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| **Bryant University** |
| Business Continuity Plan – (Your Department)] |

Department Information

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| **Department Information** | | | | | | | | |
| Manager/Chair: | | | | | | | | | | |
| Plan Editors: | | | | | | | | | | |
| Emergency Contact(s) and Alternates | | | | | | | | |
| Name and Title | | Office Address and Phone | | | Home Address and Phone | | | Cell Phone and E-mail |
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|  | | | | | | | | |
| Name | Role | | Office Phone | Home Phone | | E-mail/Cell phone | Home Address | | |
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| **Department’s internal communication plan in the event of an emergency** |
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| **Department’s external communication plan in the event of an emergency** |
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Critical Operations

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| Critical/Essential Deparment Operations (in order of importance) | | | |
| Critical/Essential Operation | Person Responsible for Operation | Alternate Person #1 | Action Plan to Continue Essential Operation/Service | |
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Readiness Checklist

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| **Planning Readiness Checklist - high Priority Action Items** | | | |
| Action Items | Responsible Person(s) | Due Date | Plan (How this action item will be completed) |
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Resources/Supplies

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| **Essential Resources/Supplies Required for Maintaining Department’s Critical Operations** | | | |
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Services

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| **Essential Services Required for Maintaining Critical Operations** | | |
| Essential Services Required to Maintain Critical Operations during an Emergency | Current Provider/Contractor Name, Address, and Phone | Alternate Provider/Contractor Name, Address, and Phone |
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Travel

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| **Essential Travel Required for Maintaining Department’s Critical Operations** | | |
| Essential Travel - domestic or international - Required to Maintain Services during an Emergency | Current Mode of Travel | Alternate Travel Mode or Alternative to Travel |
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| **Signatures** | | |
| Plan Approved by Department Chair/Director | Sign: | Date: |
| Periodic Reviews: |  |  |
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06/19/2009