

# Ready NOW!<sup>TM</sup>

## Business Survival Certification<sup>TM</sup>

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# Ready NOW!™

## Business Survival Certification™

### INTRODUCTION

Ready Now!™ Business Survival Certification™ was developed by the Oklahoma Small Business Development Center to assist small businesses in preparing for emergencies.

Developing a written business survival plan is not difficult. It takes time, a template and a willingness to collect, organize and write down your critical information. Ready NOW!™ shows business professionals how to prepare by:

- helping them gather the critical information,
- providing them a template in which to write it,
- helping them write their plan,
- verifying information is safely stored, yet still accessible, and
- recognizing their efforts.

Use the following tool as works best for you. Feel free to make copies of the different pages and change them as necessary. The purpose of this tool is to serve as a guide to help you prepare your businesss to survive.

### NOTE OF THANKS

The OKSBDC recognizes and appreciates our fellow partners who strive to help small businesses prepare for disasters of all sizes. Ready.gov, developed by DHS and FEMA, the Insurance Information Institute and the Institute for Business & Home Safety were especially helpful in our efforts to develop a useful template. The information provided by these organizations is excellent and can be very helpful in your planning.

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## ☐ PLAN TO SURVIVE

Business Name

Address

City, State, Zip Code

Telephone Number

The following person is our primary emergency manager and will serve as the company spokesperson in an emergency.

Primary Emergency Contact

Telephone Number

Alternative Number

E-mail

If this location is not accessible, we will operate from location below:

Business Name

Address

City, State, Zip Code

Telephone Number

If the person is unable to manage the emergency, the person below will succeed in management:

Secondary Emergency Contact

Telephone Number

Alternative Number

E-mail

## ☐ EMERGENCY CONTACT INFORMATION

Dial 9-1-1 in an Emergency

Non-Emergency Police/Fire

Insurance Provider

## ☐ DATA STORAGE CENTER

Business Name

Address

City, State, Zip Code

Telephone Number

## SECTION 1:

### Hazard Analysis and Risk Assessment

To create a good survival plan you begin by examining the hazards threatening your business and assess the level of risk these hazards pose for your business. Doing this requires you objectively ask yourself (and your emergency planning team) what could happen and how it might impact your business operations.

1. Identify hazards that might strike your business
2. Use the Risk Assessment tool:
  - a. Assess the Probability of the threat striking your business
  - b. Assess the Severity upon your business
  - c. Multiply the two values to establish a RiskRating Score
3. Use the Risk Rating Score to determine where to put your mitigation efforts.

#### Risk Assessment Tool

Risk	Probability (1-10)	Severity (1-10)	Risk rating Score (P x I)	Ranking
Earthquakes				
Tornado/Wind/Hurricane				
Flood				
Severe Winter Weather				
Interior Fire				
Wildfire				
Loss/Illness of Key Staff				
Workplace Violence				
Software/Hardware Failure				
Power Outage				
Loss of Utilities				
Pandemic/Epidemic/Flu				
Loss of Premises				

## SECTION 1:

## Hazard Analysis and Risk Assessment

List the top ranked risks and possible mitigation strategies:

[illegible]

## SECTION 2: Understand Your Business Functions

### *OUR Critical operations - Questions to consider:*

- What service or product do you provide? \_\_\_\_\_
- What is the process to create this? \_\_\_\_\_
- What would you do if you could no longer do this? \_\_\_\_\_
- How long would you survive without doing this? \_\_\_\_\_
- Who does it? \_\_\_\_\_
- What things must they have to do it? \_\_\_\_\_
- Could the service or product be contracted out for less cost or better quality? \_\_\_\_\_
- Use the answers you have discovered to develop mitigation strategies as well as to consider how to do operations more efficiently. The following chart is used to organize your information.

### What You Sell

Department or person in charge of process \_\_\_\_\_  
How long does it take? \_\_\_\_\_  
What happens if we can't make this product or service? \_\_\_\_\_

### Performance

Team members doing it \_\_\_\_\_  
Supplies needed \_\_\_\_\_  
Contractors/Vendors used \_\_\_\_\_  
Equipment necessary \_\_\_\_\_  
Cost \_\_\_\_\_

### Purpose

What do we do with it? \_\_\_\_\_

### Process

How do we do it? \_\_\_\_\_

## SECTION 2: Understand Your Business Functions

### *OUR Critical operations - Questions to consider:*

- What service or product do you provide? \_\_\_\_\_
- What is the process to create this? \_\_\_\_\_
- What would you do if you could no longer do this? \_\_\_\_\_
- How long would you survive without doing this? \_\_\_\_\_
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Team members doing it \_\_\_\_\_

Supplies needed \_\_\_\_\_

Contractors/Vendors used \_\_\_\_\_

Equipment necessary \_\_\_\_\_

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### Purpose

What do we do with it? \_\_\_\_\_

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How do we do it? \_\_\_\_\_

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### Performance

Team members doing it \_\_\_\_\_  
Supplies needed \_\_\_\_\_  
Contractors/Vendors used \_\_\_\_\_  
Equipment necessary \_\_\_\_\_  
Cost \_\_\_\_\_

### Purpose

What do we do with it? \_\_\_\_\_

### Process

How do we do it? \_\_\_\_\_



## SECTION 3: Emergency Planning Team

Name your emergency planning team.

Make sure they are supported with time and a budget from the owner/CEO to establish mitigation activities.

### ☐ EMERGENCY PLANNING TEAM

The following people will participate in emergency planning and management.

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

### ☐ WE PLAN TO COORDINATE WITH OTHERS

The following people from neighboring businesses and our building management will participate on our emergency planning team.

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## SECTION 4: Protect your Employees

☐ EVACUATION PLAN FOR \_\_\_\_\_ LOCATION

(Insert Address)

The following natural and man-made disasters could impact our business requiring evacuation:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

- We have developed plans in collaboration with neighboring businesses and building owners to avoid confusion or gridlock.
- We have located, copied and posted building and site maps.
- Exits are clearly marked.
- We will practice evacuation procedures \_\_\_\_\_ times a year.

If we must leave the workplace quickly:

\_\_\_\_\_  
\_\_\_\_\_

1. Warning System: \_\_\_\_\_

We will test the warning system and record results \_\_\_\_\_ times a year.

2. Assembly Site: \_\_\_\_\_

3. Assembly Site Manager & Alternate: \_\_\_\_\_

a. Responsibilities Include:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Shut Down Manager & Alternate: \_\_\_\_\_

a. Responsibilities Include:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. \_\_\_\_\_ is responsible for issuing all clear.

## SECTION 4: Protect your Employees

☐ SHELTER IN PLACE PLAN FOR \_\_\_\_\_ LOCATION  
(Insert Address)

The following natural and man-made disasters could impact our business requiring shelter in place:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

- We have talked to co-workers about which emergency supplies, if any, the company will provide in the shelter location and which supplies individuals might consider keeping in a portable kit personalized for individual needs.
- We have located, copied and posted building and site maps.
- We will practice shelter procedures \_\_\_\_\_ times a year.

If we must take shelter quickly:

\_\_\_\_\_  
\_\_\_\_\_

1. Warning System: \_\_\_\_\_

We will test the warning system and record results \_\_\_\_\_ times a year.

2. Storm Shelter Location: \_\_\_\_\_

3. "Seal the Room" Shelter Location: \_\_\_\_\_

4. Shelter Location & Alternate: \_\_\_\_\_

a. Responsibilities Include:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Shut Down Manager & Alternate: \_\_\_\_\_

a. Responsibilities Include:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. \_\_\_\_\_ is responsible for issuing all clear.

## ☐ EMPLOYEE EMERGENCY CONTACT INFORMATION

[illegible]

## SECTION 5: Alternatives for Operations and Leadership

Fill in page 2 with location you could operate from if your current store/plant were destroyed. This may be a temporary facility while old facility rebuilt or it may be a new store in different area.

Fill in page with names of leadership team if current leadership incapacitated either temporarily or permanently.

[illegible]

## SECTION 6: Communication Plan

### ☐ SUPPLIERS AND CONTRACTORS

Company Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Materials/Service Provided: \_\_\_\_\_

If this company experiences a disaster, we will obtain supplies/materials from the following:

Company Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Materials/Service Provided: \_\_\_\_\_

If this company experiences a disaster, we will obtain supplies materials from the following:

Company Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Materials/Service Provided: \_\_\_\_\_

## SECTION 6: Communication Plan

### ☐ KEY CUSTOMERS

Company Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Materials/Service Provided: \_\_\_\_\_

If this company experiences a disaster, we will obtain supplies/materials from the following:

Company Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Materials/Service Provided: \_\_\_\_\_

If this company experiences a disaster, we will obtain supplies materials from the following:

Company Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Materials/Service Provided: \_\_\_\_\_

## SECTION 7: Insurance Check-up

### INSURANCE COVERAGE DISCUSSION FORM

*Use this form to discuss your insurance coverage with your agent. Having adequate coverage now will help you recover more rapidly from a catastrophe.*

Insurance Agent: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

### INSURANCE POLICY INFORMATION

Type of Insurance	Policy No.	Deductibles	Policy Limits	Coverage (General Description)

Do you need Flood Insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you need Earthquake Insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you need Business Income and Extra Expense Insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

Other disaster-related insurance questions:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## SECTION 8: Records, Information Technology and Data Storage and Recovery Planning

Have current list of computers and software including serial number and model name, supplier and support contact number.

You need a plan for records and technology that includes off-site storage of electronic and hard copies. You must know what you would do if your office containing all your computers and records was destroyed. On Page 2 list name, email, phone number and address of off-site data storage location.

### ☐ CYBER SECURITY

To protect our computer hardware, we will:

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To protect our computer software, we will:

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If our computers are destroyed, we will use back-up computers at the following location:

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### ☐ 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:

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## SECTION 9: Test, Revise and Distribute the Survival Plan

### ☐ ANNUAL REVIEW

We will review and update this business continuity and disaster plan in \_\_\_\_\_

### ☐ REVISION HISTORY

Revision No.	Date	Description of Changes	Authorization

### ☐ PLAN DISTRIBUTION AND ACCESS

The Plan will be distributed to members of the business continuity team and management. A master copy of the document should be maintained by the business continuity team leader.

Provide print copies of this plan within the room designated as the emergency operations center (EOC). Multiple copies should be stored within the EOC to ensure that team members can quickly review roles, responsibilities, tasks and reference information when the team is activated.

An electronic copy of this plan should be stored on a secure and accessible website that would allow team member access if company servers are down.

Electronic copies should also be stored on a secure USB flash drive for printing on demand.

Additional Notes: