**Department Name:** [DEPARTMENT NAME]

**Division Name:** [DIVISION NAME]

**Mission – Critical Process Name:**

[MISSION-CRITICAL PROCESS NAME]

**Mission – Critical Process Description:**

[INSERT DESCRIPTION]

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name** | **Contact Number** | **Alternate Number** |
| Primary | NAME | PRIMARY # | SECONDARY # |
| Backup |  |  |  |
| Second Backup |  |  |  |

**Person Responsible at Emergency Relocation Site:**

Responsible Person: [WHO IS RESPONSIBLE]

Assigned by: [NAME HERE]

**Mission – Critical Process Location:**

Primary Facility: [ADDRESS]

Emergency Relocation Site: [ADDRESS]

Daily  Bi-Monthly  Semi-Annually

Bi-Weekly  Monthly  Annually

Weekly  Quarterly  As Needed

High  Medium  Low

**Mission – Critical Process Priority: Critical Process Frequency:**

**Mission Critical Process Risks:**

No departmental leader succession plans in place

No or inadequate critical process documentation

No or inadequate offsite storage of vital documents/records

No or inadequate training of employee backups (for critical processes)

No employee backups designated for critical processes

No secure/fire protected onsite storage of documents and records

No equipment/systems backup plan in place

No or inadequate procedures and testing for record & file recovery

No or inadequate record & file backup for procedures and record keeping

No risks identified