

2. KNOW YOUR OPERATIONS



USE THIS FORM TO DOCUMENT KEY BUSINESS FUNCTIONS AND PROCESSES CRITICAL TO THE SURVIVAL OF YOUR BUSINESS.

BUSINESS FUNCTION:

Recovery Priority: Extremely High High Medium Low

Responsible Employee: _____

Alternate Employee: _____

Training required for alternate employee: _____

Timeframe or Deadline: _____

Obligation: None Legal Contractual Regulatory Financial

Money lost (or fines imposed) if not done: _____

Who performs this function?
(List all that apply)

Employees: _____

Suppliers/vendors: _____

Key contacts: _____

(For additional space, use the Notes area below)

What is needed to perform this
function? (List all that apply)

Equipment: _____

Special Reports/Supplies: _____

Dependencies: _____

(For additional space, use the Notes area below)

Who helps perform this
function? (List all that apply)

Employees: _____

Suppliers/vendors: _____

Key contacts: _____

(For additional space, use the Notes area below)

Who uses the output from this
function? (List all that apply)

Employees: _____

Suppliers/Vendors: _____

Key Contacts: _____

(For additional space, use the Notes area below)

Brief description of how to complete this function:

Workaround Methods: (Consider temporary/manual processes that can be implemented until a permanent solution is available. Document detailed procedures for these workarounds, including any additional resources required, in a separate document.)

Notes:

Last Updated: _____

Next Update: _____