## Business Continuity and Disaster Recovery

### TEMPLATE FIELD DEFINITIONS

#### 1 - College Department Identification
(complete one sheet per agency)

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>College/Department name</td>
</tr>
<tr>
<td>2</td>
<td>First name of individual who is ultimately responsible for the entire plan</td>
</tr>
<tr>
<td></td>
<td>(hereafter referred to as &quot;Contact&quot;)</td>
</tr>
<tr>
<td>3</td>
<td>Last name of Contact</td>
</tr>
<tr>
<td>4</td>
<td>Current job title of Contact</td>
</tr>
<tr>
<td>5</td>
<td>Contact's physical location address</td>
</tr>
<tr>
<td>6</td>
<td>City name</td>
</tr>
<tr>
<td>7</td>
<td>State</td>
</tr>
<tr>
<td>8</td>
<td>Zip code</td>
</tr>
<tr>
<td>9</td>
<td>Contact's work email address</td>
</tr>
<tr>
<td>10</td>
<td>Contact's work telephone and extension if needed</td>
</tr>
<tr>
<td>11</td>
<td>Contact's cell phone number if available</td>
</tr>
<tr>
<td>12</td>
<td>Contacts' pager number if available</td>
</tr>
<tr>
<td>13</td>
<td>Enter College/Department Mission Statement</td>
</tr>
<tr>
<td>14</td>
<td>Enter College/Department's Goals &amp; Objectives</td>
</tr>
</tbody>
</table>

#### 2 - Summary Areas of Responsibility
(complete one sheet per College/Department)

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>Identify the name of the primary individual within the agency that has the</td>
</tr>
<tr>
<td></td>
<td>authority to declare an College/Department disaster</td>
</tr>
<tr>
<td>16</td>
<td>Identify the name of the secondary individual within the agency that has the</td>
</tr>
<tr>
<td></td>
<td>authority to declare an College/Department disaster</td>
</tr>
<tr>
<td>17</td>
<td>Name of the media spokes person</td>
</tr>
<tr>
<td>18</td>
<td>Team Leader Name (note: one name must be identified for each team within</td>
</tr>
<tr>
<td></td>
<td>the College/Department)</td>
</tr>
<tr>
<td>19</td>
<td>Team Name (one for each business process)</td>
</tr>
<tr>
<td>20</td>
<td>Home telephone number for individual named in previous field</td>
</tr>
<tr>
<td>21</td>
<td>Work telephone number for individual named in previous field</td>
</tr>
</tbody>
</table>

#### 3 - Summary of Business Processes
(complete as many sheets as needed per College/Department)

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>22</td>
<td>List each business process identified within the College/Department</td>
</tr>
<tr>
<td>23</td>
<td>Label each process one of the following types:</td>
</tr>
<tr>
<td></td>
<td><strong>Critical:</strong> are functions which have a direct and immediate affect on the</td>
</tr>
<tr>
<td></td>
<td>campus in terms of the loss of life, personal injury, loss of property, and/or</td>
</tr>
<tr>
<td></td>
<td>the ability of University to maintain direction and control. The loss of a</td>
</tr>
<tr>
<td></td>
<td>critical function may either result in such losses or inhibit University's</td>
</tr>
<tr>
<td></td>
<td>ability to preclude or minimize such losses. Most College's and Department's</td>
</tr>
<tr>
<td></td>
<td>will not have “critical functions.”</td>
</tr>
</tbody>
</table>
**Essential:** are functions, which provide University services to the campus which, are not deemed “critical functions.

**Administrative:** are functions which relate to the internal control, management and administration of a University College or Department supporting its ability to perform critical and essential functions, e.g., training, payroll, personnel services, facility maintenance, etc.

4 - Business Process Information  
(complete one sheet per business process per each applicable phase)

- **24** Business Process name
- **25** Identify which of the following phases this sheet references:
  - **Response:** The reaction(s) to an incident or emergency in order to assess the level of containment and control required activities.
  - **Resumption:** The process of planning for an/or implementing the recovery of critical business operations immediately following an interruption or disaster.
  - **Recovery:** The process of planning for and /or implementing recovery of less time sensitive business operations and processes after critical business process functions have resumed.
  - **Restoration:** The process of planning for and/or implementing full-scale business operations, which allow the organization to return to a normal service level.
- **26** Team Name
- **27** Identify the process rating as Critical, Essential or Administrative – see field #33 above for definitions
- **28** Identify the College/Department’s priority level of this process
- **29** This field for future use – will relate to the Arizona Statewide Emergency Plan
- **30** Indicate the frequency of this process (e.g. daily, weekly, bi-weekly, semi-monthly, monthly, quarterly, semi-annual, annually, on demand, variable, etc.)
- **31** Indicate whether the data, documents, or other information necessary to run this process is currently backed up
- **32** Provide the maximum acceptable outage (MAO) or the acceptable time of delay including the unit of measure (e.g. number of minutes, hours, days, etc.) Example: 24 hours
- **33** Indicate the time needed to get the process operational again (RTO) including the unit of measure (e.g. number of minutes, hours, days, etc.) Example: 24 hours
- **34** Indicate whether or not this process has insurance coverage
- **35** If yes in field #34 indicate the dollar amount of insurance coverage
- **36** Identify the minimum number of employees needed to perform this process within this phase
- **37** Estimate the necessary amount of dollars needed for investment to get the process operational
- **38** Estimate the necessary amount of dollars needed to expend during a crisis to get the process operational
5 - Business Information and Documents
(Complete one for each business information and document needed for the process)

39 Business process name
40 Information/Document name
41 Describe the information or document needed
42 Indicate the process(es) and/or support function of this information/document
43 Indicate the media type: paper file, computer report, data backup, manual, fiche, form, currency, stamps, etc.
44 Enter: Public, Sensitive, or Confidential also include applicable Arizona Revised Statute
45 Describe the original source
46 Identify an alternative source
47 Indicate whether or not the information/document is backed up
48 Indicate whether or not the information/document is archived
49 Identify and describe the backup location
50 Define when the information/document was last updated
51 Define when the information/document will be updated next

6 - Process Tasks
(complete for each process - list tasks in priority order - from each phase: Response to Resumption)

52 Business process name
53 Brief description of task needing to be completed
54 Estimated time necessary to complete task
55 Person responsible to ensure that task is completed on time

7 - Process Call Tree
(complete one Call Tree for each process)

56 Business process name
57 Indicate the first person that will initiate the call tree
58 Indicate the first person that the initiator will contact
59 Indicate who this person is to contact next
60 Indicate who this person is to contact next

8 - Internal Department/College Dependencies
(complete for each process)

61 Business process name
62 Identify each department/sub-organization that is dependent on this process
63 Identify briefly the dependency
64 Identify the first and last name of a contact
65 Identify contact’s telephone number with area code
9 - External Dependencies
(complete for each process)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>66</td>
<td>Business process name</td>
</tr>
<tr>
<td>67</td>
<td>Identify each College/Department/Sub-Organization that is dependent on this process</td>
</tr>
<tr>
<td>68</td>
<td>Identify briefly the dependency</td>
</tr>
<tr>
<td>69</td>
<td>Identify the first and last name of a contact</td>
</tr>
<tr>
<td>70</td>
<td>Identify contact's telephone number with area code</td>
</tr>
</tbody>
</table>

10 - External Contacts
(Complete one for each external contact needed for the process, if applicable)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>71</td>
<td>Business process name</td>
</tr>
<tr>
<td>72</td>
<td>Vendor/company/external contact name</td>
</tr>
<tr>
<td>73</td>
<td>Number and street address</td>
</tr>
<tr>
<td>74</td>
<td>City</td>
</tr>
<tr>
<td>75</td>
<td>State</td>
</tr>
<tr>
<td>76</td>
<td>Zip code</td>
</tr>
<tr>
<td>77</td>
<td>Telephone number and extension</td>
</tr>
<tr>
<td>78</td>
<td>Fax number</td>
</tr>
<tr>
<td>79</td>
<td>Primary contact’s first name</td>
</tr>
<tr>
<td>80</td>
<td>Primary contact’s last name</td>
</tr>
<tr>
<td>81</td>
<td>Title of primary contact</td>
</tr>
<tr>
<td>82</td>
<td>Home address of primary contact if applicable</td>
</tr>
<tr>
<td>83</td>
<td>City</td>
</tr>
<tr>
<td>84</td>
<td>State</td>
</tr>
<tr>
<td>85</td>
<td>Zip code</td>
</tr>
<tr>
<td>86</td>
<td>Home E-mail, if applicable</td>
</tr>
<tr>
<td>87</td>
<td>Work E-mail</td>
</tr>
<tr>
<td>88</td>
<td>Home telephone number, if applicable</td>
</tr>
<tr>
<td>89</td>
<td>Work telephone number if different than in #77above</td>
</tr>
<tr>
<td>90</td>
<td>Cell phone number</td>
</tr>
<tr>
<td>91</td>
<td>Pager number</td>
</tr>
<tr>
<td>92</td>
<td>If a vendor, indicate the purchase order number</td>
</tr>
<tr>
<td>93</td>
<td>Define the product or service</td>
</tr>
<tr>
<td>94</td>
<td>Identify the emergency lead time necessary the vendor or partner needs before they are able to provide the good or service</td>
</tr>
<tr>
<td>95</td>
<td>Identify the normal lead time necessary the vendor or partner needs before they are able to provide the good or service</td>
</tr>
<tr>
<td>96</td>
<td>Provide a description of any agreements made in the event of a disaster (e.g., enhanced services during a disaster, etc.)</td>
</tr>
<tr>
<td>97</td>
<td>Identify if there is an alternate vendor available and the telephone number</td>
</tr>
<tr>
<td>98</td>
<td>Describe any information necessary related to this external contact</td>
</tr>
</tbody>
</table>
11 - Customer Contact

(Complete one for each customer contact needed for each process, if applicable)

99 Business process name
100 Customer contact name
101 Number and street address
102 City
103 State
104 Zip code
105 Telephone number and extension
106 Fax number
107 Primary contact's first name
108 Primary contact's last name
109 Title of primary contact
110 Home address of primary contact if applicable
111 City
112 State
113 Zip code
114 Home E-mail, if applicable
115 Work E-mail
116 Home telephone number, if applicable
117 Work telephone number if different than in #105 above
118 Cell phone number
119 Pager number
120 Indicate the SLA/IGA agreement number, if applicable
121 Define the product or service
122 Identify the emergency lead time necessary your College/Department needs before you are able to provide the good or service
123 Identify the normal lead time necessary your College/Department needs before you are able to provide the good or service
124 Provide a description of any agreements made in case of a disaster (e.g., RTO times, etc.)
125 Describe any information necessary related to this customer

12 - Team Personnel

(complete one sheet for each team member – some teams may be responsible for more than one business process, but each process must be assigned to team)

126 Business process(es) name
127 Team name
128 Identify the team member position: Leader, Alternative Leader or Member
129 Employee’s identification number
130 Team member’s first name
131 Team member’s last name
132 Team member’s title
133 Team member’s home address
134 Team member’s city
135 Team member’s state
136 Team member’s zip code
137 Team member’s home E-mail address
138 Team member’s work E-mail address
139 Team member’s home phone number with area code
140 Team member’s work number with area code
141 Team member’s cell phone number with area code
142 Team member’s pager number with area code
143 Indicate whether this team member has access to a restoration-site facility
144 Indicate whether this team member has access to a backup-site facility
145 Indicate whether this team member has access to an off-site storage facility
146 Indicate whether this team member has access to the designated Command Center

13 - Business Equipment and Supplies
(complete for each process)

147 Business process name
148 List the quantity of the item needed (e.g. PC, telephone, fax machine, desks, etc.)
149 List the specific manufacturer if applicable
150 Describe any special features and explain why required
151 Estimate the cost for equipment and supplies
152 Define which phase items are required for

14 – Information Technology Applications
(complete one for each application needed for the process)

153 Business process name
154 Name of computer application
155 Team name assigned to process
156 Indicate whether this application has been entered into the Government Information Technology Agency’s Information Services Inventory System (ISIS) in which all agencies are to maintain their IT inventory
157 Indicate the hardware’s identification (can use a network name, serial or tag number, etc.) This will server as cross reference to the “Server/Hardware” form
158 Indicate the application’s System ID name or number. This will server as cross reference to the “Server/Hardware” form
159 Provide the length of time the application is required to run (Examples include: on-demand, daily, weekly, etc.
160 Indicate the application’s file directory’s structure on the server
161 Indicate the location of the program’s executable file
162 Provide the location of the application’s source code
163 Indicate whether this application has system documentation
164 Indicate the system documentation name (to cross reference with the “Business Information and Documents” form
165 Indicate whether this application has documentation that helps people use the computer program
166 Indicate the user documentation name (to cross reference with the “Business
Information and Documents” form

Indicate whether this application has documentation that explains what is necessary from a computer operations perspective

Indicate the operations documentation name (to cross reference with the “Business Information and Documents” form

Indicate whether this application has documentation that explains what is necessary to restore the application

Indicate the restoration documentation name (to cross reference with the “Business Information and Documents” form

15 – Information Technology Server/Hardware
(complete one for each server/hardware needed for the process)

Indicate the hardware's identification (can use a network name, serial or tag number, etc.) This will serve as cross reference to the "Server/Hardware" form

Indicate whether this application has been entered into the Government Information Technology Agency's Information Services Inventory System (ISIS) in which all agencies are to maintain their IT inventory

Provide a description of the type of Server or Hardware (e.g., Server, Mainframe, Minicomputer, etc.)

Indicate the Manufacturer that produced the Server or Hardware

Indicate the Manufacturer model name or number of the Server or Hardware

Indicate the size of the memory inside the Server or Hardware and include the unit of measure (e.g., 256 MB)

Indicate the size of the hard drive total space (including added external drives) used by the server and include the unit of measure (e.g., 60 GB)

Provide a description of the processor type (e.g., RISC, Pentium II, Pentium III, etc.)

Indicate the server's assigned IP address, if any

Indicate the operating system platform that runs on the Server or Hardware (UNIX, Windows NT, etc.)

Indicate the amount of time it will take to get the hardware returned to operation (RTO) including unit of measure (e.g. number of minutes, hours, days, etc.) Example: 24 hours

16 – Information Technology Telecommunications
(complete one for each server/hardware needed for the process)

Indicate the hardware's identification (can use a network name, serial or tag number, etc.) This will serve as cross reference to the "Server/Hardware" form

Indicate whether this application has been entered into the Government Information Technology Agency's Information Services Inventory System (ISIS) in which all agencies are to maintain their IT inventory

Provide a description of the type of service (e.g., Call Center, PBX, TDD
Indicate the amount of time it will take to get the hardware returned to operation (RTO) including unit of measure (e.g. number of minutes, hours, days, etc.) Example: 24 hours

17 - Alternate Sites
(complete one sheet for each alternate site)

190 Identify type of alternate site (complete one sheet for each of the following applicable types):
Command Center:
Backup Site:
Off-site Storage:
Restoration Site:
Other:

191 Provide a detailed description of the site and what business processes will be available at this location

192 Identify whether this location is the primary or secondary location

193 Provide the total square footage of the site

194 Provide a site phone number for executive contact (e.g., number used by Governor to contact agency director, etc.)

195 Provide the address of the location

196 City name

197 State

198 Zip code

199 Main telephone number at alternate site

200 Fax number at alternate site

201 Provide directions, cross streets, etc.