BUSINESS SURVIVAL HANDBOOK
SURVIVAL AFTER A DISASTER

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BUSINESS SURVIVAL AFTER A DISASTER:
CONTINUITY OF OPERATIONS / BUSINESS CONTINUITY PLANNING

Making sure that key operations can continue immediately following a disaster, as well as preventing interruptions when possible, is critically important to the survival of your business. This workbook can help you to ask some basic questions and take a closer look at your operations across five key areas:

- Protecting your key tasks, finances & functions
- Protecting your employees & personal preparedness
- Communicating with your customers & supply chain
- Protecting your data, technology, & equipment
- Structural considerations for your building

There are several ways to use this material. You might tackle one of these areas each month, and just spend some time reading through the questions and looking for minor changes that you can make in order to protect your business. You might also pull your team together and spend a day tackling the material all at once. This workbook includes a series of blank worksheets at the end that you might also use to track the information that you need to gather.

There are many resources that you can use to help you through this process. You can turn to fellow business owners, look to resources in the community, or even hire a consultant to take you through a more in-depth planning process. This workbook is intended to be a very basic starting point, recognizing that it is difficult to find the time to engage in a much longer process and that a larger planning process is not always the best option for a small business.
PROTECTING YOUR KEY TASKS & FUNCTIONS

What are the important tasks that need to be completed in order to ensure continuous operation of the business? For example, maintaining an open storefront, ordering supplies, and meeting reporting obligations.

Who is responsible for those actions? For example, does the owner or manager undertake the action? An employee or volunteer?

Are there any specific deadlines associated with this function, how often is it needed, and are any specific supplies and/or equipment needed? For example, is a particular form or internet access required? Can this function be performed remotely if need be?

Are there particular functions that your business can perform following a disaster to assist with disaster recovery? For example, can you assist with restoration or repair work? Could these functions be a new revenue stream if you are unable to function as you would normally?

If key tasks, such as sales or manufacturing are tied to a specific site: Are your facilities and buildings protected from natural hazards? Are you at risk from flooding or high winds? Are you impacted by boil water orders?
PROTECTING YOUR FINANCES

What kinds of accounts are maintained by the businesses? Who is responsible for maintaining the information on these accounts? For example, bank accounts, credit lines, etc.

How can accounts be accessed in the event of an emergency? For example, do local institutions have a state or regional contact? What information/documents need to be available, such as checks or account numbers?

Who manages payroll? Are employees still paid in the event of a disaster? Are those policies clearly communicated to all employees? For example, does the payroll vendor have a continuity plan?

Who will manage accounts in the event of an emergency? How will they be authorized to make emergency purchases if needed? How can donations and grants be accepted? Does the business owner evacuate with all necessary documentation? Is the accountant still accessible?

What type of insurance coverage does the business have? Does it fully cover equipment? Does it cover business interruption? What does it not cover? Having a full understanding of what is and isn't covered is critical.
PROTECTING YOUR
EMPLOYEES &
PERSONAL
PREPAREDNESS

KEY CONTACTS - INTERNAL

Who are the managers, owners and leadership?
Are there any employees or key volunteers? Who
are those individuals that are critical to the
operations of the business? For example, it will be
important for those individuals tasked with key
functions to be able to communicate with each
other in the event of a disaster.

What resources are available to the business? Are
there any specific skills or resources that business
owners, employees or volunteers can provide? For
example, are there employees with prior experience
with disaster recovery and/or knowledgeable
regarding State and Federal grants? How can they
be reached? Are there contacts from other local
associations, or even other parts of the country who
might provide knowledge and/or other assistance?
Is there a local contact that can assist with the
location of the key contact? For example, a spouse,
family member or friend who might be able to assist
with their location?

PERSONAL PREPAREDNESS

Where will you evacuate to in case of a hurricane?
Do you have funds set aside for gas and lodging?
For example, could you set aside $25 each month
towards a hurricane fund? Can you stay with friends
or family out of town?

Do you know where all your employees will
evacuate to in case of a storm? Can you have a staff
meeting at the start of hurricane season to collect
everyone’s plans? For example, ask employees if
they are setting aside funds for evacuation, if they
have access to a car, or if they are registered with the
City Assisted Evacuation Plan
(https://www.nola.gov/ready/evacuspots/)
COMMUNICATING WITH YOUR CUSTOMERS & SUPPLY CHAIN

KEY CONTACTS – EXTERNAL

Who are the primary clients? Can you reach them in the event of an emergency? Is there a means to continue meeting obligations and/or generating sales remotely? For example, can you reach your clients to let them know your expected length of shut down?

Are there any agencies, vendors, or other entities with which you need to interact in order to ensure continuity of operations? For example, do you use an accountant or consultants? Are there key contacts for vendors and alternative vendors in the event that the vendors are impacted?

What resources are available to the business? Are there any specific skills or resources available to the business from external sources? For example, are there contacts from other parts of the country who might provide knowledge and/or other assistance? Are there agencies or foundations which might offer assistance after a disaster?

OUT OF STATE CONTACTS

Is there an out of state contact that can serve as a coordination point for employees and clients? For example, is there an individual or other business that might be willing to serve as the focal point for employees and clients following a disaster? This individual can help to keep track of where everyone has gone and of their status.
PROTECTING YOUR DATA, TECHNOLOGY & EQUIPMENT

Are there any physical records that need to be protected? Can they be digitized? For example, are there historic records or key documents such as tax filings with the IRS? Can you use Dropbox or Google Docs to store and access backup files remotely?

Does your business have technology needs to continue functioning? Can laptops be used remotely if needed? Do you know where all your electronic needs are located in case you need to move quickly? For example, can you organize all technology needed in an easily located plastic bin?

Are there any electronic records that will need to be protected? For example, is there a system in place to ensure that information is being backed up in multiple ways? How often does that occur? Who is responsible for that?

Does the business own any equipment? What information must be kept in order to ensure that equipment can be replaced if it is damaged and/or lost? How will the equipment be protected? For example, what make/model of computer is being utilized and what kind of software have been purchased? What equipment is removed in the case of an evacuation? Is your equipment insured in case you cannot evacuate with it?
STRUCTURAL
CONSIDERATIONS
FOR YOUR
BUILDING

This workbook does not cover all the things that you can do to protect your actual structure. There are often small and inexpensive things that you can do to protect the building you use and its contents.

A good resource for this is the New Orleans Main Street Resiliency Plan Hardening Guide. This can be found on-line at:
KEY TASK OR FUNCTION WORKSHEET

KEY TASK OR FUNCTION: ____________________________________________

BRIEF DESCRIPTION:
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

PERFORMED BY: ________________________________________________

ASSISTANCE PROVIDED BY: _______________________________________

KEY CONTACTS: _________________________________________________
_________________________________________________________________
_________________________________________________________________

MINIMUM FREQUENCY REQUIRED: ________________________________

RELEVANT DEADLINES: __________________________________________

EQUIPMENT OR SUPPLIES NEEDED: _________________________________
_________________________________________________________________
_________________________________________________________________

DATE COMPLETED: ____________________________
KEY CONTACTS (INTERNAL) WORKSHEET

NAME: ________________________________________________________________

POSITION / ROLE: ______________________________________________________

ADDRESS: __________________________________________________________________

________________________________________________________________________

PRIMARY PHONE NUMBER: _____________________________________________

SECONDARY PHONE NUMBER: _____________________________________________

PRIMARY EMAIL: _______________________________________________________

SECONDARY EMAIL: _____________________________________________________

LOCAL EMERGENCY CONTACT: ____________________________________________

RELEVANT SKILLS / RESOURCES:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

DATE COMPLETED: _______________________________________________
KEY CONTACTS (EXTERNAL) WORKSHEET

NAME:__________________________________________________________

COMPANY / INSTITUTION: __________________________________________

ROLE: __________________________________________________________

ADDRESS: _______________________________________________________

_________________________________________________________________

PRIMARY PHONE NUMBER: ________________________________

SECONDARY PHONE NUMBER: ________________________________

PRIMARY EMAIL: ________________________________________________

SECONDARY EMAIL: ______________________________________________

LOCAL EMERGENCY CONTACT: ______________________________________

ADDITIONAL RESOURCES:
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

DATE COMPLETED: ________________________________
OUT OF STATE CONTACT WORKSHEET

NAME: _____________________________________________

ADDRESS: __________________________________________

_____________________________________________________________________________________

PRIMARY PHONE NUMBER: ______________________________

SECONDARY PHONE NUMBER: ____________________________

PRIMARY EMAIL: ______________________________________

SECONDARY EMAIL: _____________________________________

RELEVANT SKILLS / RESOURCES:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

DATE COMPLETED: ______________________________
TECHNOLOGY, EQUIPMENT & DATA MANAGEMENT

EQUIPMENT
ITEM: ____________________________________________________________

SERIAL NUMBER: ___________________________________________________

PURCHASE PRICE: ___________________________________________________

DURATION OF WARRANTY: ____________________________________________

CONTACT INFORMATION FOR WARRANTY AND/OR CUSTOMER SUPPORT:
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

VENDOR: ___________________________________________________________

RELEVANT LICENSES: ________________________________________________

EMERGENCY PROCEDURES: ___________________________________________

_________________________________________________________________

NOTES:
_________________________________________________________________

_________________________________________________________________

DATA AND RECORDS
RECORD / DOCUMENT / DATA: __________________________________________

FUNCTION: _________________________________________________________

_________________________________________________________________

TYPE OF MEDIA: _____________________________________________________

DATE & LOCATION OF BACKUP: _________________________________________

CAN THIS BE REPLACED OR RECREATED? _____________________________

NOTES: __________________________________________________________________

_________________________________________________________________

DATE COMPLETED: ____________________________________________
FINANCES WORKSHEET
PAGE ONE

ACCOUNT INFORMATION
ACCOUNT NAME: _____________________________________________
INSTITUTION: ______________________________________________
ACCOUNT NUMBER: ____________________________
LOCAL CONTACT INFORMATION: ______________________________
ALTERNATE CONTACT INFORMATION: __________________________
INDIVIDUALS AUTHORIZED TO ACCESS THIS ACCOUNT:
____________________________________________________________________________
____________________________________________________________________________

BILLS / ACCOUNTS PAYABLE PROCEDURES
ACCOUNT NAME: _____________________________________________
INSTITUTION: ______________________________________________
CONTACT INFORMATION: ______________________________________
ADDITIONAL INFORMATION: ______________________________________
____________________________________________________________________________
____________________________________________________________________________

AMOUNT OWED: ___________________ DATE DUE: ___________________
MUST THIS STILL BE PAID DURING AN EVACUATION? ___________________
INDIVIDUAL RESPONSIBLE: _______________________________________
CAN PAYMENT BE MADE REMOTELY? ________________________________

NOTES: _______________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
FINANCES WORKSHEET
PAGE TWO

PAYROLL PROCEDURES
INDIVIDUAL RESPONSIBLE: ________________________________
PAYROLL OBLIGATIONS: ________________________________

____________________________________________________

CAN PAYROLL BE COMPLETED REMOTELY? ____________
ADDITIONAL NOTES:
____________________________________________________

DONATIONS & GRANTS PROCEDURES
INDIVIDUAL RESPONSIBLE: ________________________________
WILL YOU BE ABLE TO ACCEPT CHECKS? ____________
CREDIT CARDS? ________________
PROCEDURE FOR PROVIDING RECEIPTS: ________________
PROCEDURE FOR DEPOSIT: ________________

DOCUMENTATION TO BE MAINTAINED: ________________

NOTES: ________________

DATE COMPLETED: ________________________________