



# **DISASTER PREPAREDNESS**

## **CONTINUITY OF ORGANIZATIONAL OPERATIONS PLAN**

*Forms, Checklists and Resources*

# CONTINUITY OF ORGANIZATIONAL OPERATIONS PLAN

## *Evacuation Box Checklist*

Updated on: \_\_\_\_\_ by: \_\_\_\_\_

### **Organization Documents & Policies**

- Travel
- Personnel
- Charter
- Bylaws
- IRS determination letter
- Standards Certification Binder

### **Financial Statements / Documents**

- Depreciation Schedule
- Statement of Financial Position
- Statement of Activities
- Annual Budget
- Most recent audit
- Grant and contract deadlines/requirements

### **Insurance policies**

- Flood
- Fire
- Director & Officers
- Business Interruption
- Property
- Liability Protection

### **Contact information**

- Employees
- Board of Directors
- Clients
- Funders/stakeholders/donors

### **Checks**

### **Business Credit Card**

### **Petty Cash**

### **Inventories**

### **Photos of office**

### **Digital backups (tapes, external harddrives)**

### **Battery-powered radio/TV/flashlights**

### **Extra batteries**

### **Corded telephone**

# CONTINUITY OF ORGANIZATIONAL OPERATIONS PLAN

# Board & Volunteer Contact Record

Updated on: \_\_\_\_\_ by: \_\_\_\_\_

Name \_\_\_\_\_

Role \_\_\_\_\_

## Work Information

Employer \_\_\_\_\_

Position \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip: \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

## Home Information

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip: \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Cell Phone \_\_\_\_\_

Text Msg?  Yes  No

## Emergency Contact 1

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Location \_\_\_\_\_

## Emergency Contact 2

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Location \_\_\_\_\_

## Community Response

- Disaster Role(s)
- National Guard
  - Office of Emergency Preparedness
  - Red Cross Shelter Worker
  - Law Enforcement

- 211/Crisis Line
- Fire Department
- Chaplain
- Other \_\_\_\_\_

- Certifications
- First Aid
  - CPR
  - Special Licenses (list):

- EMT
- Ham Radio

## Notes

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**CONTINUITY OF ORGANIZATIONAL  
OPERATIONS PLAN**

***General Business Contacts***

Updated on: \_\_\_\_\_ by: \_\_\_\_\_

<b>Business Type</b>	<b>Name</b>	<b>Office Phone</b>	<b>Cell Phone</b>	<b>Email</b>
Accountant/CPA				
Banker				
Benefits Admin.				
Building Manager				
Building Security				
Creditor				
Creditor				
Creditor				
Electric Company				
Gas/Heat				
I.T. Consultant				
Insurance Agent(s)				
Insurance Agent(s)				
Insurance Agent(s)				
Internet Service				
Landlord				
Lawyer				
Payroll Processing				
Phone Company				
Website Host				



# CONTINUITY OF ORGANIZATIONAL OPERATIONS PLAN

## Donors/Funders Contact Record

Updated on: \_\_\_\_\_ by: \_\_\_\_\_

### Contact Information

Donor / Funder	_____	Contact Name	_____
Address	_____		
City	_____	State	_____ Zip: _____
Phone	_____	Email	_____
Cell Phone	_____	Text Msg?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Funding, Programs, Deadlines & Notes

List type of funding, amount, whether or not restricted, programs they fund and reporting deadlines.

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### Contact Information

Donor / Funder	_____	Contact Name	_____
Address	_____		
City	_____	State	_____ Zip: _____
Phone	_____	Email	_____
Cell Phone	_____	Text Msg?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Funding, Programs, Deadlines & Notes

List type of funding, amount, whether or not restricted, programs they fund and reporting deadlines.

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# CONTINUITY OF ORGANIZATIONAL OPERATIONS PLAN

## Employee Contact Record

Updated on: \_\_\_\_\_ by: \_\_\_\_\_

Name \_\_\_\_\_ Position / Role \_\_\_\_\_

### Home Information

Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Text Msg?  Yes  No

### Emergency Contact 1

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone \_\_\_\_\_ Location \_\_\_\_\_

### Emergency Contact 2

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone \_\_\_\_\_ Location \_\_\_\_\_

### Community Response

Disaster Role(s)  National Guard  Office of Emergency Preparedness  Red Cross Shelter Worker  Law Enforcement  211/Crisis Line  Fire Department  Chaplain  Other \_\_\_\_\_

Certifications  First Aid  CPR  Special Licenses (list):  EMT  Ham Radio  NIMS

### Notes

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# Disaster Preparedness & Organizational Continuity

# Computer Inventory

Updated on: \_\_\_\_\_ by: \_\_\_\_\_

## General Information

User _____	Department / Program _____
Vendor _____	Purchase date & price _____
Brand _____	Model _____
Model # _____	Serial # _____

## Hardware Specs

Processor (mHz) _____	Harddrive (GB) _____
Memory/RAM _____	CD Drive _____
Other Hardware _____	

## Software / Applications

Operating system _____	Office version _____
Antivirus version _____	
Other software _____	

## Monitor

Brand _____	Model _____
Model # _____	Serial # _____
Vendor _____	Purchase date & price _____
Notes _____	

## Notes

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# Disaster Preparedness & Organizational Continuity

# Software Inventory

Updated on: \_\_\_\_\_ by: \_\_\_\_\_

## Program Name:

Version \_\_\_\_\_ Purchase date \_\_\_\_\_

Vendor \_\_\_\_\_ # of licenses \_\_\_\_\_

Product Key \_\_\_\_\_

Notes \_\_\_\_\_

## Program Name:

Version \_\_\_\_\_ Purchase date \_\_\_\_\_

Vendor \_\_\_\_\_ # of licenses \_\_\_\_\_

Product Key \_\_\_\_\_

Notes \_\_\_\_\_

## Program Name:

Version \_\_\_\_\_ Purchase date \_\_\_\_\_

Vendor \_\_\_\_\_ # of licenses \_\_\_\_\_

Product Key \_\_\_\_\_

Notes \_\_\_\_\_

## Program Name:

Version \_\_\_\_\_ Purchase date \_\_\_\_\_

Vendor \_\_\_\_\_ # of licenses \_\_\_\_\_

Product Key \_\_\_\_\_

Notes \_\_\_\_\_

# Disaster Preparedness & Organizational Continuity

# Special Equipment Inventory

Updated on: \_\_\_\_\_ by: \_\_\_\_\_

## General Information

User _____	Department / Program _____
Vendor _____	Purchase date _____
Price _____	Quantity _____
Brand _____	Model _____
Model # _____	Serial # _____

## Replacement information

Vendor _____	Phone # _____
Alternate Vendor _____	Phone # _____
Order time for replacement _____	

## Features / Specs


## Notes




# CONTINUITY OF ORGANIZATIONAL OPERATIONS PLAN

## Pre-Evacuation Report

Updated on: \_\_\_\_\_ by: \_\_\_\_\_

Name \_\_\_\_\_

Role \_\_\_\_\_

### Evacuation Destination:

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Cell Phone \_\_\_\_\_ Text Msg?  Yes  No

Bank Routing & Account Number \_\_\_\_\_

### Emergency Contact

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

### Projects & Deadlines

Please list all projects you are working on now and in the next month. Briefly describe important tasks, contacts (phone and email), financial obligations, goals, progress and deadlines for each. Attach additional pages if necessary.

**Project**

**Deadline**

**Project**

**Deadline**

**Project**

**Deadline**

**Project**

**Deadline**

# Disaster Preparedness & Organizational Continuity

# 48 Hours Pre-evacuation Tasks

Updated on: \_\_\_\_\_ by: \_\_\_\_\_

## 48 hours prior to evacuation

Tasks	Person Responsible	Completed?
Go shopping <ul style="list-style-type: none"> <li>- 1 gallon of water per day and food for all essential employees, volunteers, and clients for at least 3 day</li> <li>- Other response supplies identified</li> </ul>		
Remind board, employees and volunteers of communication plan, check-in times and methods		
Have employees and board leadership complete pre-evacuation data sheet		
Remind employees of disaster policies & procedures		
Communicate with stakeholders and response collaboration partners, confirm gathering point location, time, response functions		

# Disaster Preparedness & Organizational Continuity

# 24 Hours Pre-evacuation Tasks

Updated on: \_\_\_\_\_ by: \_\_\_\_\_

## 24 hours prior to evacuation

Tasks	Person Responsible	Completed?
Gather evacuation boxes <ul style="list-style-type: none"> <li>- Most recent digital backups</li> <li>- Print out of recent client list</li> <li>- Update payroll information</li> </ul>		
Record new voicemail message for office <ul style="list-style-type: none"> <li>- What your organization's response actions are, who to contact with questions, where response operations will be located, when someone will be back in office (if possible)</li> </ul>		
Raise electronics off the floor, away from windows		
File all papers & lock cabinets		
Withdraw petty cash		
Pack up equipment being evacuated		
Lock all windows, close every interior door, post contact information in waterproof cover conspicuously (in case emergency crews need to contact you), lock exterior door		