



CHECKLIST

Business Continuity Review

The following Checklist is intended to provide general information to assist organisations in managing and minimising the risks associated with short and long-term interruptions to business operations. This is not an exhaustive Checklist of all possible controls.

Where the organisation answers the question with a 'no', further investigation of the risk and possible control measures should be determined and implemented.

	Yes	No	N/A	If No, actions required	Date
A. Building facilities					
1. Do you have evacuation procedures and plans?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	___/___/___
2. Are fire exits marked and procedures in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	___/___/___
3. Are fire drills conducted regularly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	___/___/___
4. Do you have a designated evacuation point at a safe distance from the building?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	___/___/___
5. Do you have a copy of building site plans?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	___/___/___
6. Do you have a backup generator?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	___/___/___
7. Do you have an alternative building or offsite recovery site from which you can continue business in the event of an emergency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	___/___/___
8. Do you have procedures in place to ensure that lights are turned off, doors and windows are locked etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	___/___/___
B. Staff					
1. Have managers got up-to-date phone numbers and addresses for staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	___/___/___
2. Do your staff know who is in charge and who to contact in a crisis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	___/___/___
3. Have staff been delegated specific crisis management roles?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	___/___/___
4. Are staff equipped and receptive to working from home in the event of a business outage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	___/___/___
5. Do you have staff with First Aid qualifications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	___/___/___

Yes No N/A If No, actions required Date

C. Security

1. Do you have a security system? _____ / /
2. Do you have a security policy and procedure? _____ / /
3. Are pre-employment reference checks completed? _____ / /
4. Are contractors checked and certifications obtained prior to engagement? _____ / /

D. Data protection

1. Are electronic files backed up or copied regularly? _____ / /
2. Are critical paper documents stored in lockable fire rated/waterproof filing cabinets? _____ / /
3. Are copies of critical documents stored at a secure off-site facility? _____ / /
4. Has management delegated the task of maintaining files and data in a secure manner? _____ / /

E. Information Technology (IT)

1. In the event of IT failure, do you have a manual or alternative process to maintain critical business functions? _____ / /
2. Do you know how long it would take to recover IT functions in crisis? _____ / /
3. Do you have the contact details of the individual responsible for restoring your IT systems in the event of failure? _____ / /
4. Is your computer antivirus software up-to-date and licensed? _____ / /
5. Do you have documented IT security policies and procedures? _____ / /
6. Are staff aware of email and internet usage policies? _____ / /
7. Is your IT system part of a larger network? _____ / /
8. Are you aware of how many critical business functions your network supports? _____ / /
9. Is critical data backed up and stored offsite or in a fire rated safe? _____ / /

F. Suppliers

1. Do you have a list of alternative suppliers for critical equipment/stores/goods etc.? _____ / /
2. Have you arranged for suppliers to inform you if they cannot make a delivery? _____ / /
3. Do your suppliers have a business continuity plan? _____ / /
4. Do you have your suppliers' correct contact details? _____ / /

Yes No N/A If No, actions required Date

G. Equipment

1. Do you have someone accountable for assets within your organisation? _____ / /
2. Have you got an asset register and is it maintained and updated regularly? _____ / /

H. Clients

1. Do you have the correct contact details for clients? _____ / /
2. Are duplicate contact details stored off-site in a secure location? _____ / /
3. Do you have the details of key clients that you will need to be in contact with during a crisis? _____ / /

I. Location

1. Have you assessed the risks that may occur as a result of business operations in the immediate vicinity? _____ / /
2. Have you assessed risks that may interfere or interrupt business operations i.e. fire, flood, bushfire etc.? _____ / /

J. Insurance

1. Do you have appropriate insurance cover for business interruption, property repairs, hiring of new staff, leasing temporary accommodation etc.? _____ / /
2. Do you have your insurance organisation's details to hand so that contact may be made as soon as possible after a crisis? _____ / /

K. Risk assessment

1. Have you considered what the most likely and detrimental risks to your business are? _____ / /
2. Have you analysed how likely risks are to occur? _____ / /
3. Have you analysed what effect will they have on the business? _____ / /
4. Have you analysed how the business can cope with the effects? _____ / /
5. Have you analysed what preventative measures can be taken to lessen the negative effects on your business? _____ / /
6. Are you insured against the worst eventualities? _____ / /

Yes No N/A If No, actions required Date

L. Public relations

- | | | | |
|---|--|--|-----|
| 1. Have you nominated a media spokesperson on behalf of the organisation? | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | / / |
| 2. Is your media spokesperson trained to deal with the media? | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | / / |
| 3. Do staff know who the media spokesperson is? | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | / / |
| 4. Have you implemented a consultation and communication process that ensures the organisation gives out a consistent message in a crisis? | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | / / |
| 5. Have you implemented an internal consultation and communication process to keep staff informed? | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | / / |
| 6. Have you implemented a consultation and communication process that designates when advertisements are required to be placed in local newspapers? | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | / / |

M. General considerations

- | | | | |
|--|--|--|-----|
| 1. Does your organisation have a business continuity pack that can be stored at a secure off-site facility and contains the following: | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | / / |
| • Your business recovery plan | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | / / |
| • Employee and client contact details | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | / / |
| • IT provider details | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | / / |
| • Supplier contact details | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | / / |
| • Site plans for the building | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | / / |
| • Spare keys | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | / / |
| • Computer back-up | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | / / |
| • First Aid kits | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | / / |
| • Stationery | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | / / |
| • Torches with spare batteries | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | / / |
| • A mobile phone and spare battery | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | / / |
| • Dust and toxic fume masks | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | / / |
| 2. Is your business continuity plan documented, accessible and understood by staff? | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | / / |
| 3. Is there someone within your organisation who has responsibility for maintaining and updating plans? | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | / / |

	Yes	No	N/A	If No, actions required	Date
N. Other					
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	__/__/__
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	__/__/__
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	__/__/__
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	__/__/__
5. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	__/__/__
6. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	__/__/__
7. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	__/__/__
8. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	__/__/__

If you would like further information about Business Continuity Review, please contact the *risksupport* Helpdesk on:

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