

10 Minute Business Continuity Checklist

**Emergency Management Team**

This is a quick assessment for you to see how far you have got with business continuity planning. The assessment has been split into sections for ease of reference; ideally you should have all of these criteria fulfilled.

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|  | **YES** | **NO** | **DON’T KNOW** |
| Do you have a Business Continuity Plan (BCP)? |  |  |  |
| If YES, have you tested your plan within the last 12 months? |  |  |  |
| Do you have a policy for when to activate your plan? |  |  |  |
| Do regularly review your plan? |  |  |  |
| Are your staff trained in activating your plan? |  |  |  |
| Has the idea of Business Continuity planning been approved by the board/owner/partners? |  |  |  |
| Is there someone in your organisation who will have responsibility for looking after a BCP? |  |  |  |
| Is the plan documented clearly and easily accessible? |  |  |  |

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| **GENERAL ASSESSMENT** | **YES** | **NO** | **DON’T KNOW** |
| Have you made a list of all key contacts’ telephone numbers? |  |  |  |
| Have you got a list of all employees’ telephone numbers? |  |  |  |
| Do you have vital computer information stored on back up disks held off premises? |  |  |  |
| Have you familiarised yourself and your staff with the location of the mains switches and valves (ie for electricity, gas and water)? |  |  |  |
| Have you checked that all plumbing is in working order? |  |  |  |
| Do you check that the heating and air conditioning is working on a regular basis? |  |  |  |
| Have you prepared an emergency pack? |  |  |  |

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| **If you have prepared a pack, have you included the following essential items:** | **YES** | **NO** | **DON’T KNOW** |
| Business recovery plan |  |  |  |
| List of employees with contact details |  |  |  |
| Details of IT providers |  |  |  |
| Contact details for clients and suppliers |  |  |  |
| Building site plan |  |  |  |
| Spare keys |  |  |  |
| Computer back-up tapes/discs |  |  |  |
| First aid kit |  |  |  |
| Stationery |  |  |  |
| **If you haven't already, you might also want to include these useful items:** |
| Torch |  |  |  |
| Megaphone |  |  |  |
| Spare batteries |  |  |  |
| Tape |  |  |  |
| Message pads and flip charts |  |  |  |
| Coloured pens and pencils |  |  |  |
| Mobile telephones (with credit) |  |  |  |
| Dust and toxic fume masks |  |  |  |
| Disposable cameras |  |  |  |

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| **WHAT DO YOU DO ON A DAY-TO-DAY BASIS?** | **YES** | **NO** | **DON’T KNOW** |
| Do you carry out end of day inspections? (I.e. to check everybody has left) |  |  |  |
| Do you make sure that all appliances are switched off? |  |  |  |
| Do you check that all doors and windows are locked? |  |  |  |
| Do you make sure that you have a clear desk policy? |  |  |  |

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| **BUILDING FACILITIES** | **YES** | **NO** | **DON’T KNOW** |
| Do you have evacuation procedures for your building? |  |  |  |
| Are the fire exits clearly marked? |  |  |  |
| Do you regularly practice fire drills? |  |  |  |
| Do you have a primary and secondary evacuation points? |  |  |  |
| Do you have a plan to your building(s)? |  |  |  |
| Does your building(s) require 24 hour 7 days access? |  |  |  |
| Do you have fire safety procedures in place? |  |  |  |
| Do you have generator backup systems in place? |  |  |  |
| Do you have an alternative building to use in an emergency? |  |  |  |

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| **PERSONNEL** | **YES** | **NO** | **DON’T KNOW** |
| Do you have an up to date and regularly reviewed job description and hierarchy chart for your company? (include temporary and contract workers) |  |  |  |
| Do you have staff personal information on file i.e. communication with next of kin (include temporary and contract workers) |  |  |  |
| Do you and your staff know what to do in an incident? |  |  |  |
| Do you know where to go for advice/information? |  |  |  |
| Does your staff know who is in charge in the time of a crisis? |  |  |  |
| Has your staff been given specific roles to do in the event of a crisis? |  |  |  |
| Have you thought about dealing with people issues – relocation arrangements, etc. |  |  |  |
| Do you have members of staff with first aid or medical training? |  |  |  |
| Do you have any staff trained in evacuation? |  |  |  |
| Do you have any particular staff with critical and unique skills? |  |  |  |

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| **SECURITY** | **YES** | **NO** | **DON’T KNOW** |
| Is there a security system installed? |  |  |  |
| Do you have a security policy? |  |  |  |
| Do you give any advice or training on security? |  |  |  |
| Do you check references fully? |  |  |  |
| Are contractors checked fully (i.e. company as well as each individual)? |  |  |  |
| Do you regularly check the integrity of external fences and doors? |  |  |  |

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| **PAPER AND ELECTRONIC DOCUMENTS** | **YES** | **NO** | **DON’T KNOW** |
| Do you copy/backup your information? |  |  |  |
| Do you store your paper documents in reinforced containers? |  |  |  |
| Have these plans been reviewed within the last 12 months?  |  |  |  |
| Do you have copies of your files and accounts at a separate location? |  |  |  |
| Is someone responsible for the upkeep of your files and accounts? |  |  |  |

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| **COMPANY EQUIPMENT** | **YES** | **NO** | **DON’T KNOW** |
| Do you have someone accountable for the assets of your company? |  |  |  |
| Do you have controls over the movements of your company equipment? |  |  |  |
| Have you completed a recent inventory of your company equipment? |  |  |  |

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| **IT** | **YES** | **NO** | **DON’T KNOW** |
| Are your IT systems critical to the running of your business? |  |  |  |
| Do you have a tested IT disaster recovery plan? |  |  |  |
| Is your computer antivirus software up to date? |  |  |  |
| Are computer errors and logs adequately monitored? |  |  |  |
| Are documented IT security policies and procedures in place? |  |  |  |
| Are all computer users fully aware of e-mail and internet usage policies? |  |  |  |
| Do you know how many platforms/servers/applications or operating systems support critical business functions? |  |  |  |
| Is your company system part of a larger network? |  |  |  |
| Do you know how long it would take to recover IT functions? |  |  |  |

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| **SUPPLIERS** | **YES** | **NO** | **DON’T KNOW** |
| Do your key suppliers have a business continuity plan? |  |  |  |

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| **CUSTOMERS** | **YES** | **NO** | **DON’T KNOW** |
| Do you have the correct contact details for all your customers? |  |  |  |
| Do you have any key customers who you will need to be in constant contact with during a crisis? |  |  |  |
| Would it affect your business if one of your key customers went out of business? |  |  |  |
| Do your customers require that you have a BCP? |  |  |  |
| Do your customers have a BCP? |  |  |  |

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| **LOCATION** | **YES** | **NO** | **DON’T KNOW** |
| Have you thought about the types of risk that might occur due to the actions/operations of other businesses near to you? I.e. sewage works and risk of pollution |  |  |  |
| Have you thought about the types of risk associated with your environment? Eg. Water, climate, forestry etc. |  |  |  |

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| **INSURANCE** | **YES** | **NO** | **DON’T KNOW** |
| Do you have sufficient insurance to pay for disruption to business, cost of repairs, hiring temporary employees, leasing temporary accommodation and equipment? |  |  |  |
| Do you have your insurance company's details in order to contact them immediately at the time of the incident? |  |  |  |