provide counseling services, and consider who may provide the counseling services (e.g. service provider).

*Example: In an emergency situation, the organization will provide services commensurate with the nature of the emergency, such as CISM support in the event of a terrorist attack.*

1. Designate for whom counseling will be provided, and list the counseling services available from the service provider.

*Example: Support services will be provided to all employees and immediately family members affected by an event.*

1. Provide contact information for the counseling services provider.

*Include any vendor contact information (e.g. addresses, telephone numbers, fax numbers, e-mail addresses) as well as information for specific points of contact.*

1. List all employees who will be members of the Family Support or Reconstitution Teams, and describe their roles.

|  |  |  |
| --- | --- | --- |
| **Name**  | **Title**  | **Role in Team(s)**  |
| *Example: Pat Johnson*  | *Team Lead*  | *Responsible for contacting all employees within 3 hours of a major incident, identifying any personal or mental health issues, and directing all affected employees to support resources made available through the organization and community support organizations.*  |
|   |   |   |
|   |   |   |

## Management of Operations (Taking Care of Our Clients)

**Vital Resources and Personnel**

1. For your organization’s **most critical activity**, consider the actions required to fulfill that activity. What minimum resources would be required to perform these actions on a daily basis and in an emergency situation?

|  |  |  |
| --- | --- | --- |
|  |  | **Procedures for Accessing or Activating** **Resources (Protocols, location of resources, contact information for vendors)**  |
| **Resource Type**  |  | **Minimum Resources Required**  |
| Facilities  | *Example: headquarters office, branch facilities*   |   |
| Personnel  | *Example: financial officers and distributed branch officers*   |   |
| Transportation  | *Example: vehicles to transport food from warehouse to kitchens*   |   |
| Communication  | *Example: main telephone line and internet access*   |   |
| Information and Planning  | *Example: up-to-date financial records*   |   |
| Food and Water  | *Example: bottled water stored in operating facilities*   |   |
| Energy  | *Example: basic power or back-up generators*    |   |
|  |  | **Procedures for Accessing or Activating** **Resources (Protocols, location of resources, contact information for vendors)**  |
| **Resource Type**  |  | **Minimum Resources Required**  |
| Security  | *Example: Organizations that work with sensitive information or valuable resources may have advanced security requirements.*   |   |
| Shelter  | *Example: shelter-in-place facilities or temporary housing for workers who commute.*   |   |
| Technology  | *Example: hardware, software, IT networks*   |   |
| Mass Care  | *Example: triage resources*   |   |
| Health and Medical  | *Example: emergency medical equipment, AEDs*   |   |
| Search and Rescue  | *Example: thermal imaging technology*   |   |
| Hazardous Materials  | *Example: decontamination equipment, data sheets*   |   |
| Public Information  | *Example: networks, database access*   |   |
| Volunteers  | *Example: peak-hour volunteer staffing*   |   |
| Animal Protection  | *Example: shelter facilities, veterinary equipment*   |   |
| Other  |   |   |

1. Please indicate any risks to which your organization’s vital resources and systems may be susceptible, and list the current protection method(s) in place, if any.

|  |  |  |
| --- | --- | --- |
| **Resource Type**  | **Vulnerability**  | **Protection Methods Currently in Place**  |
| Facilities  | *Example: mostly located in flood-prone areas*   |   |
| Personnel  | *Example: unavailable if incapacitated by event*   |   |
| Transportation  | *Example: resources shared with other organizations, may not be available*   |   |
| Communication  | *Example: all online networks supported by a single server*   |   |
| Information and Planning  | *Example: all housed in one location in paper form*   |   |
| Food and Water  | *Example: inaccessible if main operating facilities are closed*   |   |
| Energy  | *Example: no back-up generator available*   |   |
| Security  | *Example: current security and privacy protocols cannot be duplicated on unsecured networks*   |   |
| Shelter  | *Example: resources shared with other organizations*   |   |
| Technology  | *Example: all technology housed in one facility*   |   |
| Mass Care  | *Example: insufficient resources for large-scale events*   |   |
| Health and Medical  | *Example: all resources stored in one location*   |   |
| Search and Rescue  | *Example: all resources stored in one location*   |   |
| Hazardous Materials  | *Example: data sheets stored in hardcopy online, information is not transferable if paper records cannot be accessed*   |   |
| Public Information  | *Example: key resources accessible only from office computers*   |   |
| Volunteers  | *Example: volunteer resources shared with multiple organizations, may not be available if directly affected by disaster*   |   |
| Animal Protection  | *Example: all resources are located in one facility*   |   |
| Other  |   |   |

1. Please use the chart below to list the names, roles, and contact information for the minimum personnel required to perform your organization’s **most critical activity**. (Consider all key decision-makers, operational leaders, and support staff. You may add more rows to the table if needed.)

|  |  |  |
| --- | --- | --- |
| **Name**  |  | **Role**  |
| *Example: Jane Doe*  | *Director of Client Services*  |  |
|   |   |  |
| **Name**  | **Role**  |
|   |   |
|   |   |
|   |   |

**Records Management**

1. What records are required to support your organization’s **most critical activity**? Are these in electronic or paper form?

|  |  |  |  |
| --- | --- | --- | --- |
| **Records Type**  | **Storage Form & Location**  | **Backup Protection**  | **Staff Member Responsible for Records**  |
| *Example: Financial*  | *Stored on network database*  | *Backed up on flash drives weekly and hardcopies stored in offsite facilities.*  | *Chris Smith, Office Manager*  |
| Financial Records  |   |   |   |
| Personnel Records  |   |   |   |
| Client Records  |   |   |   |
| Legal Documents  |   |   |   |
| COOP Plan  |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |

1. Identify any risks to which the vital records or databases listed above may be susceptible, and list the current protection method(s) in place for the vital records or databases.

|  |  |  |
| --- | --- | --- |
| **Resource Type**  | **Vulnerability**  | **Protection Methods Currently in Place**  |
| *Example: Financial*  | *Privacy rules require storing records in one central location, may be inaccessible in event of emergency*  | *Records are backed up on a secured network on a weekly basis; network is available to senior staff in alternate facility*  |
| Financial Records  |   |   |
| Personnel Records  |   |   |
| Client Records  |   |   |
| Legal Documents  |   |   |
| COOP Plan  |   |   |
|   |   |   |

**Communications Systems**

1. List the current vendors and services provided for all internal and external communication systems (e.g. telephone, internet) that your organization uses. Identify at least one alternative provider who may provide the communication system should the current provider be unable to do so.

|  |  |  |
| --- | --- | --- |
| **Vendor & Contact Information**  | **Service Provided**  | **Alternate Service Provider**  |
|   |   |   |
|   |   |   |
|   |   |   |

1. In the event of an emergency, how will clients communicate with your organization?

*Example: Company website supported by alternate server, company client hotline, walk-up service counter.*

# Disaster Relief Services

1. What services is your organization designed to provide to other businesses and to the community in emergency or disaster situations? Please indicate the core constituency (ies) that your organization would serve in such a situation.

*Example: An organization may support another organization’s services directly by augmenting staff or indirectly as a service provider or product vendor. Organizations that provide services to specific types of groups or individuals, such as the elderly and the homeless, should designate those groups or individuals as their core constituents.*

1. On what outside resources and third-party vendors would your organization depend in order to provide critical services in an emergency or disaster situation?

*Example: Specific names of transportation service providers, telecommunications vendors.*

1. If your organization’s outside resources or third-party vendors were unavailable in the event of an emergency or disaster situation, how would your organization provide critical services?

*Example: An organization may have back-up vendors, or may have alternative means of providing key services through arrangements with other organizations.*

1. Does your organization possess any *unique* resources or services that could support an emergency situation or disaster relief management? (Please list any special supplies or capabilities in your organization that you think may be rare or limited in availability).

|  |  |  |  |
| --- | --- | --- | --- |
| **Resource Type**  | **Resource**  | **Location**  | **Quantity**  |
| Facilities  |   |   |   |
| Personnel  |   |   |   |
| Transportation  |   |   |   |
| Communication  |   |   |   |
| Information and Planning  |   |   |   |
| Food and Water  |   |   |   |
| Energy  |   |   |   |
| Security  |   |   |   |
| Shelter  |   |   |   |
| Technology  |   |   |   |
| Vendors  |   |   |   |
| Mass Care  |   |   |   |
| Health and Medical  |   |   |   |
| Search and Rescue  |   |   |   |
| Hazardous Materials  |   |   |   |
| Public Information  |   |   |   |
| Volunteers  |   |   |   |
| Animal Protection  |   |   |   |
| Other  | *Example: culinary, language skills, special needs services, faith-based and chaplaincy support.*   |   |   |

**Peer Networking**

1. With which emergency planning and management organization(s) does your organization have a working relationship?

*Example: Office of Emergency Management, Volunteer Alexandria, Medical Reserve Corp, Non-Profit Emergency Task Force.*

1. With which organization(s) does your organization currently have planned partnerships for responding to emergency or disaster situations?

|  |
| --- |
|     |