

Appendix II

**DISASTER PREPAREDNESS AND BUSINESS
CONTINUITY WORKSHEET**

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**BUILDING ACCESSIBILITY / OPERATIONAL STATUS
WORKSHEET**

Disaster Preparedness and Business Continuity Worksheet

(adapted from www.ready.gov U.S. Department of Homeland Security)

Infrastructure

INFRASTRUCTURE DESCRIPTION

Infrastructure activity _____ Date completed: _____

Name of key administrator for infrastructure activity addressed in this plan:

Senior Management _____ Executive Management _____

Location of unit: Building _____ Room numbers: _____

Name of person completing this worksheet : _____ Phone number: _____

BASIC COMMUNICATIONS

Provide the various ways that subordinates can use to contact the key administrator

Name	Office Number	Home Number	Cell Phone	E-mail

Provide the various means that can be used to contact key infrastructure personnel

Name	Office Number	Home Number	Cell Phone	E-mail

BASIC RISK AWARENESS

Does the key administrator understand that the deductible for the institutional property insurance policy for UTHealth is at least \$250,000, and that certain key exclusions to coverage apply, such as damaged caused by a “named storm”?	Yes	No	N/A
Does the key administrator understand that the supplemental insurance can be purchased for specific pieces of equipment that may be critical to operations?	Yes	No	N/A
Are student, faculty, and staff aware that personal property is not covered by UTHealth property insurance?	Yes	No	N/A
Are any administrative activities carried out in leased space? If yes, verify emergency support measures provided by landlord.	Yes	No	N/A

PROTECTION OF EQUIPMENT AND CRITICAL MATERIALS

Are critical pieces of equipment protected from risks such as theft, water leaks, and/or electrical surges/outages?	Yes	No	
Is temperature or time sensitive equipment equipped with failure alarms?	Yes	No	
If the basic security measures employed are not sufficient to halt malicious acts (e.g. forced entry into office or lab and theft of laptop or equipment) has consideration been given to how information or data might be recovered if lost, such as daily data uploads and back ups?	Yes	No	N/A

PROTECTION OF DATA

Is student, patient, or employee data saved on a network drive so that it is protected by network emergency back ups?	Yes	No
Is any information (data or documents) stored on laptops routinely saved to network drives?	Yes	No
For any information retained locally, does any mechanism exist for its protection or recovery?	Yes	No
Are any locally created data back ups stored in a physically separate location?	Yes	No

PROCUREMENT OF KEY SUPPLIES

Enter the name and contact information of the primary and two back up individuals who are able and authorized to make purchases for necessary supplies in the event of an emergency

Name	Office number	Home number

Enter the name and contact information of the critical vendors necessary to maintain business operations during the business continuity time period.

Vendor name	Vendor contact	Office / Home number

ACCESS

If access to your office were restricted or prohibited for some period of time due to an emergency, indicate which options might be possible to continue operations:

- remote access of computer data files and work from home or off-site
- work in alternate locations with peers until recovery is achieved
- other – briefly describe:

Are infrastructure processes which interface with customers tied to specific operational locations? Yes No

Have alternate locations been identified for that customer interaction? Yes No

Infrastructure activity	Building / Room	Contact number

AVAILABILITY OF PEER-TO-PEER SUPPORT IN EVENT OF LOSS

Provide the name, location and contact information of a local peer that might be willing and able to assist with infrastructure activities if an emergency occurs. Also include the contact information for a peer outside the Houston area

Local peer name	Institution	Contact number
Out of affected region peer name	Institution	Contact number

ASSET DOCUMENTATION AND INSURANCE RECOVERY

Indicate the type of documentation that exists that could be used to facilitate any possible insurance claims in the event of a loss

- receipts
- inventories
- means for tracking loss of business income
- dates photographs or videotapes

Indicate the location of any documents checked: _____

PROCESS DEFINITION / WORKFLOW

Are infrastructure processes driven by the availability of electronic information systems? Yes No

If yes, has the infrastructure activity determined what level of functionality and system access will be available in information systems disaster recovery mode? Yes No

If the process work flow differs from normal operations, please include the modified process work flow in Appendix II. The process workflow(s) should take into consideration limited or non-existent information system availability.

KEY FORMS

Does the infrastructure process utilize electronic forms to facilitate operations? If yes, attach paper forms to be utilized with limited information system availability and with no information system availability – Appendix III Yes No

OTHER SPECIAL CONSIDERATIONS

Please include in the space below any other information that may be useful to facilitate continuity of activities in the event of an emergency

BUILDING ACCESSIBILITY / OPERATIONAL STATUS

Building Name _____

Operating Entity _____

This form is to be completed by the authorized facility/operations coordinator while a facility remains in a yellow or red status and/or operations are impaired. It should be completed based upon feedback from Environmental Health & Safety Services, Facilities Planning & Engineering, and UT Police Department representatives identified below. Depending upon availability of communication tools, the coordinator(s) will either be contacted by the OPA Communication Team or provide the information by one of the methods listed below. Updates should be provided at the hours of 10:00am and 5:00pm daily until green status is attained.

- Phone
 - OPA Communication Team: 713-500-3050 or 713-500-3038.
 - Alternate: 713.500.3030
 - Email OPA Communication Team - Michelle.Ray@uth.tmc.edu or Meredith.Raine@uth.tmc.edu

Site Coordinator(s)

UTPD Phone Email address

Environmental Health & Safety Phone Email address

Facilities Planning & Engineering Phone Email address

Facility Coordinator Work phone Work email address

Fax number Home phone Home email address

Cell phone Pager

Operations Coordinator Work phone Work email address

Fax number Home phone Home email address

Cell phone Pager

Facility Status:

- Open (fully operational) Green
Closed (unavailable) Red
Limited / Restricted Yellow (Provide details below)

Operational Status:

- Open (fully operational) Green
Closed (unavailable) Red
Limited / Restricted Yellow (Provide details below)

Reason for limited / restricted access to building:

Life Safety Systems (fire alarm/sprinkler) _____ Floor(s)

Water _____ Floor(s)

Power _____ Floor(s)

Ventilation / Air Conditioning / Heat _____ Floor(s)

Elevator _____

Damage _____ Floor(s)

Enter via: _____ (Street)

Additional ID (Badge +) required: Yes No

Alternate location: _____

Operating hours: _____

Additional Information:
