

Business Impact Analysis

Name of Organization _____

Organization Overview

1. Describe the mission of your organization.

2. List the major functions of your organization.

3. Indicate the critical business cycles (time of day/month/quarter/year) for each major function.

FUNCTION

CRITICAL CYCLE(S)

4. Choose a single function on which to base your continued analysis. This function is: _____

(Discuss any anticipated changes to the functions listed above that will take place over the next 12 months –e.g. elimination of functional area, significant expansion.)

Impact

5. Choose the statement below that best describes the effect on this function should your organization face an unplanned interruption of normal operations.

_____ (name of organization) will feel an impact within

- 8 hours** of an interruption. This function is **Vital**.
- 24 hours** of an interruption. This function is **Critical**.
- 3 days** of an interruption. This function is **Essential**.
- 5 days** of an interruption. This function is **Important**.
- 10 days** of an interruption. This function is **Non-critical**.
- 30 days** of an interruption. This function is **Deferrable**.

6. Assign a Maximum Allowable Downtime (MAD) for each function. Maximum Allowable Downtime is defined as the time frame between an unplanned interruption of business operations and the resumption of business at a reduced level of service.

The Maximum Allowable Downtime for this function is _____

7. Determine the exposure that would be incurred by the business unit and/or organization should an unplanned interruption of business or automation operations occur. In order to establish financial impact, one must *estimate* loss associated with the loss of the facility and/or automation.

IMPACT CATEGORY

Additional Expense

EXAMPLES

Start-up costs, disaster recovery fees, temporary staffing, overtime, purchase/lease/contract external resources (equipment, services, etc.)

Assets

Equipment, furniture, source documentation

Customer Service

Termination or reduction of service level (internal or external), live operators vs. automated response

Financial Exposure

Revenue, portfolio management, fee income

Goodwill

Public image, shareholder relations, market share

Regulatory/Legal

Fines, penalties, compliance issues, contractual obligations, financial liabilities

Frequency (X): **H** Hourly **W** Weekly **Q** Quarterly **D** Daily **M** Monthly **A** Annually

11. Identify any service bureaus or external processing vendors used by this function:

Service Bureau/Vendor	Purpose

Information Security

12. Should your computers be unavailable for an extended period of time (24 hours or more), are there procedures in place for manual processing?
If Yes, are they documented? Yes No
 Yes No

13. Do you have any PC-or LAN-based applications?
If Yes, what security measures have you taken to provide protection for your area's corporate information? Yes No

14. Do you backup your PC and/or LAN data regularly? Yes No
If Yes, how frequently?
 Daily (Full) Daily (Incremental)
 Weekly (Full) Weekly (Incremental)
 Monthly (Full) Monthly (Incremental) Mirrored/Duplex
 Are backups taken offsite? Yes No
 What data is being backed up?

15. Do you use anti-virus software on your PCs and/or LANs?
If Yes, which product(s)? Yes No

This questionnaire was completed by:

Name: _____ Date: _____