

Contingency Plan Format for Business Continuity

Prepared by: _____

(Name of department, section or business)

AIM:

1 Assessment of Service Provision

- 1.1 Essential Services
- 1.2 Non-essential Services
- 1.3 Non-Essential Resources
- 1.4 Additional Information

2 Identification of Key Personnel

- 2.1 Management Team
- 2.2 Management Team Responsibilities
- 2.3 Management Individual Responsibilities

3 Procedures

- 3.1 Activation Procedure
- 3.2 Notification Procedure
- 3.3 Maintenance Procedure
 - 3.3.1 Training Procedure
 - 3.3.2 Testing Procedure
- 3.4 Revision Procedure

4 Other Resources

- 4.1 Vital Resources

Appendix 1: Notification Format

Appendix 2: Vital Resources Directory

Appendix 3: Other Appendices

AIM:

To determine a course of action to be followed in the event of (scenario).

Section 1: Assessment of Service Provision

1.1 Essential Services:

Essential Services During Normal Business Operations

- a) Please list all your services/functions
- b) Please identify level of essentiality for all services
- c) Will the event change the demand on service? If the demand increases indicate with a (+), if the demand decreases indicate with a (-). If there is no change in service please indicate with a (0).
- d) Are there external existing resources or departments that could do this service i.e. Information technology may assist with web solutions, or are there other new resources that could do this service?

a) Service/Function	b) Level of Essentiality Scale 1-10 Use 6-10 if essential (i.e., cannot be stopped for any length of time).	c) Will the Event change the demand on that service? (-) decrease (o) neutral (+) increase	d) Potential External Resources	
			Existing	New

Section 1: Assessment of Service Provision (cont'd)

1.2 Non-essential Services:

The following services have been identified as services my department provides that can be cancelled temporarily or postponed without endangering lives or risking damage to equipment/property. For each I have identified the maximum time these services can be postponed:

	SERVICE	DURATION
i.	_____	_____
ii.	_____	_____
iii.	_____	_____
iv.	_____	_____
v.	_____	_____

1.3 Non-essential Human Resources:

The following Human Resources are assigned to the above services and could be temporarily reassigned to another service for the duration specified above.

- i. _____
- ii. _____
- iii. _____
- iv. _____
- v. _____

1.4 Additional information:

The following additional information must be taken in consideration when reassigning the above staff to another service:

- i. _____
- ii. _____
- iii. _____

Section 2: Identification of Key Personnel

2.1 Management Team:

The following will be responsible for managing the implementation of this contingency plan, (insert the names/appointments of the persons who will be responsible for managing the operations outlined in this plan):

- i. _____
- ii. _____
- iii. _____

2.2 Management Team Responsibilities:

The Management Team will be collectively responsible for the following:

- _____
- _____
- _____
- _____
- _____

2.3 Management Team Individual Responsibilities

The Management Teams (section 1.1) individual responsibilities:

- i. _____
 - ◆ _____
 - ◆ _____
 - ◆ _____
- ii. _____
 - ◆ _____
 - ◆ _____
 - ◆ _____
- iii. _____
 - ◆ _____
 - ◆ _____
 - ◆ _____

Section 3: Procedures

3.1 Activation Procedure:

(a) This contingency plan will be activated by (insert name/appointment of the person (s) who has the authority to activate telecommunications plan: _____).

(b) This plan will be activated when (state here the circumstances under which the plan will be activated)

- _____
- _____
- _____

(c) It is anticipated that the operations of the _____ (insert name of department, section, business unit) under the provision of this plan can be maintained for _____ (period the plan would effective).

3.2 Notification Procedure

Describe here the process for notifying/alerting staff members/members of the Management Team that the plan is being activated:

- i. Who will do the notification: _____ (name/appointment).
- ii. How will the notification be conducted:
 - Phone
 - Fan Out
 - Etc.

List of the 24-hour phone numbers is attached as Appendix 1.

3.3 Maintenance Procedure

(a) This contingency plan will be maintained by _____ (name/appointment).

(b) This contingency plan will be maintained according to the following schedule (reviewed when and how often).

Section 3: Procedures cont'd

3.3.1 Training Procedure

The following staff will require training regarding _____(insert details). If this training is to be MANDATORY, state that in this section.

- i. _____
- ii. _____
- iii. _____

The Training will be conducted as follows

- Date
- Place
- By whom

3.3.2 Testing Procedure

This plan will be tested by:

- i. _____
- ii. _____
- iii. _____

3.4 Revision Procedure

- (a) This contingency plan will be revised by _____
(name/appointment).
- (b) This contingency plan will be revised when (after testing).
- (c) This contingency plan will be revised according to the following schedule.

Section 4: Other Resources

4.1 Vital Resources

- (a) The following additional resources will be required to fulfil the aim of the contingency plan:
- People
 - Widgets
 - Things
 - Stuff
 - Etc.
- (b) These resources will be obtained from:
- Who
 - Where
 - Etc.
- (c) These resources will be obtained when (implementation of this plan, other time).
- (d) The cost of these resources will be (\$), and funding will be obtained
- How
 - From Where

Appendix 1: Notification Format for _____
(Insert Name of Contingency Plan & Organization Here)

Appointment / Name	Bus Phone	Cellular	Pager	Residence	Email

❖ Above phone numbers are located in the area (905) unless otherwise indicated.

Appendix 2: Vital Resources Directory

(Insert Name of Contingency Plan & Organization Here)

- ❖ The idea is to list the sources of supply for each vital resource you may require implementing this contingency plan.

Widgets:

Name	Contact	Phone (day)	Phone (night)	Cellular	Email
Al's Widgets 123 Any Street Anywhere, ONT	Al Bundy	123-4567	123-4567		
Widget World 456 That Avenue Anywhere, ONT	John Doe	123-4567	123-4567		
Any Others?					

Things:

Name	Contact	Phone (day)	Phone (night)	Cellular	Email
The Thing Place Address	Somebody	123-4567	123-4567		
Any Others?					

Appendix 3: Other Appendices

(Insert Name of Contingency Plan & Organization Here)

- (a) You may include any other appendices required to implement the provisions of this contingency plan at the back of the plan.

These could include:

- Formats
- Diagrams
- Flow Charts
- Maps
- Memorandums of Understanding
- Contracts for support services
- Applicable section of other procedures
- Etc.

- (b) In general, the appendices will contain anything you require in the form of support or back up information.
- (c) It is a good idea to include a distribution list of whom this contingency plan should be circulated to.