

Event Recording Form

Step 1

Disaster Recovery Event Recording Form

- All key events from a major disruption in TIS 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: