



# READYTN BUSINESS CONTINUITY PLAN

## BUSINESS INFORMATION

Business Name	
Address	
Phone Number	
Email	
Primary Contact	

## TOP RISKS TO YOUR BUSINESS

List your top three risks (e.g., severe weather, power outage, cyber attack):

1	
2	
3	





# READYTN BUSINESS CONTINUITY PLAN

## CRITICAL BUSINESS FUNCTIONS

List your three to five most critical business functions that must continue after a disruption:

1	
2	
3	
4	
5	

## KEY RESOURCES AND CONTACTS

Use the space below to record contact information for the non-emergency lines for the following organizations.

AGENCY	NAME	PHONE NUMBER
Police		
Fire		
EMS		
County Mayor/Executive		
Municipality Mayor		



# READYTN BUSINESS CONTINUITY PLAN

Employees critical to operations:

NAME	PHONE NUMBER

Vendors/Suppliers

NAME	COMPANY	PHONE NUMBER



# READYTN BUSINESS CONTINUITY PLAN

## COMMUNICATION PLAN

How will you communicate with employees, vendors, and customers during a disruption? (Check all that apply)

<input type="checkbox"/>	Phone Tree/Group Text
<input type="checkbox"/>	Email List
<input type="checkbox"/>	Website/Social Media
<input type="checkbox"/>	Other:

## BACKUP AND RECOVERY

Where are your critical files/documents stored?

<input type="checkbox"/>	Cloud Backup
<input type="checkbox"/>	Offsite Storage
<input type="checkbox"/>	External Drive

Who has access?

NAME	PHONE NUMBER



# READYTN BUSINESS CONTINUITY PLAN

## ALTERNATE LOCATION/ REMOTE WORK

If your primary site is unusable, how will you continue operations?

	Remote Work
	Alternate Facility
	Partner Business Space
	Other:

## EMERGENCY PROCEDURES

Evacuation Meeting Point	
Shelter-in-Place Location	
Emergency Supplies Location	

## REVIEW AND UPDATE

Date Completed	
Next Review Date	
Person Responsible	





# READYTN BUSINESS CONTINUITY PLAN

## ADDITIONAL CONTACTS

POSITION	NAME	PHONE NUMBER
Local Emergency Manager		
Business Insurance Company		
Local Chamber of Commerce		
Business Financial Institution		

