# Business Continuity plan template

*(Full-length version)*

A good business continuity plan allows business to continue operation or recover from unexpected disruptions and crises.

This template steps you through the process of creating a solid, well-structured plan tailored to your business.

This template was adapted from planning resources provided by the Australian Government. Copies of the original template and the guide can be downloaded from [business.gov.au/plans](http://www.business.gov.au/plans).

**Resources**

|  |  |
| --- | --- |
| **Australian Government**[**business.gov.au**](http://business.gov.au)Business Resources for Planning, Risk, Finance, and other related topics. | **Consumer and Business Services**[**cbs.sa.gov.au**](http://cbs.sa.gov.au/)Phone: 131 882General business support. |
| **Heads Up**[**headsup.org.au**](https://www.headsup.org.au/home)Mental Health for Business | **Small Business Commissioner South Australia**[**sasbc.sa.gov.au**](https://www.sasbc.sa.gov.au/)Phone: 1800 072 722 or (08) 8303 2026Information and Dispute Resolution  |
| [**StaySmart Online**](https://www.staysmartonline.gov.au/)**[staysmartonline.gov.au](http://www.staysmartonline.gov.au/)** Easy to understand advice on how to protect yourself online |  |

## How to use this template

Before you complete the business continuity plan template and start using it, consider the following:

1. **Use the [*italicised text*].** The italicised text is there to help guide you by providing some more detailed questions you may like to answer when preparing your response. ***Please note:*** If a question does not apply to your circumstances it can be ignored.
2. **Get some help.** If you aren’t confident in completing the plan yourself, you can access free help from an Enterprise Adelaide business advisor to look through your plan and provide you with advice.
3. **Review. Review. Review.** Ask a number of impartial people to proofread your final plan.
4. **Print.** Before you print a copy of your completed business continuity plan and store it in a safe location, ensure you delete the first section containing the guide as well as the [*italicised text*].

**[*INSERT YOUR BUSINESS LOGO*]**

[*Your Name*]

[*Your Title*]

[*Business Name*]

[*Main Business Address*]

**ABN:** [*ABN*]

**ACN:** [*ACN*]

[*Business Name*]

**Business Continuity Plan**

**Prepared:** [*Date prepared*]

Revision history

| Version Number | Changes made | Person responsible | Date updated |
| --- | --- | --- | --- |
| *[e.g. Version 1.0]* | *[Description of changes made and what prompted the changes]* | *[e.g. C. Jones]* | *[Day/Month/Year]* |

**Plan storage:** [*A hardcopy location and an electronic location*]

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## Continuity Plan

### Risk management

*[List the potential risks to your business (in order of likelihood) and any mitigation/contingency strategies.]*

| Business risk | Impact | Likelihood | Mitigation strategy | Contingency plan |
| --- | --- | --- | --- | --- |
| *[Description of the risk and the potential impact to your business.]* | *[High, Medium, Low.]* | *[Highly Unlikely, Unlikely, Likely, Highly Likely.]* | *[What actions will you take to minimise/mitigate the potential risk to your business?]* | *[What is your contingency plan in the event that this risk happens?]* |
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### Critical business area analysis

*[Identify the critical areas of your business (e.g. product refrigeration process) and any protection strategies.]*

| Rank | Critical business areas | Impact if failed | Current protection strategies |
| --- | --- | --- | --- |
|  | *[Description of what you can't do without: people, suppliers, documents, systems or even procedures.]* | *[Describe the potential impact on your business if this critical area fails.]* | *[What strategies do you have that minimise the impact to your business? e.g. Training employees in multiple areas of the business will reduce key person risk.]* |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
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### Key Stakeholders

#### Suppliers

|  |  |  |  |
| --- | --- | --- | --- |
| Organisation/Person | Interest | Email | Emergency Contact |
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#### Customers

|  |  |  |  |
| --- | --- | --- | --- |
| Organisation/Person | Interest | Email | Emergency Contact |
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### Scenario planning

*[Once you have completed your critical business areas table and ranked them, complete a more detailed scenario based on each of your top two critical business areas.]*

Scenario 1: [Name of scenario]

| Question | Details |
| --- | --- |
| **Critical failure** | *[Provide a short description of a critical area that could be interrupted.]* |
| **Background** | *[Provide any relevant background information that is essential to restoring the critical area.]* |
| **Impact to business** | *[Provide an estimate of the impact to your business. This can be in terms of percentage of sales or a dollar figure.]* |
| **Immediate actions** | *[List what needs to be completed immediately to ensure loss is kept to a minimum.]* |
| **Secondary actions** | *[Once immediate actions have been completed, what secondary actions can be completed until your business has recovered completely?]* |
| **Responsibilities** | *[List the people who are responsible and for what during this critical business scenario.]* |
| **Resources needed** | *[What resources will you need to ensure you recover well in this sort of scenario? For example: cash flow, staff, service providers]* |

Scenario 2: [Name of scenario]

| Question | Details |
| --- | --- |
| **Critical failure** | *[Provide a short description of a critical area that could be interrupted.]* |
| **Background** | *[Provide any relevant background information that is essential to restoring the critical area.]* |
| **Impact to business** | *[Provide an estimate of the impact to your business. This can be in terms of percentage of sales or a dollar figure.]* |
| **Immediate actions** | *[List what needs to be completed immediately to ensure loss is kept to a minimum.]* |
| **Secondary actions** | *[Once immediate actions have been completed, what secondary actions can be completed until your business has recovered completely?]* |
| **Responsibilities** | *[List the people who are responsible and for what during this critical business scenario.]* |
| **Resources needed** | *[What resources will you need to ensure you recover well in this sort of scenario? For example: cash flow, staff, service providers]* |

### Insurance

*[What insurance policies do you currently hold to cover your business risks?]*

| Insurance type | Policy coverage | Policy exclusions | Insurance company and contact  | Last review date | Payments due |
| --- | --- | --- | --- | --- | --- |
| *[e.g. Building, Contents, Car, Business Interruption]* | *[e.g. Damage from fire, flood, theft, power interruption]* | *[e.g. Fraud, terrorism, flood, landslide]* | *[e.g. XYZ Insurance, D.Higgins (Area code) Number]* | *[Day/Month/Year]* | *[Amount you pay and frequency. e.g. Monthly, yearly]* |
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### Property and infrastructure

*[What have you done to make your property and infrastructure less vulnerable to damage? Is your property secured with alarms, security personnel or video surveillance from unlawful entry? Do you have fire retardant or flood resistant building materials? Is leaf litter grass and gutters maintained regularly to minimise fire risk?]*

### 'Business as usual' planning

#### Temporary office accommodation

*[Identify temporary office accommodation you can quickly access in an emergency situation. Consider attaching a map of your accommodation to the back of your plan]*

| Rank | Type | Address | Equipment available | Resources needed |
| --- | --- | --- | --- | --- |
| 1 | *[e.g. Private residence, hotel, temporary business centre.]* | *[Enter the address of your temporary office site.]* | *[List all the equipment available at the site. e.g. Computers, furniture, photocopiers, phones, paper]* | *[List all the resources you will need in order to use this site as a temporary office. e.g. Software, backups, staff, and any other equipment not already available at the location.]* |
| 2 |  |  |  |  |
| 3 |  |  |  |  |

#### Business continuity strategies

*[What other strategies will you consider to maintain business as usual practices? Have you considered a virtual office service, e-commerce website or an online auction or e-marketplace shopfront?]*

### Key personnel training

[*List your current staff in the table below and any cross-training requirements.*]

| Name / Job Title | Skills or strengths  | Cross-training requirements | Role in |
| --- | --- | --- | --- |
| *[e.g. J. Smith]* | *[e.g. Relevant qualifications in Sales/Marketing. At least 5 years experience in the industry. Award in marketing excellence 2007. Fully qualified in first aid 2006.]* | *[e.g. Requires training in finance system]* |  |
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### Skill retention strategies

*[What procedural documentation will you provide to ensure the skills of staff are maintained? Do you have an appropriate allocation of responsibilities? How are responsibilities documented and communicated to staff? What internal processes will you implement to regularly check that the current skills of staff members are still appropriate for the business?]*

### Data security & backup strategy

*[How have you protected your data and your network (e.g. virus protection, secure networks and firewalls, secure passwords and data backup procedures)? Detail your backup procedures in the table below.]*

| Data for backup | Type of data | Frequency of backup | Backup media/ service | Person responsible | Backup procedure steps |
| --- | --- | --- | --- | --- | --- |
| *[List all the essential data that your business cannot recreate from other sources. If this list is substantial, consider a full system backup]* | *[e.g. Email, spreadsheet, payroll system data, website.]* | *[e.g. Daily, weekly, monthly]* | *[e.g. Magnetic tape, CD ROM, external hard disk drive, remote/online backup service.]* | *[e.g. C. Jones]* | *[List the steps required to perform the backup or attach a procedure document to the back of this plan]* |
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## Emergency Action Plan

### Emergency contacts

*[List your local emergency services numbers and any additional contacts you will need to phone in an emergency (e.g. Employee's next of kin).]*

| Organisation Name | Contact | Title | Phone number |
| --- | --- | --- | --- |
| **Life threatening emergency** | - | - | **000** |
| **State Emergency Service (SES)** | - | - | *132 500* |
| **SA Police** | - | - | *131 444* |
| **Metropolitan Fire Service (MFS)** | - | - | *000* |
| **Ambulance** | - | - | *000* |
| **Council** |  |  |  |
| **Hospitals** |  |  |  |
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### Incident Response Plan

Customise this list to include information specific to your business.

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| --- | --- | --- |
| Response Actions | Checkmark | Actions Taken |
| Assess incident severity |  |  |
| Evacuate site |  |  |
| Account for everyone |  |  |
| Identify injuries to staff, customers |  |  |
| Contact emergency services |  |  |
| Start an Incident Log |  |  |
| Appoint spokesperson |  |  |
| Brief team members on incident |  |  |
| Allocate specific roles and responsibilities |  |  |
| Identify damage |  |  |
| Identify disrupted critical activities |  |  |
| Contact key stakeholders |  |  |
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### Emergency procedures

*[List your emergency/evacuation procedures. It may be useful to attach a copy of your detailed emergency procedures and floor plan with the location of emergency exits, emergency kit and safety equipment clearly marked. Your emergency procedures should also include a map of evacuation locations for all emergencies.]*

| Procedures | Brief outline of procedures | Evacuation point/ address | Reference to full procedure document | Supporting documentation |
| --- | --- | --- | --- | --- |
| *[e.g. Fire Evacuation Procedure]* | *[e.g. 1. Alarm raised and relevant emergency services authorities contacted.* *2. Wait for evacuation signal.**3. Follow fire warden instructions.**4. Calmly evacuate the premises from nearest emergency exit.**5. Arrive at evacuation location.**6. Locate and account for all staff.]* | *[e.g. Corner of Safe Street and Sound Lane, City.]* | *[e.g. The Fire and emergency procedures.doc can be found on the shared drive under the 'Emergency' folder. A printed copy is also located in the main filing cabinet.]* | *[e.g. Office floor plan,**map of evacuation locations.]* |

### Evacuation drill schedule

*[Use this table to schedule your emergency evacuation drills.]*

| Evacuation procedure type | Drill frequency | Position/person responsible | Next drill dates |
| --- | --- | --- | --- |
| *[e.g. Fire, flood, power interruption]*  | *[Monthly]* | *[e.g. S. Jones]* | *[Day/Month/Year]* |
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### Emergency kit

#### Location

*[Where is your emergency kit located/stored?]*

#### Contents

*[List the contents of your emergency kit and the date each item was last checked/reviewed.]*

| Object | Checked/Reviewed Date | Person responsible |
| --- | --- | --- |
| *Emergency management & recovery plan* | *[Day/Month/Year]* | *[e.g. J. Smith]* |
| *Emergency and recovery contacts* |  |  |
| *Insurance documents* |  |  |
| *Financial documents* |  |  |
| *Torch* |  |  |
| *First-aid kit* |  |  |
| *Portable radio* |  |  |
| *Mobile phone charger* |  |  |
| *Plastic bags* |  |  |
| *Spare batteries* |  |  |
| *Adhesive tape* |  |  |
| *Pen/pencil and notepad* |  |  |

### Emergency team roles and responsibilities

| Role | Details of responsibilities | Person responsible | Email | Phone/Mobile numbers |
| --- | --- | --- | --- | --- |
| **First Aid Officer** | *[e.g.* * *Attend regular first aid training courses.*
* *Administer first aid support in an emergency situation.*
* *Contact ambulance services when necessary*.]
 | *[e.g. M. Smith]* | *[e.g. ms@example.com]* | *[(Area code) Number]**[Mobile number]* |
| **Chief Fire Warden** | *[e.g.* * *Attend relevant training courses.*
* *Communicate procedures to all staff.*
* *Supervise and action emergency evacuation procedures (including contacting emergency services, accounting for staff).*
* *Conduct regular drills.*
* *Update procedures regularly.]*
 | *[e.g. S. Jones]* | *[e.g. sj@example.com]* | *[(Area code) Number]**[Mobile number]* |
| **Fire Warden** | *[e.g.* * *Attend relevant training courses.*
* *Assist in evacuating staff according to evacuation procedures (including collecting emergency kit and resilience and recovery documentation).*
* *Assist with regular drills.*
* *Assume Chief Fire Warden duties when required.]*
 | *[e.g. J. Silos]* | *[e.g. js@example.com]* | *[(Area code) Number]**[Mobile number]* |

## Recovery

### Business impact assessment

*[Based on your assessment of the damage to your business, complete the table below (in order of severity) or attach your own impact assessment to the back of your plan.]*

| Rank | Damage | Impact to business | Severity | Action | Recovery steps | Resources needed | Actioned by | date of completion |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | *[List any damage to buildings, assets, stock, documents or surrounding area/community.]* | *[Describe any direct or indirect impacts the damage will have on your business' critical functions.]* | [*High, Medium, Low.*] | [*Repair, replace, rebuild.*] | *[List the steps needed to recover the damage.]* | *[List the resources needed to recover including any cost estimates, service providers, employees, building materials.]* | *[Assign someone to each task.]* | *[Due date for completion.]* |
| 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |

###

### Incident Log

*Record details and actions as they happen so you can refer to them later and check back on what has been done.*

|  |  |  |
| --- | --- | --- |
| Date | Time | Action |
| *[2320 hrs]* | *[5/6/2018]* | *[e.g. Responded to activated business alarm, discovered water damage from storm.]* |
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### Recovery Contacts

*[Include all of the organisations/people that will be essential to the recovery of your business]*

| Contact Type | Organisation Name | Contact | Title | Phone/Mobile number |
| --- | --- | --- | --- | --- |
| **Insurance** | *[e.g. XYZ Insurance]* | *[e.g. G. Jones]* | *[e.g. Claims Advisor]* | *[(Area code) Number]**[Mobile number]* |
| **Telephone/internet services provider** | *—* | *—* | *—* | *—* |
| **Bank/building society** | *—* | *—* | *—* | *—* |
| **Employee** | *—* | *—* | *—* | *—* |
| **Supplier (Main)** | *—* | *—* | *—* | *—* |
| **Supplier (Backup)** | *—* | *—* | *—* | *—* |
| **Customer** | *—* | *—* | *—* | *—* |
| **Business advisor** | *—* | *—* | *—* | *—* |
| **Accountant** | *—* | *—* | *—* | *—* |
| **Lawyer** | *—* | *—* | *—* | *—* |
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### Incident Recovery Plan

Customise this list to include information specific to your business.

|  |  |  |
| --- | --- | --- |
| Recovery Actions | Checkmark | Actions Taken |
| Reassess incident impacts |  |  |
| Contact insurance company |  |  |
| Brief team members with updates |  |  |
| Allocate specific roles and responsibilities |  |  |
| Implement solutions to disrupted critical activities |  |  |
| Contact key stakeholders |  |  |
| Capture lessons learned from incident for future improvement |  |  |
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### Insurance claims

*[What insurance policies have you claimed for? Use the table below to record any discussions you have had with an insurer about your claim]*

| Insurance company | Date of contact | Details of conversation/claim | Follow up actions  |
| --- | --- | --- | --- |
| *[e.g. XYZ Insurance, D.Higgins**(Area code) Number]* | *[Day/Month/Year]* | *[Enter any relevant details discussed with your insurer about your claim.* *e.g. When will the assessor visit? Did you receive an estimated claim amount?].*  | *[Is there anything you or the insurer need to complete to continue processing the claim? Is there any information the insurer requires to process the claim (e.g. estimate of the damage, serial numbers for stolen equipment, photos)? Are there any special instructions the insurer has asked you to do/not do regarding the cleanup effort or property?]*  |
|  |  |  |  |
|  |  |  |  |