

# SAMPLE checklist

## Business Continuity Review Checklist

The following checklist is intended to provide general information to assist clients 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.

### 1.0 Building Facilities

	Yes	No	N/A	If No, actions required:	Date:
1.1 Do you have evacuation procedures and plans?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
1.2 Are fire exits marked and procedures in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
1.3 Are fire drills conducted regularly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
1.4 Do you have a designated evacuation point at a safe distance from the building?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
1.5 Do you have a copy of building site plans?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
1.6 Do you have a backup generator?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
1.7 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"/>	_____	_____
1.8 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"/>	_____	_____

### 2.0 Staff

	Yes	No	N/A	If No, actions required:	Date:
2.1 Have managers got up-to-date phone numbers and addresses for staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
2.2 Do your staff know who is in charge and who to contact in a crisis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
2.3 Have staff been delegated specific crisis management roles?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

	Yes	No	N/A	If No, actions required:	Date:
2.4 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"/>	_____	_____
2.5 Do you have staff with first aid qualifications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

### 3.0 Security

	Yes	No	N/A	If No, actions required:	Date:
3.1 Do you have a security system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
3.2 Do you have a security policy and procedure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
3.3 Are pre-employment reference checks completed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
3.4 Are contractors checked and certifications obtained prior to engagement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

### 4.0 Data Protection

	Yes	No	N/A	If No, actions required:	Date:
4.1 Are electronic files backed up or copied regularly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
4.2 Are critical paper documents stored in lockable fire rated/waterproof filing cabinets?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
4.3 Are copies of critical documents stored at a secure off-site facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
4.4 Has management delegated the task of maintaining files and data in a secure manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

### 5.0 Information Technology (IT)

	Yes	No	N/A	If No, actions required:	Date:
5.1 In the event of IT failure, do you have a manual or alternative process to maintain critical business functions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
5.2 Do you know how long it would take to recover IT functions in crisis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
5.3 Do you have the contact details of the individual responsible for restoring your IT systems in the event of failure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
5.4 Is your computer antivirus software up-to-date and licensed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
5.5 Do you have documented IT security policies and procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
5.6 Are staff aware of email and internet usage policies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

	Yes	No	N/A	If No, actions required:	Date:
5.7 Is your IT system part of a larger network?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
5.8 Are you aware of how many critical business functions your network supports?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
5.9 Is critical data backedup and stored offsite or in a fire rated safe?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

## 6.0 Suppliers

	Yes	No	N/A	If No, actions required:	Date:
6.1 Do you have a list of alternative suppliers for critical equipment/stores/goods etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
6.2 Have you arranged for suppliers to inform you if they cannot make a delivery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
6.3 Do your suppliers have a business continuity plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
6.4 Do you have your suppliers' correct contact details?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

## 7.0 Equipment

	Yes	No	N/A	If No, actions required:	Date:
7.1 Do you have someone accountable for assets within your organisation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
7.2 Have you got an asset register and is it maintained and updated regularly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

## 8.0 Clients

	Yes	No	N/A	If No, actions required:	Date:
8.1 Do you have the correct contact details for clients?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
8.2 Are duplicate contact details stored off-site in a secure location?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
8.3 Do you have the details of key clients that you will need to be in contact with during a crisis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

## 9.0 Location

	Yes	No	N/A	If No, actions required:	Date:
9.1 Have you assessed the risks that may occur as a result of business operations in the immediate vicinity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
9.2 Have you assessed risks that may interfere or interrupt business operations i.e. fire, flood, bushfire etc?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

## 10.0 Insurance

	Yes	No	N/A	If No, actions required:	Date:
10.1 Do you have appropriate insurance cover for business interruption, property repairs, hiring of new staff, leasing temporary accommodation etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
10.2 Do you have your insurance organisation's details to hand so that contact may be made as soon as possible after a crisis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

## 11.0 Risk Assessment

	Yes	No	N/A	If No, actions required:	Date:
11.1 Have you considered what the most likely and detrimental risks to your business are?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
11.2 Have you analysed how likely risks are to occur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
11.3 Have you analysed what effect will they have on the business?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
11.4 Have you analysed how the business can cope with the effects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
11.5 Have you analysed what preventative measures can be taken to lessen the negative effects on your business?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
11.6 Are you insured against the worst eventualities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

## 12.0 Public Relations

	Yes	No	N/A	If No, actions required:	Date:
12.1 Have you nominated a media spokesperson on behalf of the organisation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
12.2 Is your media spokesperson trained to deal with the media?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
12.3 Do staff know who the media spokesperson is?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
12.4 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"/>	_____	_____
12.5 Have you implemented an internal consultation and communication process to keep staff informed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
12.6 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"/>	_____	_____

## 13.0 General Considerations

	Yes	No	N/A	If No, actions required:	Date:
13.1 Does your organisation have a business continuity pack that can be stored at a secure off-site facility and contains the following:					
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 CDs/DVDs	<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"/>	_____	_____

	Yes	No	N/A	If No, actions required:	Date:
13.2 Is your business continuity plan documented, accessible and understood by staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
13.3 Is there someone within your organisation who has responsibility for maintaining and updating plans?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

#### 14.0 Other

	Yes	No	N/A	If No, actions required:	Date:
14.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
14.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
14.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
14.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
14.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
14.6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
14.7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
14.8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

**For further information and assistance on business continuity reviews or to obtain a copy of our business continuity fact sheet, please contact the Risk Management Helpdesk on 1300 660 827.**

**1300 660 827**  
[www.ccinsurances.com.au](http://www.ccinsurances.com.au)

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