**<Insert Company Logo>**

 **Business Resiliency Plan**

 **<Insert Company Name> Updated: <Date>**

## Person Responsible for Business Resiliency Plan at Firm:

**Additional Resources (Consultants):**

***Template compiled by the Washington State University – Small Business Development Centers Market Intelligence Research Program***



# Introduction

This Business Resiliency Plan is meant to work with Business Resiliency Guide, the goal is for you to create a plan that will help you respond to most emergency situations and recover as quickly as possible. If more space is needed on any of the tables provided in this worksheet, they are provided on a single page, so that you can print out more copies.

Start by identifying your critical business functions and their supporting resources. Using the Business Resilience Guide, identify risks your business could face, including ones that may not be listed in the guide. Analyze how these risks could affect your critical business functions and resources, including cashflow. With this information you can create your business continuity plan (as well as the communications plan from the Business Resiliency Guide). Then fill in the preventative measures you can take to mitigate risk from your most likely hazards, and perhaps unlikely sources. The final step is making the necessary contacts or preparations so that you are ready to implement your plan when it is needed.

In the identify section of the Business Resource Guide you identified the hazards your business is most exposed to and their severity. The last section of this business resiliency plan provides a template for you to take those hazards and develop emergency response plans. These plans encompass both preparation for hazards and the appropriate actions to take in reaction. The WSBDC website has resources you can use to help develop your emergency response plans, including a workbook specific to Emergency Procedures.

# Business Goals

|  |
| --- |
| **Goals** |
| **1.** |  |
| **2.** |  |
| **3.** |  |
| **4.** |  |
| **5.** |  |

***NOTES:***

# Critical Business Functions and Resources:

## These are our critical business functions and the resources they need. Without these our company cannot continue to operate.

|  |  |  |  |
| --- | --- | --- | --- |
| **Critical Business****Function** | **Supporting Resource(s)** |  **Function of** **Resource** | **Backup Resource(s)** |
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**Hazards**

**Our business is exposed to the following hazards. These could affect our critical business functions, preventing us from continuing business.**

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| --- | --- | --- | --- | --- |
| **HAZARD** | **How Likely? (1-5)** | **How Severe? (1-5)** | **Risk** | **NOTES** |
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## Our backup Suppliers: (reproduce this page as needed)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Supplier****Name** | **Resources Supplied** | **Threats They Face** | **How****Likely?****(1-5)** | **How****Severe?****(1-5)** | **Risk** |
|  |  |  |  |  |  |
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|  |  |
| --- | --- |
| **Backup Supplier 1:**Company Name: Address: |  |
| Phone: | Fax: | E-mail: |
| Contact Name: |  | Account Number: |
| Materials/Service Provided: |  |  |
| **Backup Supplier 2: C**ompany Name: Address: |  |  |
| Phone: | Fax: | E-mail: |
| Contact Name: |  | Account Number |
| Materials/Service Provided: |  |  |
| **Backup Supplier 3:**Company Name: Address: |  |
| Phone: | Fax: | E-mail: |
| Contact Name: |  | Account Number: |
| Materials/Service Provided: |  |  |
| **Backup Supplier 4: C**ompany Name: Address: |  |  |
| Phone: | Fax: | E-mail: |
| Contact Name: |  | Account Number |
| Materials/Service Provided: |  |  |

## Our backup Distributors: (reproduce this page as needed)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Distributor/Client****Name** | **Product Distributed** | **Threats They Face** | **How****Likely?****(1-5)** | **How****Severe?****(1-5)** | **Risk** |
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| --- | --- |
| **Backup Distributor/Client 1:**Company Name: Address: |  |
| Phone: | Fax: | E-mail: |
| Contact Name: |  | Account Number: |
| Materials/Service Provided: |  |  |
| **Backup Distributor/Client 2:****C**ompany Name: Address: |  |  |
| Phone: | Fax: | E-mail: |
| Contact Name: |  | Account Number |
| Materials/Service Provided: |  |  |
| **Backup Distributor/Client 3:**Company Name: Address: |  |
| Phone: | Fax: | E-mail: |
| Contact Name: |  | Account Number: |
| Materials/Service Provided: |  |  |
| **Backup Distributor/Client 4:****C**ompany Name: Address: |  |  |
| Phone: | Fax: | E-mail: |
| Contact Name: |  | Account Number |
| Materials/Service Provided: |  |  |

**Business Impact Analysis**

**If one of the above threats takes place these will be the likely business functions and resources affected. If one of these resources or functions is lost, we should work quickly to replace it.**

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| **Disaster** | **Business Functions Impacted** | **Resources Impacted** | **Recovery Time Objective** | **Operational Impacts** | **Financial Impacts** |
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# Emergency Communication Plan

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| **Emergency Communications Plan** |
| **Name** | **Role** |  | **Phone & Address** |
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| ***Methods of communication (Cell phone, social media, person-to-person)*** |
| **Method** | **Person****Responsible** |  | **Notes** |
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**Business Continuity Plan**

**This is our plan of action following a disaster. By following this we will be able to keep our business in operation or return to operation as quickly as possible.**

**These are the critical business functions we need run our business:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Critical Function** | **Recovery Time****Objective** | **Staff in****Charge** | **Resources Needed** | **Backup Resources** |
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**This is our backup location we will use if our primary offices are compromised:**

Backup Location:

Address:

Phone number:

Person Responsible for Contacting: Name:

Contact Info

*Insert Map with backup location marked*

**Preventative Measures**

***What are some proactive preventative measures your business could take to mitigate risk?***

|  |  |
| --- | --- |
| **Hazard** | **Preventative Measures** |
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# Emergency Response Plans (reproduce this page as needed)

**<Insert Emergency> Emergency Response Plan**

## <Insert Company Name>

**Last Updated: Next update: Person Responsible For This Plan:**

**Preparation:**

**Action:**

**Person Responsible:**