**Department Name: [NAME]**

**Departmental leader succession plans in place**

*Does every department have a designated person as the successor for that department? These succession plans should be documented in the department COOP plan.*

*Check the appropriate box to indicate whether plans are in place*. Yes [ ]  No [ ]

|  |  |  |
| --- | --- | --- |
| **Location of Plans** | **Contact Person** | **Contact Number** |
|  |  |  |

**Adequate critical process documentation**

* Has the mission-critical process been reviewed to summarize the priorities for recovery of mission-critical processes (and supporting elements)? *This information should be considered in development of the department COOP plan.*  Yes [ ]  No [ ]
* Is each mission-critical process assigned to an individual who will be responsible for maintaining process-recovery procedures? Yes [ ]  No [ ]

|  |
| --- |
| *Please Provide Information for Critical Process Documentation Contact.* |
| **Location of Plans** | **Contact Person** | **Contact Number** |
|  |  |  |

**Adequate offsite storage of vital documents/records**

* Are all of operation’s critical files (documents, data, software, etc.) stored on a file server to provide adequate backup and recovery? Yes [ ]  No [ ]
* Are the vital records permanent records? *For example, accounts receivable may be vital records until payments are received, or a contract may have a vital retention period based on the span of the contract agreement, after which it is no longer vital.* *Analyze each record for its importance at each stage of the record series life cycle. Also, ensure such vital records are accurate and are being backed up.*

Yes [ ]  No [ ]

* Vital records are protected by microfilming or scanning, dispersal of copies, on-site storage and offsite storage? Yes [ ]  No [ ]
* Are all critical equipment, documents and records properly protected? *For example, records and documents should be kept in fire and waterproof, secured containers or receptacles. Equipment should be covered or sheltered in areas free from excessive dust or potential water leaks. Continued monitoring and building maintenance is critical to the protection of these items.*  Yes [ ]  No [ ]
* Is the data backup lists reviewed on a scheduled basis for completeness? Yes [ ]  No [ ]
* Is there coordination with the department IT group to ensure appropriate data is being backed up to an offsite location? Yes [ ]  No [ ]
* Are the copies of critical electronic and hardcopy records kept offsite in a secured location?

Yes [ ]  No [ ]

* When selecting the offsite record storage location did the department have specific requirements, is it located away from potential dangers and able to withstand blast, fire, water, and other destructive forces?

Yes [ ]  No [ ]

* Do the offsite documents/fire storage locations include sites provided by suppliers of offsite storage, bank vaults and secured fireproof vaults? Yes [ ]  No [ ]

|  |
| --- |
| *Please Provide Information for Critical Process Documentation Contact.* |
| **Location of Plans** | **Contact Person** | **Contact Number** |
|  |  |  |

**Adequate training of employee backups (for critical processes)**

* Are the employee back up lists up to date and do the employees know what/who they are backing up? Yes [ ]  No [ ]
* Do the employees designated as back up to a key position possess the skills and training necessary to perform that job? Yes [ ]  No [ ]
* Is training to back up personnel in place, so that functions for primary personnel can be performed when that primary person is absent, on vacation, etc? Yes [ ]  No [ ]
* Do key personnel have a person designated as their official backup? *These backup personnel lists should be documented both within the department as well as within the COOP Plan for the department.*  Yes [ ]  No [ ]

|  |
| --- |
| *Please Provide Information for Critical Process Documentation Contact.* |
| **Location of Plans** | **Contact Person** | **Contact Number** |
|  |  |  |

**Training and Exercise Schedules have been developed:**

* Yes [ ]  No [ ]

|  |
| --- |
| *Please Provide Information for Critical Process Documentation Contact.* |
| **Location of Plans** | **Contact Person** | **Contact Number** |
|  |  |  |