**Department:** [DEPARTMENT NAME]

**Department Mission, Goals, and Objectives:**

[INSERT MISSION, GOALS, OBJECTIVES HERE]

**Department Mission – Critical Processes:**

[LIST CRITICAL PROCESSES]

**Primary Facilities Responsible for Mission – Critical Processes**

**Name of Facility:** [FACILITY NAME]

**Address:** [ADDRESS]

**Facility Risks:**

Physical conditions of facilities and building

No internal procedures for inspecting fire suppression equipment

Inadequate building & physical security

Inadequate backup power supply

Inadequate fire suppression equipment

Inadequate backup communication network (voice/data)

No risks identified

**Name of Facility:** [FACILITY NAME]

**Address:** [ADDRESS]

**Facility Risks:**

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