

**Perry Group
Consulting^{Ltd.}**

Business Continuity/ Disaster Recovery Program

Disaster Management Forms

Middlesex County

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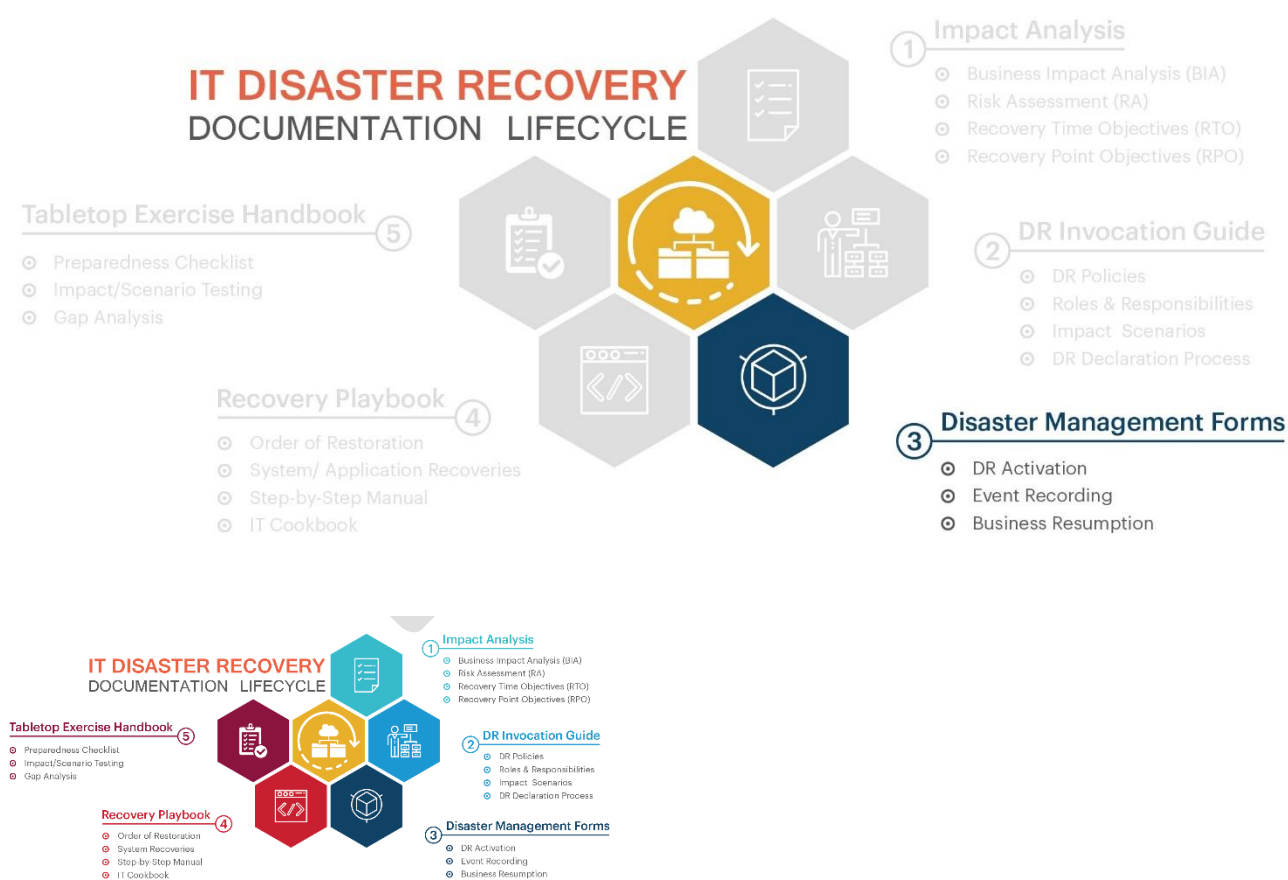


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INSTRUCTIONS

The **Disaster Management Forms** document contains the following three forms to be completed in the event of a disruption/disaster impacting IT service delivery:

- **DR Activation** – this activation checklist will be used as a guide in the event of a disruption/disaster impacting IT service delivery.
- **Event Recording** – this form will be completed during the event and will capture all key activities and follow-up requirements. The Disaster Recovery lead will sign-off on the activities as part of the initial recovery process.
- **Business Resumption** – once the Event Recording form has been completed the Business Resumption lead will complete this form as part of the business application recovery process. This form must be completed for each application recovered.



DR Activation

Table 1 - DR Invocation Actions

DR Invocation Actions

A set of high-level procedures to enable the IT recovery teams to recover critical systems at an alternate site (TBD) within stipulated Recovery Time Objectives (RTOs) and to stipulated Recovery Point Objectives (RPOs) in order for Middlesex County (County) to recover critical applications - defined within the Disaster Recovery Invocation Guideline document.

ID #	Actions	Status/Notes
IT 010	Note: Actions below make allowance for one of the following possible impacts: <ul style="list-style-type: none"> Resource Depletion Datacenter Outage Technology Component Failure 	
IT 020	RECEIVE INCIDENT ALERT Receive notification from the IM team of an incident affecting the County's functionality. Ensure the extent of the incident and what is expected of the team is understood.	
IT 030	CHECKPOINT ONE – Incident Alert	
IT 040	ASSESS PERSONNEL AVAILABILITY Assess what personnel and skills are available and if no additional personnel or skills are required go to IT 080 or continue with Action IT 050.	
IT 050	Additional Personnel Requirements	
IT 060	SOURCE ADDITIONAL PERSONNEL Source additional personnel required to perform recovery procedures.	
IT 070	INITIATE INDUCTION AND ADDITIONAL TRAINING Initiate any induction or additional training that might be required to assist the additional sourced team members to perform the required processes.	
IT 080	OPTIONAL - ALERT TEAM MEMBERS If required at this stage contact team members to place them on alert. Explain what has happened and course of action. (For contact details refer to Internal Contact list.	
IT 090	NOTIFICATION OF DR INVOCATION Receive notification from CMT that the DR has been invoked. Ensure course of action is understood and agree on reporting intervals with the CMT/DR teams.	
IT 100	NOTE: If DR plans have not been invoked go to IT 200 otherwise continue with IT 110.	

ID #	Actions	Status/Notes
IT 110	CHECKPOINT TWO – Disaster Recovery plan invoked.	
IT 120	RELOCATIONS STRATEGY DECISIONS If alternate site recovery is required, decide which IT team members must relocate to the recovery site? (TBD)	
IT 130	CONTACT TEAM MEMBERS Contact IT team members and inform them of the situation and what is expected from them - for contact details refer to Internal Contact list.	
IT 140	COMMUNICATE TO BALANCE OF STAFF Contact balance of staff and inform them of the situation and what is expected of them - for contact details refer to Internal Contact list	
IT 150	Note: If recovery site not required for recovery go to IT 180 otherwise continue with IT 160	
IT 160	Recovery Site Relocation	
IT 170	<i>TBD with future DR solution</i>	
IT 180	IT Recovery	
IT 190	INFORM IT Director OF DATA/SYSTEM LOSS Keep the DR Coordinator apprised of what backups are being used and the extent of the data loss, if any, per system	
IT 200	PERFORM REQUIRED RECOVERY Perform recovery of required systems/applications as per Order of Restoration. (For details refer to Recovery Playbook)	
IT 210	NOTIFY IT Director / DR Coordinator Notify DR Coordinator as systems are recovered.	
IT 220	AUDIT RECOVERED SYSTEMS Audit recovered systems to ensure the systems have been recovered correctly and are ready for use. (For details refer to Event Recording Form)	
IT 230	RELEASE SYSTEMS FOR USE Release the recovered systems for use only with permission from the IT Director / DR Coordinator. (For details refer to Business Resumption Form)	
IT 240	General Actions	
IT 250	PARTICIPATE IN INCIDENT REVIEW Participate in an incident review meeting that will be called by the IT Director for team leaders in order to address any shortcomings in the plans and update DRPs where necessary.	

Event Recording**Step 1****Disaster Recovery Event Recording Form**

- All key events from a major disruption in IT services must be recorded.
- All event logs shall be maintained by the disaster recovery team leader.
- This event log shall be started at the commencement of an incident by the incident response team/disaster recovery team and passed to the business recovery team once the initial disruption has been controlled.
- The following event log should be completed by the disaster recovery team leader to record all key events during disaster recovery, until such a time as responsibility is handed over to the business recovery team.

Description of
Disruption/Disaster:

Commencement Date:

Date/Time DR Team Mobilized:

DR Team Activities	Date/Time	Outcome	Follow-up Action Required

Disaster Recovery Team's Work Completed:

Event Log Passed to Business Recovery Team:

Disaster Recovery Team Leader:

Sign-off:

Business Resumption**Step 2****Business Resumption Form – Application Recovery**

The following transition form should be completed and signed by the business recovery team leader and the responsible business unit leader, for each application recovered at time of disruption/disaster and time of failback to normal operations.

A separate form is recommended for each department that has 1 or more business service/process(es) that requires the application to function.

Name of Application

Business Service/Process
(include all key services/processes)

Completion Date of the Work Provided by the Business Recovery Team

I confirm that the work of the business recovery team has been completed in accordance with the disaster recovery plan for the above application, and that normal business operations have been effectively restored at a level in accordance with the disaster recovery invocation guide and supporting documentation.

Business Recovery Team Lead Name:

Signature: _____

Date: _____

(Any comments by the BRT leader in connection with the return of this business process should be made here.)

DEPARTMENTAL LEAD SIGNOFF

I confirm that the above application is now acceptable to working conditions to support the business service/process in accordance with the disaster recovery invocation guide and supporting documentation.

Name:

Title:

Signature:

Date: