**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]

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