

# PLAN TO STAY IN BUSINESS: KEY BUSINESS FUNCTIONS

List your organization's key functions and what you will do to make sure that you can return to business after an emergency. Key business functions are activities that are important to your organization's survival and to the continuation of business operations. These can include vital documents or equipment, financial information, etc.

Key business function:	_
	_
Responsible for planning:	_
	_
Contact(s) that support this function:	_
Phone (work/cell):	_
Email (work/personal):	_
Key business function:	
	_
	_
Responsible for planning:	_
Contact(s) that support this function:	_
Phone (work/cell):	_
Email (work/personal):	_
Key business function:	_
	_
	_
Responsible for planning:	_
Contact(s) that support this function:	=
Phone (work/cell):	_
Email (work/personal):	_



# PLAN TO STAY IN BUSINESS: CRITICAL EMPLOYEES

List staff members with assigned responsibilities during an emergency.

No /Dala	
Name/Role: Phone (home/work/cell):	-
Email (work/personal):	-
Language(s) spoken:	
Accommodations needed:	- -
Name/Role:	
Phone (home/work/cell):	
Email (work/personal):	
Language(s) spoken:	
Accommodations needed:	<u>.</u>
Responsibilities during an emergency:	
Name/Role:	
Phone (home/work/cell):	
Email (work/personal):	
Language(s) spoken:	
Accommodations needed:	
Name/Role:	_
Phone (home/work/cell):	_
Email (work/personal):	
Language(s) spoken:	=
Accommodations needed:	_



# PLAN TO STAY IN BUSINESS: IMPORTANT DOCUMENT

Keep copies of important records you may need in a waterproof, fireproof, portable container. Extra copies should be stored at a back-up location, including:

		Building plans						
		Insurance policies						
		Employee contact and identification information						
		Bank account records						
		Tax records (three years of records for insurance purposes)						
		Supplier and shipping contact lists						
		Backups of computer data						
		Licenses/permits, if applicable						
Th	ese docu	ments are located on site:						
Th	ese docu	ments are located off site:						
	Netwo	rk/cloud						
	Hard dı	Hard drive						
	Compu	uter/laptop/tablet						
	USB dri	ive/CD						
	□ Other:							
No	tes:							



EMERGENCY MANAGEMENT PLAN TOOKIT
Howard County, Maryland

# PLAN TO STAY IN TOUCH: EMPLOYEE CONTACT INFORMATION

List all employees in the spaces below, and include their contact information and additional needs, if any (i.e., disabilities and other access and functional needs). Make sure you have a way to notify your employees if an emergency happens.

Needs						
Email						
Phone						
Role						
Employee Name						
	Role Phone Email					

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# PLAN TO TAKE ACTION: EMERGENCY ACTION PLAN

Make a plan for how everyone will keep in touch if an emergency occurs.

# **Employee Alerting System**

Emergency communications manager:
Call tree:
Hotline/"I'm okay" number:
Email alert:
Text message alert:
Instant message alert:
Other:
Meeting place in your business' neighborhood:
Meeting place outside the neighborhood:
Out-of-area contact:
Fire safety staff:
Safety manager:Shut-down manager:
Staff certified in CPR/AED:
Location of equipment:
Staff certified in first aid:
Location of supplies:
Other:
Notes:



### PLAN TO PROTECT YOUR INVESTMENT: EXTERNAL CONTACTS

List external contacts — including vendors, suppliers, resources, and utility providers that help your business function during and after an emergency.

Company name:
Account number (if applicable):
Name of contact:
Phone (work/cell/fax):
Service(s) provided/ Equipment maintained:
Company name:
Account number (if applicable):
Name of contact:
Phone (work/cell/fax):
Service(s) provided/ Equipment maintained:
Company name:
Account number (if applicable):
Name of contact:
Phone (work/cell/fax):
Service(s) provided/ Equipment maintained:
Company name:
Account number (if applicable):
Name of contact:
Phone (work/cell/fax):
Service(s) provided/ Equipment maintained:







# PLAN TO PROTECT YOUR INVESTMENT: ASSETS

List the physical assets you will need to help your business function during and after an emergency.

Back-up Site							
We have a back-up location:							
Address	s:						
	Fax:						
Access (	Considerations:						
Item	Type/Description	Quantity	Primary Provider	Back-up Provider	Title/Version/ Model #	Serial Number	Business Func- tion
Notes:							



### **KNOW HOW TO RESPOND: EMERGENCY SUPPLIES**

All employees should have emergency supplies if they are ordered to evacuate or if they are required to stay where they are (i.e., shelter in place).

# **Go Bag Checklist**

☐ Whistle

Notes: \_

☐ Other items:

•	yees should assemble a Go Ba – a collection of items you may need in an evacuation. Encourage everyone to have customized to meet personal needs. Store these bags in an easily accessible location Go Bags should include:
	Battery-operated AM/FM radio and extra batteries or a hand crank radio
	Bottled water and non-perishable food, such as energy or granola bars
	Contact and meeting place information for home and work
	Copies of important documents in a waterproof and portable container (e.g., insurance cards, photo IDs, proof of address.)
	First aid kit
	Flashlight
	Lightweight rain gear and Mylar blanket
	Medication information and other essential personal items
	Small regional map
	Comfortable shoes
	Other items:
Emerg	ency Supply Checklist
-	paring for emergencies, think first about basic survival: fresh water, food, clean air, and warmth. Check off items dy have and add those you will need:
	Battery-operated AM/FM radio and extra batteries or a hand crank radio
	First aid kit
	Flashlight
	One gallon of drinking water per person per day
	Nonperishable, ready-to-eat canned foods and manual can opener
	Personal hygiene items: soap, feminine hygiene products, toothbrush and toothpaste, etc.
	Phone that does not rely on electricity