



EMERGENCY  
MANAGEMENT

## **Business Continuity of Operations Planning Worksheets**

This document provides copies of the worksheets found in the B-COOP planning templates for departments and divisions.

**Worksheet A: Essential Functions**

<b>Essential Function #</b> (Provide a name/title and a brief description)			
<b>Criticality Rating + RTO</b> RTO = Recovery Time Objective (Maximum time this function can be down before significant problems occur)	<b>Rating</b>	<b>Description</b>	<b>RTO</b>
	<input type="checkbox"/> Critical	Directly impacts life, health, safety or security. Cannot stop.	< 4 hours
	<input type="checkbox"/> High	Must continue at normal or increased level. Pausing more than 24 hours may cause significant consequences or serious harm.	< 24 hours
	<input type="checkbox"/> Medium	Must continue if at all possible, perhaps in a reduced mode. Stopping for more than one week may cause major disruption.	< 1 week
	<input type="checkbox"/> Low	May be suspended for up to one month without causing significant disruption.	< 1 month
	<input type="checkbox"/> Deferrable	May pause and resume when conditions permit.	> 1 month
<b>Dependencies</b>			
<b>External Dependencies</b> (Partners and vendors outside of the College)			
<b>Internal Dependencies</b> (Departments within the College)			

<b>Essential Function #</b> (Provide a name/title and a brief description)			
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<b>Dependencies</b>			
<b>External Dependencies</b> (Partners and vendors outside of the College)			
<b>Internal Dependencies</b> (Departments within the College)			

## Worksheet B: External Dependencies

External Dependency		
Dependency (product or service):		Provider:
Contact name:	Contact number:	Contact email:
Has contact been made with dependency contractor/vendor to confirm services will be available for your department during an emergency? <input type="checkbox"/> Yes <input type="checkbox"/> No (contact should be made annually) <input type="checkbox"/> Other:		Date contact was made:

External Dependency		
Dependency (product or service):		Provider:
Contact name:	Contact number:	Contact email:
Has contact been made with dependency contractor/vendor to confirm services will be available for your department during an emergency? <input type="checkbox"/> Yes <input type="checkbox"/> No (contact should be made annually) <input type="checkbox"/> Other:		Date contact was made:

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**Worksheet C: Internal Dependencies**

Internal Dependency		
Dependency (product or service):		Provider:
Contact name:	Contact number:	Contact email:
Has contact been made with dependency contractor/vendor to confirm services will be available for your department during an emergency? <input type="checkbox"/> Yes <input type="checkbox"/> No (contact should be made annually) <input type="checkbox"/> Other:		Date contact was made:

Internal Dependency		
Dependency (product or service):		Provider:
Contact name:	Contact number:	Contact email:
Has contact been made with dependency contractor/vendor to confirm services will be available for your department during an emergency? <input type="checkbox"/> Yes <input type="checkbox"/> No (contact should be made annually) <input type="checkbox"/> Other		Date contact was made:

Internal Dependency		
Dependency (product or service):		Provider:
Contact name:	Contact number:	Contact email:
Has contact been made with dependency contractor/vendor to confirm services will be available for your department during an emergency? <input type="checkbox"/> Yes <input type="checkbox"/> No (contact should be made annually) <input type="checkbox"/> Other:		Date contact was made:

Internal Dependency		
Dependency (product or service):		Provider:
Contact name:	Contact number:	Contact email:
Has contact been made with dependency contractor/vendor to confirm services will be available for your department during an emergency? <input type="checkbox"/> Yes <input type="checkbox"/> No (contact should be made annually) <input type="checkbox"/> Other		Date contact was made:

**Worksheet D: Emergency Relocation Position Information**

Emergency Relocation Position Information		
Name:	Title:	Leader:
Office Phone:	Cell Phone:	Email:
Describe the essential function you are performing and/or supporting for your department:		
Training requirements needed to perform the essential function (Banner, SOS, etc.):		
Resources needed to perform essential function (computer, internet access, handbook, policy, equipment):		

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**Worksheet E: Vulnerability and Risk Assessment**

Vulnerability/Risk (what could go wrong?)	Can you mitigate?		Mitigation Strategy (what can you do to prevent it from happening?)	Recovery Strategy (what can you do to recover from it happening?)
	Yes	No		
<i>Example:</i> SJC EOC requires uninterrupted power to function properly.	X		1. Connected to generator power. 2. UPS to supplement generator startup time.	1. If generators fail, EOC will relocate. 2. Coordinate with facilities/ITS for infrastructure restoration.
<i>Example:</i> SJC EOC has no mechanism for rotating staff for multi-shift activations.		X	Not addressable through ordinary mitigation means.	Will coordinate with PD and facilities to create bunking areas for off-duty crews at the EOC.

**Worksheet F: The Critical Interruption Worksheet**

Conditions/Function/Service	< 1 day	1 - 2 days	3 - 4 days	5 - 10 days	10 - 14 days	15+ days	N/A
How long can your department function either at another location or from home if your space and/or facilities are damaged or unavailable?							
How long can your department be without critical equipment that is either damaged or unavailable?							
How long can your department be without central power and generator back-up?							
How long can your department be without proper communication channels (phone, email, internet)?							
How long can your department be without the use of Enterprise Information Systems (Banner, Blackboard, SOS, Cornerstone)?							
How long can your department be without local information systems (departmental desktop computer, applications managed by your department)?							
If your critical business partners or vendors are unable to provide goods and services, how long can you function without their services?							