[COMPANY NAME]



Version [number]

Version [date]

**Version History**

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| **Version #** | **Author** | **Version Date** | **Change Notes** |
| [VERSION 3] | [AUTHOR NAME] | [VERSION DATE] | DESCRIPTION OF CHANGES] |
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**Approval History**

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| **Version #** | **Approved by** | **Signature** | **Approved Date** |
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**Distribution List**

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| **Version #** | **Recipient** | **Position** | **Date Received** |
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**Appendix**

1. **INTRODUCTION**
	1. **Executive Summary**

[DESCRIBE HERE OVERALL PLAN FOR CONTINUING THE BUSINESS WITH RESPECT TO WHAT IS CONTAINED IN THIS PLAN. THIS SHOULD ENTAIL THE KEY RISKS INVOLVED AND HOW YOU HAVE PLANNED TO ADDRESS THOSE RISKS.]

* 1. **Priorities for the Business**

[INSERT HERE THE MAJOR GOALS THAT YOU INTEND TO ACHIEVE WITH THIS PLAN. THIS SECTION SHOULD CLARIFY YOUR PLAN AND DESCRIBE THE END RESULT OR TARGET OF THIS PLAN.]

* 1. **Terms**

[INSERT HERE A LIST OF TERMS USED IN THIS PLAN AND THE CORRESPONDING MEANING.]

[TERM 1] - [MEANING]

[TERM 2] - [MEANING]

[TERM 3] - [MEANING]

1. **THE ORGANIZATION**

[INSERT HERE ORGANIZATIONAL CHART FOR KEY PERSONNEL INVOLVED IN BUSINESS CONTINUITY. THIS TYPICALLY INCLUDES YOUR BUSINESS CONTINUITY LEAD (IF THERE IS ONE), YOUR EMERGENCY RESPONSE TEAM, IT HEAD, PRODUCTION AND SUPPORT TEAM. IN ANY CASE, ADDITIONAL INDIVIDUALS ARE ADDED AS NEEDED.]

|  |  |  |  |
| --- | --- | --- | --- |
| **Department** | **Member** | **Email** | **Phone** |
| [AREA] | [NAME] | [EMAIL] | [NUMBER] |
|  |  |  |  |
|  |  |  |  |

1. **RISK MANAGEMENT PLAN**

[INSERT HERE A LIST OF IDENTIFIED RISKS INVOLVED WITH YOUR BUSINESS CONTINUITY PLAN. THIS DETAILS THE PROBABILITY OF THAT RISK FROM HAPPENING, IT’S LEVEL OF IMPACT TO OPERATIONS AND THE COMPANY AS A WHOLE AND THE RESULTING PRIORITY IT TAKES IN CONNECTION TO YOUR DEFINED ACTION PLANS. SEE TABLE BELOW FOR SAMPLE.]

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Identified Risks** | **Priority** | **Impact** | **Probability** | **Action Plans** | **Emergency Plans** |
| [RISK] | [ASSIGNED PRIORITY] | [IMPACT ON BUSINESS] | [PROBABILITY] | [ACTION PLAN 1][ACTION PLAN 2] | [EMERGENCY PLAN 1][EMERGENCY PLAN 2] |
|  |  |  |  |  |  |

1. **IMPACT ANALYSIS**

[PROVIDE HERE A LIST OF BUSINESS ACTIVITIES THAT ARE CRITICAL TO THE SURVIVAL OF YOUR BUSINESS ALONG WITH THE CORRESPONDING EFFECTS TO THE BUSINESS DUE TO ITS LOSS OR STOPPAGE AND DURATION YOUR BUSINESS CAN LAST WITHSTANDING SUCH A LOSS OR RECOVERY TIME.]

|  |  |  |
| --- | --- | --- |
| **Activity** | **Effects** | **Recovery Time Needed** |
| [ACTIVITY] | [EFFECTS] | [DURATION] |
|  |  |  |
|  |  |  |
|  |  |  |

1. **INCIDENT MANAGEMENT**
	1. **Incident Response Plan**

[INSERT HERE YOUR INCIDENT RESPONSE PLAN. THIS WOULD INCLUDE ALL IMMEDIATE ACTION PLANS IN CASES OF EMERGENCY OR EVENTS. THIS PLAN GENERALLY INCLUDES THE EMERGENCY EVACUATION PLAN AND ITS PROCEDURES. ATTACH YOUR EMERGENCY EVACUATION PLAN TO THIS DOCUMENT IF YOU ALREADY HAVE ONE. REFER TO TABLE BELOW FOR SAMPLE]

|  |  |  |  |
| --- | --- | --- | --- |
| **Incident / Emergency** | **Response** | **Person In charge** | **Equipment Needed (if applicable)** |
| [INCIDENT] | [ACTION PLAN] | [PERSON RESPONSIBLE] | [EQUIPMENT] |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

* 1. **Response Team**

[PROVIDE HERE WITH A LIST OF YOUR KEY PERSONNEL TO ATTEND TO AN ASSIGNED EMERGENCY OR EVENT. ALSO INCLUDED SHOULD BE THEIR CONTACT NUMBERS SHOULD ANY INCIDENT ARISE AND SHOULD BE POSTED ON AREAS WHERE THEY CAN BE EASILY SEEN AND READ.]

|  |  |  |
| --- | --- | --- |
| **Incident Name** | **Person In Charge** | **Contact Information** |
| [NAME OF INCIDENT] | [PERSON ASSIGNED] | [INFORMATION] |
|  |  |  |
|  |  |  |
|  |  |  |

1. **BUSINESS CONTINUITY STRATEGIES**

[INSERT HERE DEFINED STRATEGIES FOR IDENTIFIED INCIDENTS INCLUDING DATA RECOVERY PROCEDURES AND RESTORATION PLANS.]

|  |  |  |
| --- | --- | --- |
| **Strategy** | **Resources** | **Procedures** |
| [STRATEGY] | [RESOURCE REQUIREMENTS] | [PROCEDURES] |
|  |  |  |
|  |  |  |
|  |  |  |

1. **EVALUATION AND UPDATES**

[INSERT HERE THE SCHEDULE FOR REVIEW AND UPDATING OF THIS PLAN. ALSO INCLUDED MUST BE THE PARTICULARS FOR RESULTS OF ACTION PLANS AND CORRESPONDING CORRECTIVE ACTION TAKEN.]

**Appendix**

[INSERT HERE ANY DOCUMENT NEEDED TO SUPPORT THIS PLAN]