

## **BUSINESS CONTINUITY PLANNING**

**BUSINESS RECOVERY CHECKLIST** 

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## **BUSINESS CONTINUITY PLAN CHECKLIST FOR**

When you have finished developing your Business Continuity Plan (BCP), utilize this checklist as a resource to apply business controls to the Plan, if needed, or to assess the overall readiness and maintenance of your Plan documentation.

The checklist is divided into four sections:

- A. Executive Awareness/Authority
- B. Plan Development and Documentation
- C. Management and Recovery Team Assessment and Evaluation for Effectiveness
- D. Management and Recovery Team Assessment of Readiness and Plan Maintenance

Upon completion of the checklist, review your answers. Any question with a "no" response are challenges you'll need to address. Determine action items for each "no" response for correcting each, and reassess your Plan. You should feel confident that all "yes" answers indicate that you have planned well, but that does not necessarily guarantee a successful recovery.

A. Bu	usiness Continuity Plan - Executive Awareness/Authority	Y	Ν	N/A
1.	Has a BCP been:			
	a. Developed?			
	b. Updated within the last year?			
B. Bı	usiness Continuity Plan - Plan Development and Documentation	Y	N	N/A
1.	Has a classification (critical, important, marginal) been assigned to the Business Process/Function/Component that this Facility/Function supports?			
2.	Has a BCP been:			
	a. Documented?			
	b. Maintained?			
3.	Does the BCP include the following sections:			
	a. Identification?			
	b. Incident Management?			
	i. Responsible company officer?			
	ii. Personnel responsible for updates?			
	c. Response?			
	d. Recovery?			
	e. Restoration?			
	f. Plan Exercise?			
	g. Plan Maintenance?			
	h. Business Recovery Teams and Contact Information?			
4.	Does the BCP identify hardware and software critical to recover the Business and/or Functions?			

5.	Does the BCP identify necessary support equipment (forms, spare parts, office equipment, etc.) to recover the Business and/or Functions?			
6.	<ul><li>Does the BCP require an alternate site for recovery?</li><li>a. Does the BCP provide for mail service to be forwarded to the alternate facility?</li><li>b. Does the BCP provide for other vital support functions?</li></ul>			
7.	Are all critical or important data required to support the business being backed up? a. a. Are they being stored in a protected location (offsite)?			
8.	Do you conduct a walk-through exercise of your Plan at least annually? (This should include a full walk-through as well as "elements" of your plan (i.e. accounts payable, receivable, shipping and receiving, etc).			
9.	<ul> <li>Does the walk-through element exercises have a prepared plan which includes:</li> <li>a. Description</li> <li>b. Scope</li> <li>c. Objective</li> </ul>			
10.	Is a current copy of the BCP maintained off-site?			
11.	Do all users of the BCP have ready access to a current copy at all times?			
12.	Is there an audit trail of the changes made to the BCP?			
13.	Do all employees responsible for the execution of the Plan receive ongoing training in Disaster Recovery and Emergency Management?			
	usiness Continuity Plan - Management & Recovery Team Assessment and uation for Effectiveness	Y	N	N/A
1.	Has the business officer and management team approved the BRP?			
2.	<ul><li>Does the business owner maintain:</li><li>a. The master copy of the BCP?</li><li>b. An audit trail of the changes made to a BCP?</li></ul>			
3.	Do all aspects of physical and logical security at the alternate site conform with your current security procedures?			
4.	Is the physical and logical security at the alternate site at least as stringent as the security at the disaster location?			
5.	Have all employees and their alternates responsible for executing a manual work- around for a mechanized process been identified in the BCP and properly trained?			
6.	Has an independent observer documented the simulation exercise(s) noting all results, discrepancies, exposures, action items, and individual responsible, etc.?			
7.	Was a debriefing held within a reasonable period of time (typically two weeks) after the simulation exercise(s) to ensure all activities have been accurately recorded?			
8.	Did the exercise coordinator publish a simulation exercise(s) report within a reasonable period of time (typically three weeks) after the completion of the			

simula	tion exercise(s)?			
a.	e exercise report include: What worked properly as well as any deficiencies and recommendations for improvement? Responsibility and due date for the development of the Corrective Action Plan?			
	Corrective Action Plan developed by the Exercise Team to address any encies identified by the exercise?			
	e a retention plan for the Exercise Plans and Corrective Action Plans num retention 3 years)?			
12. Has a	walk-through element exercise been performed at least quarterly?			
a. b.	ach walk-through element exercise have a prepared plan, which includes: Description Scope Objective			
Plan, Sign-C By wh	there is a change in hardware, software, or a process that might impact the s it reviewed and updated within 30 days of the changes: Off By Officer: om? Name: ? Date:			
15. Based	on the Joint Assessment has the Team determined that the BCP is effective?			
D. Business Continuity Plan - Management & Recovery Team Assessment of Readiness and Plan Maintenance		Y	N	N/A
	ne component BCP been approved by the owner(s) of the Business on(s)?			
2. Has th	e entire BCP simulation exercise been performed at least annually?			
3. Has th	e Corrective Action Plan been completed and closed?			
4. Did th a. b. c.	Scope			
	e component BRP simulation exercise meet the acceptable Recovery Time tive set by management?			
Exerc	on the Joint Assessment has the Team determined that the BRP and ses have met all requirements to provide reasonable assurance that the plan ork in the event of a disaster?			
7. Does	the BCP specify the maximum acceptable Recovery Time Objective (RTO)?			
	the BCP specify the level of service (which the business owner has agreed to ceptable) to be provided while in recovery mode?			

Assessment Completed by: Phone number: Date: