

# Personnel Location Control Form

Make additional copies as needed  
 Complete Daily  
 Forward to the Crisis Management Team

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Completed by: \_\_\_\_\_

### Operations Team

Name	Recovery Location	Phone Number	Work Schedule	
			From	To

## Critical Resources to be Retrieved

**Note:** Use this form to document the materials that should be retrieved if you are able to enter your facility following the incident and the items are not badly damaged.

Business Unit: \_\_\_\_\_

Bldg./Floor:	Location on Floor: (e.g. Northwest Corner)	
Items to be Retrieved	Comments	Conditions*
<b>Critical Records:</b>		
<b>Equipment:</b>		
<b>Other:</b>		

\* Complete "Condition" at the time of the incident.

# Disaster Preparedness Plan

Emergency plans will be communicated to staff in the following way(s):

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To protect computer hardware, we will:

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To protect computer software, we will:

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Records, data, and back-up computers will be stored at:

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The person responsible for backing up critical records is:

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Backup records include:

- a copy of this plan
- site maps
- insurance policies
- bank records and account numbers
- payroll information and employee records
- critical business data

Employee contact information:

Name and job title:  
Address:  
Telephone number:  
Alternative telephone number:  
E-mail:

## Activity Schedule and Record

Plan was reviewed on:  
By:

## Disaster Preparedness Plan (Continued)

Attach participant sign-in sheets, evaluations, and comments to this sheet.  
Send to the Recovery Coordinator no later than: \_\_\_\_\_

Subject of training: \_\_\_\_\_

Training was provided by: \_\_\_\_\_

On (date): \_\_\_\_\_

For (participants): \_\_\_\_\_

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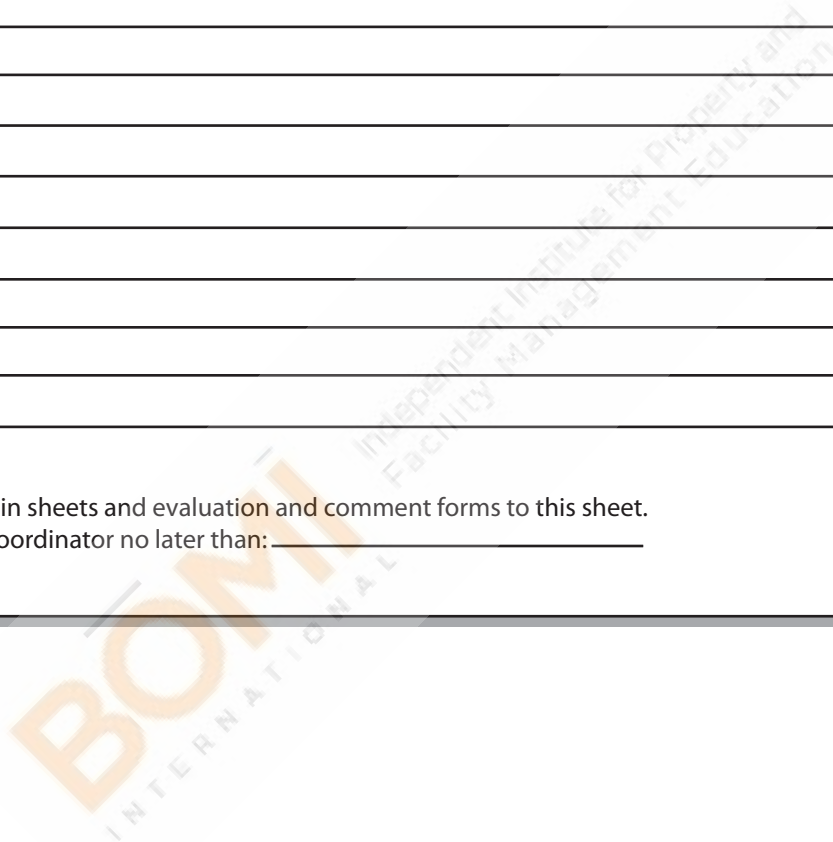
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Attach participant sign-in sheets and evaluation and comment forms to this sheet.  
Send to the Recovery Coordinator no later than: \_\_\_\_\_



## Business Continuity and Disaster Response Plan

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Web Site, E-mail: \_\_\_\_\_

### If this location is not accessible we will operate from the following location:

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

### Primary crisis manager:

Name: \_\_\_\_\_

Job title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Alternative phone number: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Secondary crisis manager:

Name: \_\_\_\_\_

Job title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Alternative phone number: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Emergency contact information:

Dial 9-1-1 in an emergency \_\_\_\_\_

Non-emergency police/fire: \_\_\_\_\_

Insurance provider: \_\_\_\_\_

Insurance provider telephone number: \_\_\_\_\_

### Emergency planning team:

Name: \_\_\_\_\_

Telephone number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Name: \_\_\_\_\_

Telephone number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Name: \_\_\_\_\_

Telephone number: \_\_\_\_\_

E-mail: \_\_\_\_\_

# Business Continuity and Disaster Response Plan

(Continued)

## Emergency planning team: (continued)

Name: \_\_\_\_\_

Telephone number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Name: \_\_\_\_\_

Telephone number: \_\_\_\_\_

E-mail: \_\_\_\_\_

## Businesses we will coordinate with:

Business name: \_\_\_\_\_

Primary contact: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Business name: \_\_\_\_\_

Primary contact: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Business name: \_\_\_\_\_

Primary contact: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Business name: \_\_\_\_\_

Primary contact: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Business name: \_\_\_\_\_

Primary contact: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

E-mail: \_\_\_\_\_

## Critical operations:

Operation: \_\_\_\_\_

Staff in charge: \_\_\_\_\_

Back-up staff: \_\_\_\_\_

Action plan: \_\_\_\_\_

\_\_\_\_\_

# Business Continuity and Disaster Response Plan

(Continued)

## Critical operations: (continued)

Operation: \_\_\_\_\_

Staff in charge: \_\_\_\_\_

Back-up staff: \_\_\_\_\_

Action plan: \_\_\_\_\_

Operation: \_\_\_\_\_

Staff in charge: \_\_\_\_\_

Back-up staff: \_\_\_\_\_

Action plan: \_\_\_\_\_

Operation: \_\_\_\_\_

Staff in charge: \_\_\_\_\_

Back-up staff: \_\_\_\_\_

Action plan: \_\_\_\_\_

Operation: \_\_\_\_\_

Staff in charge: \_\_\_\_\_

Back-up staff: \_\_\_\_\_

Action plan: \_\_\_\_\_

## Suppliers and contractors:

Company name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Contact name: \_\_\_\_\_

Account number: \_\_\_\_\_

Materials/service provided: \_\_\_\_\_

Alternative provider:

Company name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Contact name: \_\_\_\_\_

**Business Continuity and Disaster Response Plan**  
(Continued)

**Suppliers and contractors:** (continued)

Company name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone number: \_\_\_\_\_  
Fax number: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Contact name: \_\_\_\_\_  
Account number: \_\_\_\_\_  
Materials/service provided: \_\_\_\_\_  
\_\_\_\_\_

Alternative provider:  
Company name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone number: \_\_\_\_\_  
Fax number: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Contact name: \_\_\_\_\_

Company name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone number: \_\_\_\_\_  
Fax number: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Contact name: \_\_\_\_\_  
Account number: \_\_\_\_\_  
Materials/service provided: \_\_\_\_\_  
\_\_\_\_\_

Alternative provider:  
Company name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone number: \_\_\_\_\_  
Fax number: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Contact name: \_\_\_\_\_



**Business Continuity and Disaster Response Plan**  
(Continued)

**Suppliers and contractors:** (continued)

Company name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Contact name: \_\_\_\_\_

Account number: \_\_\_\_\_

Materials/service provided: \_\_\_\_\_

Alternative provider:

Company name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Contact name: \_\_\_\_\_

Company name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Contact name: \_\_\_\_\_

Account number: \_\_\_\_\_

Materials/service provided: \_\_\_\_\_

Alternative provider:

Company name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Contact name: \_\_\_\_\_

## Evacuation Plan

Building location: \_\_\_\_\_

- \_\_\_\_\_ building maps have been verified and posted
- \_\_\_\_\_ site maps have been verified and posted
- \_\_\_\_\_ exits have been properly marked
- \_\_\_\_\_ warning system are checked \_\_\_\_\_ times a year
- \_\_\_\_\_ evacuation procedures are practiced \_\_\_\_\_ times a year

If asked to leave the building but with time to bring with you certain materials, the priority list is:

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If told to evacuate the building immediately, do so. Do not risk your safety trying to retrieve personal or business items.

Assembly site: \_\_\_\_\_

Assembly site manager: \_\_\_\_\_

Assembly site alternate manager: \_\_\_\_\_

Shut-down manager: \_\_\_\_\_

Shut-down manager alternate: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

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## Recovery Boxes

Team:

Storage Location:

Contact Name:

### Box Identification:

Contents	Comments

### Box Identification:

Contents	Comments

1. Storage location refers to the name of the off site storage facility.
2. Contact name refers to the person who coordinates retrieval of recovery boxes.
3. Box Identification refers to the identifying code on the outside of the box.
4. Contents/Comments identify the items stored in the box and special concerns such as update/maintenance or shelf life.

## Shelter-in-Place Plan

- \_\_\_\_\_ emergency supplies in place
- \_\_\_\_\_ staff as been made aware of location and type of emergency supplies
- \_\_\_\_\_ emergency supplies are checked and rotated \_\_\_\_\_ times a year
- \_\_\_\_\_ warning systems are checked \_\_\_\_\_ times a year

Storm shelter location: \_\_\_\_\_

"Seal the Room" shelter location: \_\_\_\_\_

Shelter manager: \_\_\_\_\_

Contact information: \_\_\_\_\_

Shelter manager alternate: \_\_\_\_\_

Contact information: \_\_\_\_\_

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## Team Alert List

(Team Leader Name) Cell Phone: For Emergency: Contact:	Home: Pager:  Relation:	Date/Time: Status:  Phone:
<b>The Team Leader calls the following:</b>		
(Alternate Team Leader Name) Cell Phone:  For Emergency Contact:	Home: Pager:  Relation:	Date/Time: Status:  Phone:
(Name) Cell Phone:  For Emergency Contact:	Home: Pager:  Relation:	Date/Time: Status:  Phone:
(Name) Cell Phone:  For Emergency Contact:	Home: Pager:  Relation:	Date/Time: Status:  Phone:
(Name) Cell Phone:  For Emergency Contact:	Home: Pager:  Relation:	Date/Time: Status:  Phone:
(Name) Cell Phone:  For Emergency Contact:	Home: Pager:  Relation:	Date/Time: Status:  Phone:
(Name) Cell Phone:  For Emergency Contact:	Home: Pager:  Relation:	Date/Time: Status:  Phone:
(Name) Cell Phone:  For Emergency Contact:	Home: Pager:  Relation:	Date/Time: Status:  Phone:

**Record the date and time that each person was notified or last attempt made. Add the contact status BSY-Busy, NA-No Answer, PNA-Person not Available after the team notification has been completed. This checklist should be given to the Emergency Operations Center staff or Crisis Management Team.**

## Alternate Work Area Requirements

The minimum requirements for an alternate work area for (team/person) \_\_\_\_\_ are:

Space in square feet: \_\_\_\_\_

Office furniture: \_\_\_\_\_ desk(s)      \_\_\_\_\_ chair(s)      \_\_\_\_\_ cabinet(s)

Other furniture: \_\_\_\_\_

Telephone equipment: type and number of phones \_\_\_\_\_  
\_\_\_\_\_

Computer equipment:

Platform: \_\_\_\_\_ Terminal type: \_\_\_\_\_

Software: \_\_\_\_\_

Number needed: \_\_\_\_\_ Network connection needed? \_\_\_\_\_ no      \_\_\_\_\_ yes

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