



## Disaster Recovery Planning Questionnaire

When disasters happen, your business or agency may sustain direct damage such as fire, flooding or building damage. This is an important process to assist you in saving your business or agency and also is an important part of enabling your business or agency to assist in community recovery.

The first order of business is to plan for your recovery and business resumption. This questionnaire is designed to help you assess your level of preparedness.

| <b>Business Continuity / Disaster Recovery Plan</b>   |                                      |   |                                      |                                  |
|---|--------------------------------------|---|--------------------------------------|----------------------------------|
| 1. Does your business/organization have a continuity or disaster recovery plan?   | <input type="checkbox"/> Not Started | <input type="checkbox"/> In progress    | <input type="checkbox"/> Complete    |                                  |
| 2. What are your most important business functions and how quickly can you resume following a disaster?   |                                      |   |                                      |                                  |
| a.  | <input type="checkbox"/> 1 Week      | <input type="checkbox"/> 2 Weeks        | <input type="checkbox"/> 3 Weeks     | <input type="checkbox"/> Longer  |
| b.  | <input type="checkbox"/> 1 Week      | <input type="checkbox"/> 2 Weeks        | <input type="checkbox"/> 3 Weeks     | <input type="checkbox"/> Longer  |
| c.  | <input type="checkbox"/> 1 Week      | <input type="checkbox"/> 2 Weeks        | <input type="checkbox"/> 3 Weeks     | <input type="checkbox"/> Longer  |
| d.  | <input type="checkbox"/> 1 Week      | <input type="checkbox"/> 2 Weeks        | <input type="checkbox"/> 3 Weeks     | <input type="checkbox"/> Longer  |
| e.  | <input type="checkbox"/> 1 Week      | <input type="checkbox"/> 2 Weeks        | <input type="checkbox"/> 3 Weeks     | <input type="checkbox"/> Longer  |
| f.  | <input type="checkbox"/> 1 Week      | <input type="checkbox"/> 2 Weeks        | <input type="checkbox"/> 3 Weeks     | <input type="checkbox"/> Longer  |
| 3. How often do you review and test your disaster recovery plan?  | <input type="checkbox"/> 1/year      | <input type="checkbox"/> Every 2+ years | <input type="checkbox"/> Never       | <input type="checkbox"/> No plan |
| 4. Do you have backup system for information & records?   | <input type="checkbox"/> Yes         |   | <input type="checkbox"/> In progress | <input type="checkbox"/> No      |
| 5. Do you have a backup generator?  | <input type="checkbox"/> Yes         |   | <input type="checkbox"/> In progress | <input type="checkbox"/> No      |
| <b>Alternate Operational Location</b>   |                                      |   |                                      |                                  |
| 6. Have you established an alternate location where employees can work on key functions off site?   | <input type="checkbox"/> Yes         |   | <input type="checkbox"/> In progress | <input type="checkbox"/> No      |
| 7. Does this location have backup power?  | <input type="checkbox"/> Yes         |   | <input type="checkbox"/> In progress | <input type="checkbox"/> No      |
| 8. Do you have a plan to provide basic food, water, first aid and sanitary supplies on hand for yourself and staff?                             | <input type="checkbox"/> Yes         |   | <input type="checkbox"/> In progress | <input type="checkbox"/> No      |
| 9. Do you have supplies to operate the business manually (forms, pens, materials, etc.)?  | <input type="checkbox"/> Yes         |   | <input type="checkbox"/> In progress | <input type="checkbox"/> No      |
| <b>Contact Information and Communications</b>   |                                      |   |                                      |                                  |
| 10. Do you maintain contact information for your employees, clients, suppliers, etc.?   | <input type="checkbox"/> Yes         |   | <input type="checkbox"/> In progress | <input type="checkbox"/> No      |
| 11. Is contact information quickly accessible?  | <input type="checkbox"/> Yes         |   | <input type="checkbox"/> In progress | <input type="checkbox"/> No      |
| 12. Do you have access to multiple, reliable methods of communicating with your employees (emergency phone numbers, pagers, radios or website)? | <input type="checkbox"/> Yes         |   | <input type="checkbox"/> In progress | <input type="checkbox"/> No      |

| Employee Emergency Preparation   |                              |                                      |                             |
|--|------------------------------|--------------------------------------|-----------------------------|
| 13. Have your employees participated in an emergency preparedness workshop?  | <input type="checkbox"/> Yes | <input type="checkbox"/> In progress | <input type="checkbox"/> No |
| 14. Do your employees know the emergency plan?   | <input type="checkbox"/> Yes | <input type="checkbox"/> In progress | <input type="checkbox"/> No |
| 15. Do some employees have emergency training (i.e. first aid, rapid damage assessment, etc.)?   | <input type="checkbox"/> Yes | <input type="checkbox"/> In progress | <input type="checkbox"/> No |
| 16. Are your employees prepared for emergencies at home?   | <input type="checkbox"/> Yes | <input type="checkbox"/> In progress | <input type="checkbox"/> No |
| 17. How will employees be notified to return to work?  |                              |                                      |                             |
| Customer/Client Preparation  |                              |                                      |                             |
| 18. Do you make your emergency contact information available to clients via website?   | <input type="checkbox"/> Yes | <input type="checkbox"/> In progress | <input type="checkbox"/> No |
| 19. How will your customers/clients contact you after a disaster?  |                              |                                      |                             |
| <input type="checkbox"/> Telephone <input type="checkbox"/> Email <input type="checkbox"/> Visit Location <input type="checkbox"/> Visit Alternate Location  |                              |                                      |                             |
| Evacuation Plan  |                              |                                      |                             |
| 20. If you must evacuate, what critical business information or equipment must be evacuated too?   |                              |                                      |                             |
| 21. Do you have a plan to secure files and equipment in the event of flooding?   | <input type="checkbox"/> Yes | <input type="checkbox"/> In progress | <input type="checkbox"/> No |
| 22. Can you use internet banking services to monitor account activity, manage cash flow, and pay bills?  | <input type="checkbox"/> Yes | <input type="checkbox"/> In progress | <input type="checkbox"/> No |
| 22. Are your employees prepared for emergencies at home?   | <input type="checkbox"/> Yes | <input type="checkbox"/> In progress | <input type="checkbox"/> No |
| Helping Others Recover   |                              |                                      |                             |
| 23. Would you be able to release staff to volunteer  |                              |                                      |                             |
| <input type="checkbox"/> 20+ staff hours <input type="checkbox"/> 10 – 20 staff hours <input type="checkbox"/> 5 – 10 staff hours <input type="checkbox"/> Not available   |                              |                                      |                             |
| 24. Do staff members have key skills that could assist with recover efforts?   |                              |                                      |                             |
| <input type="checkbox"/> Construction skills <input type="checkbox"/> Medical/ first aid skills <input type="checkbox"/> Counselling skills <input type="checkbox"/> Other   |                              |                                      |                             |
| 26. Are your employees prepared for emergencies at home?   | <input type="checkbox"/> Yes | <input type="checkbox"/> In progress | <input type="checkbox"/> No |
| 27. Is your organization able to provide support outside the normal operations (i.e. if your organization has a truck, could you assist with delivery of donated food, water, furniture, etc.?)  |                              |                                      |                             |
| <input type="checkbox"/> Provide truck and personnel for hauling <input type="checkbox"/> Provide other transportation equipment and personnel<br><input type="checkbox"/> Provide shelter i.e. apartments, rooms for rent etc. <input type="checkbox"/> Other |                              |                                      |                             |

If your answers concern you and you would like information on emergency preparedness or some guidance in developing your Disaster Recovery Plan, please contact the City of Tampa's Housing and Community Development Division at 813-274-7954.