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 natural and m	nan-made disasters could impact o	ur business.
	0		
	0		-
	0		-
	0		-
	EMERGENCY PLAN	NING TEAM	
ш		articipate in emergency planning a	and crisis management
			ind crisis management.
			-
	О		_
	WE DI ANI TO GOOD		
		DINATE WITH OTHERS	
		neighboring businesses and our bu	ilding management will
	participate on our emergenc	, i	
			-
			-
			-
			-
			-
	<b>OUR CRITICAL OPE</b>		
	The following is a prioritize	d list of our critical operations, sta	ff and procedures we need to
	recover from a disaster.		
	Operation	Staff in Charge	Action Plan

	RS AND CO	NTRACTORS	
Company Name	:		
Street Address:			
City:	State:	Zip Code:	
Phone:	Fax:	E-Mail:	
Contact Name:		Account Number:	
Materials/Service	ee Provided:		
If this compar	ny experiences	a disaster, we will obtain suppl	ies/materials from the following:
Company Name	:		
Street Address:			
City:	State:	Zip Code:	
Phone:	Fax:	E-Mail:	
Contact Name:		Account Number:	
Materials/Service	e Provided:		
If this compar	ny experiences	a disaster, we will obtain suppl	ies/materials from the following:
Company Name	:		
Street Address:			<u> </u>
		Zip Code:	
Phone:	Fax:	E-Mail:	
Contact Name:		Account Number:	
Materials/Service	ee Provided:		

□ EVACUATION PLAN!	FOR	LOCATION
	(Insert address)	
and building own	ed these plans in collaboration with neighboring business ners to avoid confusion or gridlock. copied and posted building and site maps.	ses
	evacuation procedures times a year.	
If we must leave the workp	place quickly:	
		<del></del>
We will test the warning	system and record results times a year.	
2. Assembly Site:		
3. Assembly Site Manager	& Alternate:	
a. Responsibilities I	Include:	
4. Shut Down Manager & A	Alternate:	
	is responsible for issuing all clear.	

SHELT	ER-IN-PLACE PLAN FOR	LOCATION
	(Insert address)	
	We have talked to co-workers about which emergency supplies, if any, the will provide in the shelter location and which supplies individuals might conskeeping in a portable kit personalized for individual needs.	
	We will practice shelter procedures times a year.	
If we mu	st take shelter quickly	
1. Warni	ng System:	
We wi	ill test the warning system and record results times a year.	
2. Storm	Shelter Location:	
3. "Seal t	the Room" Shelter Location:	
4. Shelte	r Manager & Alternate:	
a 	. Responsibilities Include:	
5. Shut Γ	Down Manager & Alternate:	
-	a. Responsibilities Include:	
_ _		
6.	is responsible for issuing all clear.	

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:
