ITSD104-1 – IT DISASTER RECOVERY PLAN

Department: **Information Technology**

Address: _____

City: _____

State: _____ ZIP: _____

Phone: _____

FAX: _____

Department Leader: _____

Title: _____

Assistant Department Leader: _____

Title: _____

1.0   Maintaining contact with members of the Company's Disaster Recovery Team during a disaster is critical to a successful Department recovery effort. Usual business phone numbers are listed below; these numbers should be used for all primary contact with Team members.

Disaster Recovery Coordinator:

Primary   Name: _____

            Office Phone: _____

            Emergency Phone: _____

            Cellular Phone: _____

Secondary   Name: _____

            Office Phone: _____

            Emergency Phone: _____

            Cellular Phone: _____

Facilities / Equipment / Supplies / Transportation / Telecommunications:

Name: _____ Phone: _____

Emergency Phone: _____

Cellular Phone: _____

Other Department Leaders:

Name: _____ Phone: _____

Emergency Phone: _____

Cellular Phone: _____

Name: _____ Phone: _____

Emergency Phone: _____

Cellular Phone: _____

Name: _____ Phone: _____

Emergency Phone: _____

Cellular Phone: _____

Name: _____   Phone: _____
Emergency Phone: _____
Cellular Phone: _____

Name: _____   Phone: _____
Emergency Phone: _____
Cellular Phone: _____

2.0   In the event that normal phone lines are not functional, alternate communications may be available by public phones. The public phones most readily accessible by Department personnel are:
Public Phone #1 (area code & number): _____
      Location: _____
Public Phone #2: _____
      Location: _____
Public Phone #3: _____
      Location: _____

3.0   The company has established a hotline phone number for emergency use by all employees. Use of this special number is restricted to disaster recovery efforts and emergency notifications only, and is not to be used for any other purpose.
Disaster Recovery Hotline number (for employees only): _____
Security Alarm Company number: _____

4.0   The Department Leader or designate is to immediately take the following actions if a disaster occurs:
   1. Assess any injury or damage to employees, clients, contractors, and facilities.
   2. Temporarily close and secure the facility, if necessary.
   3. Contact appropriate emergency services, if necessary.
   4. Begin documenting the effects of the disaster and actions taken; secure all assets and records.
   5. First attempt to contact the company's Disaster Recovery Team Coordinators or Chairpersons with a damage assessment and actions taken report, and act upon instructions received.
   6. If all documented attempts to communicate with Coordinators and Chairpersons have failed, the Department Leader or designate is authorized to initiate reasonable and prudent responses necessary to minimize potential:
      • Injuries to employees, contractors, and clients;
      • Damage to facilities; and
      • Loss of assets and records.

5.0   The critical functions of the IT Department, to be serviced before the performance of any other task, are:
      • Administrative operations;
      • Computer operations;
      • Network management;
      • Technical Support;

- Control (custody) of mission-critical Company records; and
- Security (physical and I.T.).

6.0 The accessory, or secondary, functions of the IT Department are to be performed only after all critical functions have been addressed. Accessory functions of the IT Department include:

- IT project planning;
- Project management;
- System analysis and design;
- Software development;
- Software testing;
- Software documentation;
- Software release;
- Software support; and
- Software training.

7.0 Description of Department Leader's duties and responsibilities during a disaster:

1. Ultimately responsible for overall Department operations, including all personnel, clients, facilities, and IT assets.
2. Department Security Officer, Department Compliance Officer and Department Disaster Recovery Team Coordinator; interior and exterior Department physical security and appearance.
3. Ensure adequate supervision for all personnel and functions while absent from the company or unavailable for contact; operational quality control.
4. Respond to and comply with all regulations, policies and procedures regarding Department operations; prepare reports as required.
5. Client (user) service and relations; resolving client complaints; approve unusual or unique transaction when no other person has immediate authority to do so; provide information to Company supervisor for media relations and all requests for interviews from the press, radio and television.
6. Provide appropriate members of the Disaster Recovery Team with accurate and timely information updates regarding the Department's recovery efforts.
7. Other duties and responsibilities, as required.

8.0 Description of Assistant Department Leader's duties and responsibilities:

1. Perform all duties and responsibilities of the Department Leader in his/her absence or because of his/her unavailability.
2. Ensure dual custody requirements are maintained for all functions; maintain key, employee information log for dual custody assignments; enforce employee and functional security procedures, Department opening and closing procedures.
3. Manage day-to-day operational functions and directly supervise all staff personnel.
4. Other duties and responsibilities, as required.

9.0   If a disaster occurs during working hours, the staff will evacuate the facility and assemble at:

PRIMARY (name): _____
Location: _____
SECONDARY (name): _____
Location: _____
A diagram of the facility and designated emergency staging areas is located at the end of this section (Attachment 1).

10.0   If the Department is unable to function in its normal location, Department operations will immediately shift to these alternate sites:

PRIMARY: _____
Location: _____
Address: _____
City: _____
State: _____   ZIP: _____
Phone: _____
FAX: _____

SECONDARY: _____
Location: _____
Address: _____
City: _____
State: _____   ZIP: _____
Phone: _____
FAX: _____

11.0   Recovery shall proceed according to the following timeline:

Within **two hours** of an IT disaster, The IT Disaster Recovery Coordinator shall:

- Assess the damage;
- Ensure that Top Management and IT Management have been notified;
- Determine if on-site recovery is feasible or if remote sites shall be utilized;
- Notify the IT Security Manager and Tech Support of the problem; and
- Ensure that Company employees have been notified.

Within **four hours**, the IT Disaster Recovery Coordinator shall:

- Notify the Company's Customer Support services;
- Notify offsite data storage facilities;
- Notify IT Managers at the primary and secondary recovery sites;
- Confer with Tech Support, the LAN Administrator, and the IT Security Manager to review the situation and assign and schedule recovery tasks; and
- Contact the Company's IT equipment supplier, if replacement equipment is needed.

Within **eight hours**, the IT Disaster Recovery Coordinator shall:

- Provide an updated assessment of the situation to Top Management, including a recovery schedule estimate;
- Alert software vendors to interim operations requirements;
- Ensure that recovery tasks are underway; and
- Establish a base of interim operations, if necessary.

Within **twenty-four hours**, the IT Disaster Recovery Coordinator shall:

- If replacement equipment is unavailable, begin alternate production schedules from a remote base of operations; and
- Ensure that the Company's communications capabilities have been tested and verified.

Within **forty-eight hours**, the IT Disaster Recovery Coordinator shall:

- Provide an updated assessment of the situation to Top Management,
- Notify Company departments of interim production schedules; and
- Reestablish a full production schedule, following the priorities set forth by the IT Disaster Recovery Planning Committee.

On delivery of any replacement equipment, Tech Support shall:

- Notify the IT DRC;
- Install and test software on the replacement equipment;
- Restore data on replacement equipment;
- Monitor restored operations; and
- Resume a full production schedule.

Within **five working days**, the IT Disaster Recovery Coordinator shall:

- Provide an updated assessment of the situation to Top Management;
- Notify Company employees of resumption of normal production schedules; and
- Resume normal operations.

12.0   If the Department is still operable, this checklist describes the functions or sections upon which you will concentrate recovery efforts, and in what order. Before opening the Department:

a. Assess safety considerations for employees and customers.
b. Coordinate with emergency services agencies, if necessary.
c. Conduct a damage assessment of the building and determine levels of operation and full restoration time for electricity, telephones, water, and computers.
d. Ensure all areas of responsibility are staffed.
e. Ensure adequate equipment and supplies are available.
f. Arrange for the safe relocation of all records and equipment, if necessary.

13.0   If it is safe to open the Department, reestablish:

- Employee, customer, facility, assets, and records security;
- Contact with Top Management;
- Corporate files and financial records;
- Personnel and fixed asset records;
- Accounting records;
- Sales records; and
- Other Company records.

14.0   The Department requires these logistical factors to be available to perform critical functions:

Square feet: _____

Maximum number of personnel (employees and contractors): _____

Maximum number of customers: _____

Special relocation needs in the event the facility is unable to support Department operations are:

_____

_____

15.0   A listing of all emergency services, personnel, and equipment available to this Department is located at the end of this procedure (Attachment 1). Additional guidelines to assist disaster recovery efforts for this Department are:

Written operations procedures: _____

Location stored: _____

Container description: _____

16.0   All service agreements and vendor information are available by contacting:

_____

_____

17.0   Additional office supplies, emergency equipment and survival supplies to assist disaster recovery efforts for this Department are:

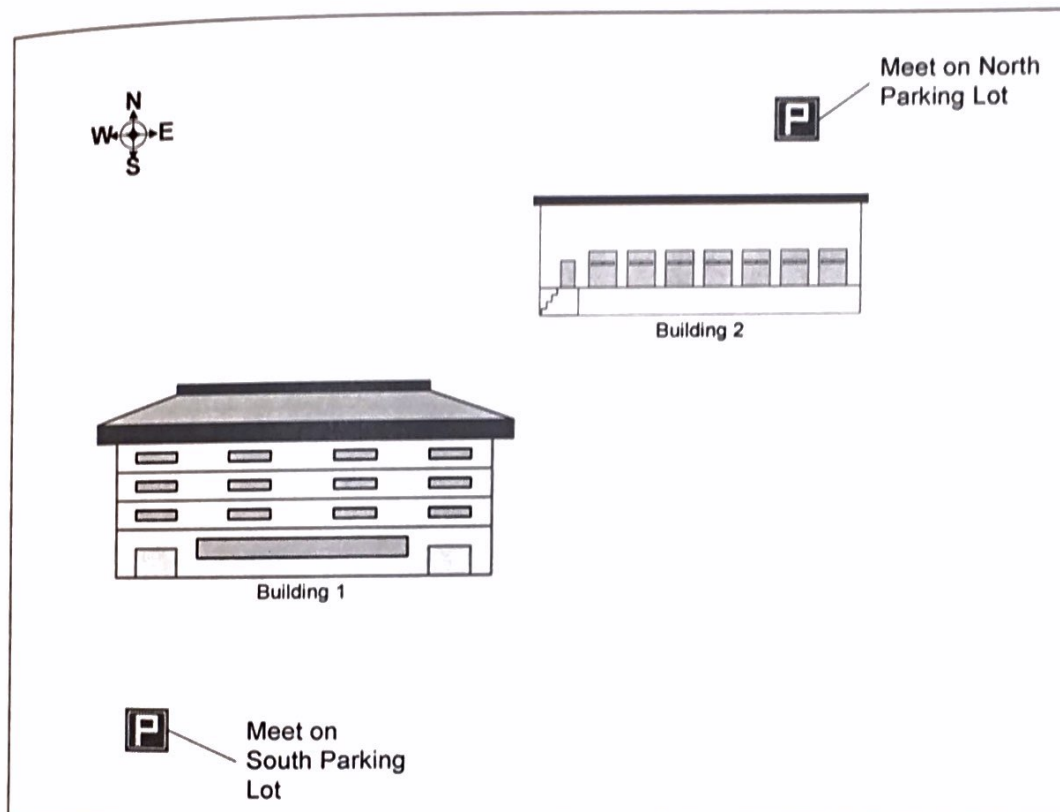Emergency medical supplies available:

_____

_____

Location stored:

_____

_____

Container description:

_____

_____

An appropriate supply of the following forms is to be maintained:

Attachment 1
FACILITY DIAGRAM AND EMERGENCY STAGING AREAS

Meet on North
Parking Lot

Building 2

N
W ← → E
S

Building 1

Meet on
South Parking
Lot

Attachment 2
EMERGENCY SERVICES & AGENCIES LIST

EMERGENCY SERVICES

Name: Police Department

City:

County:

Emergency Phone: 911

Business Phone:

Name: Sheriff's Department

County:

Emergency Phone: 911

Business Phone:

Name: Fire Department

City:

County:

Emergency Phone: 911

Business Phone:

Name: Paramedic/Rescue #1

City:

ITSD104 – IT Disaster Recovery

County: _____

Emergency Phone: 911 _____

Business Phone: _____

_____

Name: Air Ambulance _____

County: _____

Emergency Phone: _____

Business Phone: _____

Name: Private Ambulance #1 _____

County: _____

Emergency Phone: _____

Business Phone: _____

_____

Name: Private Ambulance #2 _____

County: _____

Emergency Phone: _____

Business Phone: _____

HOSPITAL / URGENT CARE FACILITY

Name: Hospital #1 _____

Address: _____

City: _____

_____

County: _____

Emergency Phone: _____

Business Phone: _____

Name: Hospital #2

Address: _____

City: _____

County: _____

Emergency Phone: _____

Business Phone: _____

Name: Hospital #3

Address: _____

City: _____

County: _____

Emergency Phone: _____

Business Phone: _____

Name: Urgent Care Facility #1

Address: _____

City: _____

County: _____

Emergency Phone:

Business Phone:

Name: Urgent Care Facility #2

Address:

City:

County:

Emergency Phone:

Business Phone:

EMERGENCY STAGING FACILITIES AND SHELTERS

Name: American Red Cross

Address:

City:

County:

Emergency Phone:

Business Phone:

Staging location:

Name: Community Center #1

Address:

City:

County:

Emergency Phone:

Business Phone:

Staging location:

Name: Community Center #2

Address:

City:

County:

Emergency Phone:

Business Phone:

Staging location:

Name: National Guard Center

Address:

City:

County:

Emergency Phone:

Business Phone:

Staging location:

Name: Veterans Memorial Building

Address:

City:

County:

Emergency Phone: _____

Business Phone: _____

Staging location: _____

_____

DISASTER INFORMATION

Name: Medical Emergency Information Hotline

County: _____

Emergency Phone: _____

_____

Name: Office of Emergency Services (City)

Address: _____

City: _____

County: _____

Emergency Phone: _____

Business Phone: _____

Staging location: _____

_____

Name: Office of Emergency Services (County)

Address: _____

City: _____

County: _____

_____

Emergency Phone:

Business Phone:

Staging location:

Name: Office of Emergency Services (State)

Address:

City:

County:

Emergency Phone:

Staging location:

COMMUNICATIONS

Name: Company for remote contact #1

Address:

Phone 1:

Phone 2:

FAX:

Name: Company for remote contact #2

Address:

Phone 1:

Phone 2:

FAX:

Name: Mobile telephone #1

Address:

Phone 1:

Phone 2:

Cellular access numbers:

Name: Mobile telephone #2

Address:

Phone 1:

Phone 2:

Cellular access numbers:

Name: Newspaper #1

City:

County:

Emergency Phone:

Business Phone:

FAX:

Name: Newspaper #2

City:

County:

Emergency Phone:

Business Phone:

FAX:

Name: Public telephone #1 (3 for each facility)

Address or location:

Phone:

Name: Public telephone #2 (3 for each facility)

Address or location:

Phone:

Name: Public telephone #3 (3 for each facility)

Address or location:

Phone:

Name: Radio Station #1

City:

County:

Emergency Phone:

Business Phone:

FAX:

Name: Radio Station #2

Bizmanualz.com

City:

County:

Emergency Phone:

Business Phone:

FAX:

Name: Television Station #1

City:

County:

Emergency Phone:

Business Phone:

FAX:

Name: Television Station #2

City:

County:

Emergency Phone:

Business Phone:

FAX:

SECURITY

Name: Alarm Company #1

City:

County:

Emergency Phone:

Business Phone:

Name: Alarm Company #2

City:

County:

Emergency Phone:

Business Phone:

Name: Guard Company #1

City:

County:

Emergency Phone:

Business Phone:

Name: Guard Company #2

City:

County:

Emergency Phone:

Business Phone:

TRANSPORTATION

Name: Airport/Municipal (City)

Address:

City:

County:

Emergency Phone:

Business Phone:

Name: Airport/Regional (County)

Address:

City:

County:

Emergency Phone:

Business Phone:

Name: Bus (City)

City:

County:

Emergency Phone:

Business Phone:

Name: Bus (County)

City:

County:

Emergency Phone:

Business Phone:

Name: Cab/Taxi #1

City:

County:

Emergency Phone:

Business Phone:

Name: Cab/Taxi #2

City:

County:

Emergency Phone:

Business Phone:

Name: Car Rental Agency #1

City:

County:

Emergency Phone:

Business Phone:

Name: Car Rental Agency #2

City:

County:

Emergency Phone:

Business Phone:

Name: Cash - Records Transport/Supplemental #1

City:

County:

Emergency Phone:

Business Phone:

Name: Cash - Records Transport/Supplemental #2

City:

County:

Emergency Phone:

Business Phone:

Name: Moving Company #1

City:

County:

Emergency Phone:

Business Phone:

Name: Moving Company #2

City:

County:

Emergency Phone:

Business Phone:

CITY / COUNTY OFFICES

Name: Administrative Offices (City)

City:

County:

Emergency Phone:

Business Phone:

Name: Administrative Offices (County)

City:

County:

Emergency Phone:

Business Phone:

Name: Air Quality Control Offices (County)

City:

County:

Emergency Phone:

Business Phone:

Name: Animal Control (City)

City:

County:

Emergency Phone:

Business Phone:

Name: Animal Control (County)

City:

County:

Emergency Phone:

Business Phone:

Name: Building Inspector (City)

City:

County:

Emergency Phone:

Business Phone:

Name: Building Inspector (County)

City:

County:

Emergency Phone:

Business Phone:

Name: Hazardous Materials Team (County)

City:

County:

Emergency Phone:

Business Phone:

Name: Health (City)

County:

Emergency Phone:

Business Phone:

Name: Health (County)

City:

County:

Emergency Phone:

Business Phone:

Name: Health and Safety Inspector (County)

City:

County:

Emergency Phone:

Business Phone:

Name: Mental Health (City)

City:

County:

Emergency Phone:

Business Phone:

Name: Mental Health (County)

City:

County:

Emergency Phone:

Business Phone:

Name: Parks and Recreation (City)

County:

Emergency Phone:

Business Phone:

Name: Parks and Recreation (County)

County:

Emergency Phone:

Business Phone:

Name: Public Information Office (City)

City:

County:

Emergency Phone:

Business Phone:

Name: Public Information Office (County)

City:

County:

Emergency Phone:

Business Phone:

Name: Public Works (City)

City:

County:

Emergency Phone:

Business Phone:

Name: Public Works (County)

City:

County:

Emergency Phone:

Business Phone:

Name: Schools Information (City)

City:

County:

Emergency Phone:

Business Phone:

Name: Schools Information (County)

City:

County:

Emergency Phone:

Business Phone:

Name: Transportation/Roads (City)

City:

County:

Emergency Phone:

Business Phone:

Name: Transportation/Roads (County)

City:

County:

Emergency Phone:

Business Phone:

FEDERAL OFFICES

Name: Department of Corporations

Address:

Emergency Phone:

Business Phone:

Name: Federal Bureau of Investigation

Address:

Emergency Phone:

Business Phone:

UTILITIES

Name: Electric

City:

County:

Emergency Phone:

Business Phone:

Name: Gas

City:

County:

Emergency Phone:

Business Phone:

Name: Sanitation/Sewer

City:

County:

Emergency Phone:

Business Phone: _____

Name: Telephone

City: _____

County: _____

Emergency Phone: _____

Business Phone: _____

Name: Water

City: _____

County: _____

Emergency Phone: _____

Business Phone: _____

CONTRACTORS / VENDORS

Name: Building/Reconstruction Contractor

City: _____

County: _____

Emergency Phone: _____

Business Phone: _____

Name: Electrical Contractor

City:

County:

Emergency Phone:

Business Phone:

Name: Glass Contractor

City:

County:

Emergency Phone:

Business Phone:

Name: Groundskeeping Contractor

ity:

ounty:

ergency Phone:

iness Phone:

e: Hazardous Materials Response Contractor

y:

Emergency Phone:

Business Phone:

Name: Health and Safety Contractor

City:

County:

Emergency Phone:

Business Phone:

Name: Janitorial Contractor

City:

County:

Emergency Phone:

Business Phone:

Name: Locksmith and Vault Contractor

City:

County:

Emergency Phone:

Business Phone:

Name: Office Supplies and Forms Contractor

City:

ITSD104 – IT Disaster Recovery

County:

Emergency Phone:

Business Phone:

Name: Plumbing Contractor

City:

County:

Emergency Phone:

Business Phone:

Name: Roofing Contractor

City:

County:

Emergency Phone:

Business Phone:

Name: Utility Contractor

City:

County:

Emergency Phone:

Business Phone:

EQUIPMENT

Name: Software vendor #1

City:

County:

Emergency Phone:

Business Phone:

Name: Software vendor #2

City:

County:

Emergency Phone:

Business Phone:

Name: Software vendor #3

City:

County:

Emergency Phone:

Business Phone:

Name: Software vendor #4

City:

County:

Emergency Phone:

Business Phone:

Name: Mainframe computer vendor

City:

County:

Emergency Phone:

Business Phone:

Name: Office equipment other than computers & peripherals

City:

County:

Emergency Phone:

Business Phone:

Name: Computer equipment (PC's, network hardware, peripherals) vendor #1

City:

County:

Emergency Phone:

Business Phone:

Name: Computer equipment (PC's, network hardware, peripherals) vendor #2

City:

County:

Emergency Phone:

Business Phone:

Name: Computer equipment (PC's, network hardware, peripherals) vendor #3

City:

County:

Emergency Phone:

Business Phone:

Name: Computer equipment (PC's, network hardware, peripherals) vendor #4

City:

County:

Emergency Phone:

Business Phone: