

# SAMPLE PACKAGE



## **Disaster Recovery Policies, Procedures & Forms**

ABR33

**This Sample Package contains:**

- Part A: Overview of the Sample Package (1 page)
- Part B: Abridged Table of Contents (2 pages)
- Part C: Policy, procedures and form set (2 pages)

## A: Overview of the Sample Package

Thank you for viewing this sample content from the **Disaster Recovery Policies, Procedures & Forms.**

The following two pages contain an abridged version of the Table of Contents, with key sections shown in full detail and supporting sections listed as Tab Headings only.

Following the Table of Contents is a complete policy, procedures and form(s) set from this manual. This policy for ***Emergency Notification*** exemplifies the content, writing style and format of the full manual. The ***Emergency Notification*** Policy is located in the manual under Tab 3: Disaster Recovery Plan.

### **TERMS AND DEFINITIONS**

**Manual:** A system of approved policy statements and corresponding procedural guidelines and supporting forms that direct an organization toward its operational goals.

**Policy:** A stated course of action with a defined purpose and scope to guide decision making under a given set of circumstances within the framework of corporate objectives, goals and management philosophies.

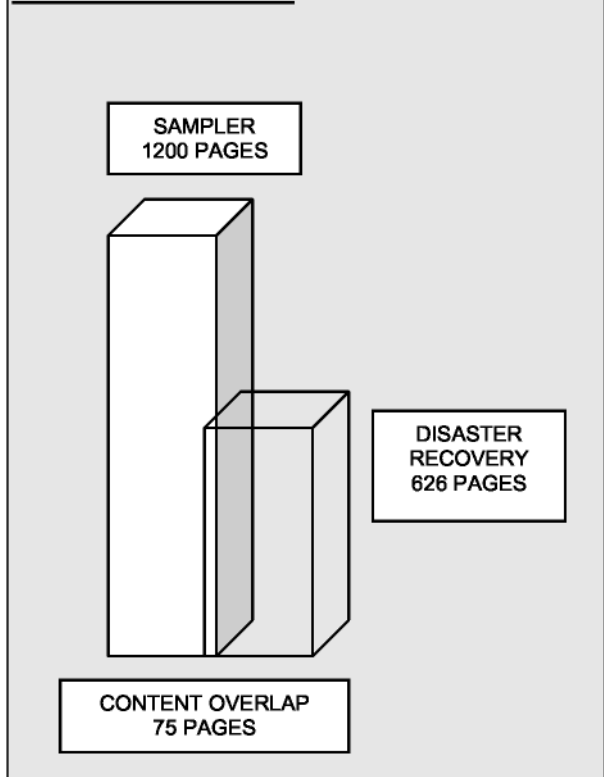
**Procedure:** A series of prescribed steps followed in a definite regular order which ensure adherence to the guidelines set forth in the Policy to which the Procedure applies

**Activity:** An action, element or decision representing a prescribed step in the Procedure process.

**Task:** A detailed component of an Activity specifying required behavior to complete the activity.

**Form:** A pre-formatted document containing instructions and place-holders for data entry to monitor progress through a particular Procedure and to ensure proper recordkeeping.

### **DISASTER RECOVERY vs. BUSINESS SAMPLER**



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# DISASTER RECOVERY

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- 7.0 Emergency Notification Procedures
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**Revision:**

**Prepared by:**

**Effective Date:** \_\_\_\_\_

**Approved by:**

**Title: DMP104 EMERGENCY NOTIFICATION PROCEDURES**

**Policy:** The information within this section shall be maintained and updated by the Disaster Management Team Chairpersons, Coordinators and Department Leaders.

**Purpose:** To provide required procedures for emergency notification.

**Scope:** This statement applies to all disaster management team members.

**Procedure:**

**1.0 EMPLOYEE LISTS**

1.1 The Disaster Management Team Chairpersons, Coordinators and Department Leaders shall maintain appropriate lists of employees' names, titles, position descriptions, home addresses and home telephone numbers. This information shall be maintained with the Disaster Management Plan for contact, if necessary.

1.2 This personnel information shall be updated at least annually, and shall remain confidential. (Reference **EXHIBIT 1**)

**2.0 NOTIFICATION AND RESPONSE**

2.1 Upon notification of an emergency, the Disaster Management Team Chairpersons shall authorize the notification and immediate response of appropriate personnel. This notification shall be made by phone or in person, and according to one of the three levels of threat as follows:

1. **ALERT 3: STAND-BY:** Appropriate personnel are to be notified of the emergency and placed on stand-by status, and shall remain available for emergency assignment, either by phone or by other means as necessary. If the emergency occurs during business hours:
  - All personnel are placed on alert.
  - All appropriate records, equipment and documents are prepared for transfer to secure areas or facilities.
  - All operations may resume routine functions.

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2. ALERT 2: MINIMUM RESPONSE: Only selected personnel will be called to respond immediately, and all other personnel will remain on stand-by status. If the emergency occurs during business hours:
    - All personnel are to remain at current locations, until instructed to leave.
    - All appropriate records, equipment and documents are transferred to secure areas or facilities; and business operations involving customers are discontinued, and internal tasks, functions and assignments continue until further instructions are received.
  3. ALERT 1: MAXIMUM RESPONSE: All designated personnel shall respond  
The Company or any of its facilities may be closed immediately, and all personnel are to remain at their current locations.
    - All appropriate records, equipment and documents are locked within a secure facility.
    - All business operations are discontinued, and personnel and customers remain at their locations until escorted from those locations by company officials or emergency services personnel.
- 2.2 In considering the appropriate response, the Disaster Management Team shall consider which stage(s) of emergency is present:
- Detection
  - Reaction
  - Assessment
  - Notification
  - Mobilization
  - Recovery
  - Restoration
  - Resumption
  - Reconstruction

### **3.0 ACTIVITY LOG**

3.1 In the event of any activation of this plan, the Disaster Management Team Coordinators shall cause an activity log to be kept at all times during the activation. This log shall be maintained in a chronological sequence of events, and clearly identify the following information:

- Time activity begun, actions taken, activity terminated.
- Locations involved.
- Person maintaining log entries.
- Person generating information.
- Person assigned a task, if applicable.
- Notification of other personnel, if applicable:
  - Name of person notified
  - Time of notification
  - Action requested
  - Disposition
- Unusual events requiring follow-up when normal operations resume.
- Termination date/time of emergency activation, including name and title of person making termination. (Reference **EXHIBIT 2**)

EMPLOYEE PERSONAL PROFILE	
<p>The information requested in this questionnaire is voluntary and confidential, and is not to be used for any purpose other than during an actual emergency. The contents of this questionnaire shall be kept in a sealed envelope in a secure area, and shall not be opened unless in the case of an actual emergency. The contents of this questionnaire and a photograph shall be updated annually during your performance evaluation.</p>	
<b>PERSONAL IDENTIFYING INFORMATION:</b>	
Employee:	
Nicknames or other names used:	
Employment classification:	
Employment location:	
Permanent residence:	
Phone:	
Secondary residence:	
Phone:	
Other employment, if applicable:	
Date of birth:     /     /	Place of birth:
Name of hospital:	Mother's name:
Race:	Sex:           Complexion:
Height:	Weight:       Hair color:           Eye color:
Scars/marks/tattoos:	
Hobbies:	
Are your fingerprints on file with the company?	
Is a current photograph on file with the company?	

EXHIBIT 1





FAMILY AND EMERGENCY NOTIFICATION INFORMATION:	
Marital status:	Anniversary date:
Name of spouse/roommate:	Nickname:
Number of children:	Children's names are:
	Birth date:
	Birth date:
	Birth date:
	Birth date:
PERSONS TO CONTACT IN CASE OF EMERGENCY:	
Name:	Phone:
Address:	Relationship:
Name:	Phone:
Address:	Relationship:
Name:	Phone:
Address:	Relationship:
IMMEDIATE CLOSE RELATIVES:	
Name:	Phone:
Address:	Relationship:
Name:	Phone:
Address:	Relationship:
Name:	Phone:
Address:	Relationship:

EXHIBIT 1



<b>OTHER PERSONS LIVING OR WORKING IN HOUSEHOLD:</b>			
Name: _____	Phone: _____		
Address: _____	Relationship: _____		
Name: _____	Phone: _____		
Address: _____	Relationship: _____		
<b>MOTOR VEHICLES USED BY FAMILY:</b>			
Year: _____	Make: _____	Model: _____	Color: _____
License: _____	Driven by: _____		
Year: _____	Make: _____	Model: _____	Color: _____
License: _____	Driven by: _____		
<b>MEDICAL INFORMATION:</b>			
Blood type: _____ Allergic to: _____			
Medical condition requiring treatment or medication: _____ _____			
Medication required: _____		Dosage: _____	
Personal physician: _____		Phone: _____	
Address: _____			
<b>AUTHORIZATION FOR THIS PHYSICIAN TO RELEASE CONFIDENTIAL INFORMATION IN THE EVENT OF AN EMERGENCY SITUATION REQUIRING TREATMENT:</b>			
Signature: _____		Date: _____	



**EXHIBIT 1**

**CHRONOLOGICAL LOG OF EVENTS**

DATE: \_\_\_\_\_ TIME STARTED: \_\_\_\_\_ TIME ENDED:

LOCATION:

OFFICER IN CHARGE:

OPERATOR:

Time	Person	Activity/request	Disposition	Time
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**EXHIBIT 2**



**Thank you for viewing the Disaster Recovery Policies, Procedures & Forms Sample Package. We hope you found it informative and helpful.**



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