­Graphical user interface

Description automatically generated with low confidence

## ­­

A picture containing outdoor, ground, beach, sand

Description automatically generated

# **How Best To Use This Document**

1. **The CARICHAM Guide to Completing the Business Continuity Plan and the**

**CARICHAM Business Continuity Plan Template** are designed to work together.

1. First, read through the document: **Guide to Completing the Business Continuity Plan**, which explains how to complete the **CARICHAM Business Continuity Plan Template**.
2. Then, fill out the **Business Continuity Plan Template**. You may choose to either complete the template by printing out the document and filling it out by hand, or by saving it as an MS Word file and completing it electronically. If needed, expand or delete sections which are relevant for your business.
3. When you are finished, don’t forget to save and print your Business Continuity Plan to ensure that all fields print correctly.

# **Questions?**

**Feel free to reach out to your local Chamber of Commerce for support or assistance if you have any questions.**

**CARICHAM Administration email:** [coordinator@caribbeanchambers.net](mailto:coordinator@caribbeanchambers.net)

***CARICHAM is happy to allow all businesses, everywhere, to use this tool. Please ensure credit is given in future publications or adaptations.***



**The development of this tool has been supported by UNDRR through the contribution of USAID's Office of U.S. Foreign Assistance (USAID BHA).**

**TABLE OF CONTENTS**

Business Continuity Plan Information \_\_\_\_\_\_\_ **PAGE 2**

Revision List \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **PAGE 2**

Distribution List \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **PAGE 3**

Analyze your Business \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **PAGE 5**

Essential Business Functions \_\_\_\_\_\_\_\_\_\_\_\_\_ **PAGE 6**

Risk Assessment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **PAGE 8**

Business Continuity Plan \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **PAGE 11**

APPENDIX A: Vital business information \_\_\_\_\_ **PAGE 13**

APPENDIX B: Supplier Information \_\_\_\_\_\_\_\_\_ **PAGE 15**

How to develop a **Business Continuity Plan**

## There are five steps to developing an effective Business Continuity Plan:

**STEP ONE: Analyze your business**

**STEP TWO: Assess the risks**

**STEP THREE: Develop strategies**

**STEP FOUR: Make a plan**

**STEP FIVE: Test and assess your plan**

## **AN IMPORTANT NOTE:**

Each business is unique. Feel free to expand or alter any parts of this template in order to make a document that is relevant and useful to you.

**1**

**Business Continuity Plan Information**

|  |  |
| --- | --- |
| Company Name |  |
| Name of person responsible for this plan |  |
| Manager |  |
| Alternate Manager |  |
| Business Continuity Plan Location (where can I find a copy of this plan?) |  |

## **Revision List (Have changes been made to the document?)**

|  |  |  |  |
| --- | --- | --- | --- |
| Version | Details of any significant changes made | Revised By | Revision Date |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |

**HINT: refer to page 4 of the Guidebook for more information on how to fill out this section**

**2**

Business Continuity Plan **Distribution List**

(WHO HAS RECEIVED THIS DOCUMENT?)

|  |  |  |
| --- | --- | --- |
| Name, position | Details (received by email and/or hardcopy) | Date |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**HINT: refer to page 15 of the Guidebook for more information on how to fill out this section**

**3**

# **BUSINESS DESCRIPTION**

What is the purpose of your business?

What products and services do you provide?

How and where do you provide your products and services? (e.g. web store, shop, delivery, reports)

**4**

Do your service providers have business continuity plans in place?

Who is involved? (e.g. employees, suppliers)

What are the minimum resource requirements? (e.g. personnel, equipment, records)

Who are your customers?

**HINT: refer to page 5 of the Guidebook for more information on how to fill out this section**

**Essential Business Functions**

**5**

**Select any business functions that are relevant to your business. Include any additional functions which may be missing.**

**Supply Chain Management**

|  |  |
| --- | --- |
|  | Ordering supplies |
|  | Goods Receiving |
|  | Storage/warehouse |
|  | Stocking shelves |
|  | Procurement |
|  |  |

**Staff**

|  |  |
| --- | --- |
|  | Recruitment |
|  | Payroll |
|  | Supervision/Management |
|  | Health & Safety |
|  |  |
|  |  |

**Technology**

|  |  |
| --- | --- |
|  | Website maintenance |
|  | Online security provider |
|  | Internet Provider |
|  | Online payment software |
|  |  |

**Product/Services**

|  |  |
| --- | --- |
|  | Product Design |
|  | Production |
|  | Packing |
|  | Transporting product |
|  | Service delivery |
|  | Project design & delivery |
|  | Project monitoring & evaluation |

**Sales**

|  |  |
| --- | --- |
|  | Advertising |
|  | Sales/Cash management |
|  | Online sales |
|  | Customer Service |
|  | Providing quotations/estimates |
|  | Call centre |
|  | Invoicing |
|  |  |
|  |  |

**Administration**

|  |  |
| --- | --- |
|  | Appointment bookings |
|  | Accounting |
|  | Payroll |
|  | Licensing /certifications |
|  | Reporting |
|  | Reception/phones |
|  | Maintenance of assets/equipment |
|  | Record keeping (filing) |
|  | Data Entry |
|  |  |

**Infrastructure/Facilities Management**

|  |  |
| --- | --- |
|  | Security of office/assets |
|  | Power |
|  | Water |
|  | Building Access |
|  | Building maintenance |
|  |  |

**HINT: refer to page 6 of the Guidebook for more information on how to fill out this section**

**Essential Business Functions**

**6**

In an emergency, energies and resources must be focused on the essential, critical elements of the business- those flagship products or services that draw customers. Prioritize business functions in the table below. Delete/add functions as required. The purpose of this step is to identify what functions must be prioritized following an emergency.

Using the list of business functions selected in the previous step, identify the level of priority for each. Select the maximum timeframe for which a key business function can be interrupted. In other words, what is the longest period that your business can delay the function without serious consequences.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Business Function/Activity** | **High Priority (must be done immediately)** | **Medium**  **(can wait a few days)** | **Low**  **(can wait a few weeks)** | **Notes** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**7**

# **RISK ASSESSMENT**

Based on the completed hazard and risk assessment (refer to Annex A), the following hazards may impact the business:



|  |  |  |  |
| --- | --- | --- | --- |
| Hazard | Likelihood | Severity | Risk Level  (Likelihood X Severity= Risk Level) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**8**

|  |  |  |
| --- | --- | --- |
| **Hazard** | **Risk Level**  (Extreme, High, Medium or Low) | **Planning Measures** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**HINT: refer to page 9 of the Guidebook for more information on how to fill out this section**

**9**

# **Planning STRATEGIES**

Strategies to employ BEFORE an emergency

|  |
| --- |
|  |
|  |
|  |
|  |

Strategies to employ DURING an emergency

|  |
| --- |
|  |
|  |
|  |
|  |

Strategies to employ AFTER an emergency

|  |
| --- |
|  |
|  |
|  |
|  |

**HINT: refer to page 12 of the Guidebook for more information on how to fill out this section**

**10**

# **STEP FOUR:**

**Business Continuity Action Plan**

**11**

|  |  |  |
| --- | --- | --- |
| **HAZARD** |  | |
| **RISK LEVEL** |  | |
| **HIGH PRIORITY**  BUSINESS FUNCTIONS AFFECTED |  | |
| **IMMEDIATE ACTIONS**  (within the first 24 hours) | **TASK** | **PERSON RESPONSIBLE** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **SHORT TERM ACTIONS** |  |  |
|  |  |
|  |  |
| **MEDIUM TERM ACTIONS** |  |  |
|  |  |
|  |  |
|  |  |
| **LONG TERM ACTIONS TO REDUCE RISKS** |  | |
| **RESOURCES NEEDED** |  | |

**HINT: refer to page 16 of the Guidebook for more information on how to fill out this section**

**12**

# **TESTING AND ASSESSING THE PLAN**

**Date of Business Continuity Plan Test/Assessment:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **The following changes will be made to improve the business continuity plan:** | **Person responsible for making the change** | **Date completed** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |
| 6. |  |  |

**HINT: refer to page 17 of the Guidebook for more information on how to fill out this section**

**13**

# **APPENDIX A: Vital Business Information**

|  |  |
| --- | --- |
| Business License Number |  |
| Insurance Policy Number |  |
| Critical Paper Records Location |  |
| Back-up Computer Records Location |  |
|  |  |
|  |  |

**Staff Contact Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Position | Phone number | Email address |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Key Customer Contacts**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Position/notes | Phone number | Email |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

HINT: refer to page 14 of the Guidebook for more information on how to fill out this section

**Other Key Contacts**

**14**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Contact Name | Phone Number | Email Address |
| Building Manager |  |  |  |
| Water |  |  |  |
| Electricity |  |  |  |
| Gas |  |  |  |
| Insurance |  |  |  |
| Medical |  |  |  |
| Police |  |  |  |
| Fire Services |  |  |  |
| Security |  |  |  |
| Telecommunications |  |  |  |
|  |  |  |  |
|  |  |  |  |

**15**

# **APPENDIX B: Supplier Information**

**Identify your main suppliers. Include at least 1 alternate supplier for key goods/services.**

|  |  |  |  |
| --- | --- | --- | --- |
| Supplier | Goods supplied | Telephone | Email |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**HINT: refer to page 15 of the Guidebook for more information on how to fill out this section**

**16**