



**Contact Information:** Complete for each Administrative Official, Management and Staff member. (Remind management and staff that non-office numbers will only be used in case of emergency or business interruption event.)

Name	Department/Title
Key Responsibilities	
Address	
Home Phone	Office Phone
Cell Phone	Pager
Fax	Call Order
Business Email	Personal Email
Emergency Contact	Relationship
Emergency Contact Phone	Alt. Phone
Notes	
Certifications <input type="checkbox"/> First Aid <input type="checkbox"/> CPR <input type="checkbox"/> Emergency Medical Technician <input type="checkbox"/> Ham Radio <input type="checkbox"/> Other:	

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Key Responsibilities	
Address	
Home Phone	Office Phone
Cell Phone	Pager
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Business Email	Personal Email
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Emergency Contact Phone	Alt. Phone
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Notes	
Certifications <input type="checkbox"/> First Aid <input type="checkbox"/> CPR <input type="checkbox"/> Emergency Medical Technician <input type="checkbox"/> Ham Radio <input type="checkbox"/> Other:	

## **Key Contacts**

Use this form to list the key contacts for the operations of your business. Key contacts are those contacts that you rely on for your daily operations. They could also include services in the community you might need to help resume operations.

Accountant	Insurance Company
Bank	Key Customer/Client
Billing/Invoicing Service	Local Newspaper
Benefits Administration	Local Radio Station
Building Manager	Local Television Station
Building Owner	Mental Health/Social Service Agency
Building Security	Payroll Processing
Creditor	Police Department (Non Emergency)
Electric Company	Public Works Department
Emergency Management Agency	Small Business Administration Office
Fire Department	Telephone Company
Gas/Heat Company	Hospital
Hazardous Materials	Insurance Agent/Broker
Other	

You can choose to list each contact on the previous page, or you can list each contact here on a separate sheet of paper with more detailed information.

**Key Contacts**

Name of Business or Service		Account No.
Materials/Service Provided		
Street Address		
City, State, Zip		
Main Phone Number		
Primary Contact		Title
Primary Contact Phone	Primary Contact Cell	
Primary Contact Pager	Primary Contact Fax	
Primary Contact Email		
Alternate Contact Person		Title
Alternate Contact Phone	Alternate Contact Cell	
Alternate Contact Pager	Alternate Contact Fax	
Alternate Contact Email		
Website Address		
Recovery Notes		

## Voice and Data Communications

Use this form to identify your voice and data communication needs. This will help you determine which equipment is necessary to your operations.

Type of Service:	<input type="checkbox"/> Telephone <input type="checkbox"/> PBX w/ACD (Private Branch Exchange w/ Automatic Call Distribution) <input type="checkbox"/> PC Data Telecommunications <input type="checkbox"/> Cell Phone	<input type="checkbox"/> Fax Machine <input type="checkbox"/> Two-way Radio and Pager <input type="checkbox"/> Other Explain:
Description & Model Number: <i>(Enter unknown if telecommunications item is to be leased/ought for recovery location)</i>		
Status:	<input type="checkbox"/> Currently In Use	<input type="checkbox"/> Will lease/buy for recovery location
Voice Communications Features	<input type="checkbox"/> Voice Mail <input type="checkbox"/> Speaker <input type="checkbox"/> Conference	<input type="checkbox"/> Conversation Recorder <input type="checkbox"/> Other Explain:
Data Communications Features:	<input type="checkbox"/> Cable <input type="checkbox"/> DSL <input type="checkbox"/> T-1	<input type="checkbox"/> Dial-up <input type="checkbox"/> Other Explain
Quantity:		
Primary Supplier/Vendor:		
Alternate Supplier/Vendor:		
Recovery/Install Location:		
Recovery Notes:		

**Key Suppliers/Vendors**

Use this form to identify the key suppliers and/or vendors that you rely on for your business operations. In addition, choose alternates.

<b>Primary Company Name</b>		Account No.
Materials/Service Provided		
Street Address		
City, State, Zip		
Main Phone Number		
Primary Contact		Title
Primary Contact Phone	Primary Contact Cell	
Primary Contact Pager	Primary Contact Fax	
Primary Contact Email		
Recovery Notes		
<b>Alternate Company Name</b>		Account No.
Materials/Service Provided		
Street Address		
City, State, Zip		
Alternate Phone Number		
Alternate Contact		Title
Alternate Contact Phone	Alternate Contact Cell	
Alternate Contact Pager	Alternate Contact Fax	
Alternate Contact Email		