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

Department Information

|  |
| --- |
| **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 |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |
| Name | Role | Office Phone | Home Phone | E-mail/Cell phone | Home Address |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |
| --- |
| **Department’s internal communication plan in the event of an emergency** |
|  |
| **Department’s external communication plan in the event of an emergency** |
|  |

Critical Operations

|  |
| --- |
| 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 |
|  |

Readiness Checklist

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

Resources/Supplies

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

Services

|  |
| --- |
| **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 |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Travel

|  |
| --- |
| **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 |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **Signatures** |
| Plan Approved by Department Chair/Director | Sign: | Date: |
| Periodic Reviews: |  |  |
|  |  |
|  |  |

 06/19/2009