

PLAN TO STAY IN BUSINESS	If this location is not accessible we will operate from location below:
Business Name	Business Name
Address	Address
City, State	City, State
Telephone Number	Telephone Number
The following person is our primary crisis manager and will serve as the company spokesperson in an emergency.	If the person is unable to manage the crisis, the person below will succeed in management:
Primary Emergency Contact	Secondary Emergency Contact
Telephone Number	Telephone Number
Alternative Number	Alternative Number
E-mail	E-mail
EMERGENCY CONTACT INFORMATION	
Dial 9-1-1 in an Emergency	
Non-Emergency Police/Fire	
Insurance Provider	



_	BE INFORMED		
	The following natur	ral and man-made disasters could i	l impact our business.
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	0		
	0		
	EMERGENCY PLA	ANNING TEAM	
		le will participate in emergency pl	planning and crisis management.
	01 1		
	participate on our er o o o o o	le from neighboring businesses an mergency planning team.	
_	OUR CRITICAL OI The following is a precover from a disas	prioritized list of our critical operation	ations, staff and procedures we need to
	Operation	Staff in Charge □□ □	



SUPPLIERS A			
Company Name: _			
Street Address:			
City:	State:	Zip Code:	
Phone:	Fax:	E-Mail:	
Contact Name:		_ Account Number:	
Materials/Service	Provided:		
	-	disaster, we will obtain supp	lies/materials from the following:
Street Address:			<u> </u>
City:	State:	Zip Code:	
Phone:	Fax:	E-Mail:	
Contact Name:		_ Account Number:	
Materials/Service	Provided:		
	•	disaster, we will obtain supp	lies/materials from the following:
Street Address:			
City:	State:	Zip Code:	
Phone:	Fax:	E-Mail:	
Contact Name:		_ Account Number:	
Materials/Service	Provided:		



□ EVA	CUATION PLAN FOR	LOCATIO
	□ □ □ (Insert address)	
	o We have developed these plans in collaboration with neighboring business	sses
	and building owners to avoid confusion or gridlock.	
	o We have located, copied and posted building and site maps.	
	o Exits are clearly marked.	
	o We will practice evacuation procedures times a year.	
If we	e must leave the workplace quickly:	
	arning System:te will test the warning system and record results times a year.	
2. As	ssembly Site:	
3. As	ssembly Site Manager & Alternate:	
	a. Responsibilities Include:	
4. Sh	nut Down Manager & Alternate:	
	a. Responsibilities Include:	
5	is responsible for issuing all clear	



] SHE	LTER-IN-PLA	CE PLAN F	OR		LOCATIO
				(Insert address)	
	will provi keeping i	ide in the she n a portable k	lter location a tit personalize	t which emergency supplies, if and which supplies individuals med for individual needs. times a year.	
If we	must take she	1 ,			
1. Wa	arning System	:			
We	e will test the v	warning syste	m and record	results times a year.	
2. Sto	orm Shelter Lo	ocation:			
3. "Se	eal the Room"	Shelter Loca	tion:		
4. Sh	elter Manager	& Alternate:			
5. Sh	ut Down Mana	ager & Altern	nate:		
6			ic recoonsibl	e for issuing all clear	



	COMMUNICATIONS
	We will communicate our emergency plans with co-workers in the following way:
	In the event of a disaster we will communicate with employees in the following way:
	CYBER SECURITY
	To protect our computer hardware, we will:
	To protect our computer software, we will:
	If our computers are destroyed, we will use back-up computers at the following location:
	RECORDS BACK-UP
_	is responsible for backing up our critical records including payroll and accounting systems.
	Back-up records including a copy of this plan, site maps, insurance policies, bank account records and computer back ups are stored onsite
	Another set of back-up records is stored at the following off-site location:
	If our accounting and payroll records are destroyed, we will provide for continuity in the following ways:



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