

# Business Continuity Plan Checklist

Safety & Compliance

REVIEW DATE ____/____/____	REVIEWER	ORGANISATION	PLAN VERSION
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## RISK ASSESSMENT

Business impact analysis current  Yes  Outdated  None

Key risks identified and prioritised  Yes  Review Needed

Risk assessment reflects current operations  Yes  Outdated

New risks since last review identified \_\_\_\_\_

## CRITICAL BUSINESS FUNCTIONS

Critical functions identified and prioritised  Yes  Incomplete

	YES	PARTIAL
Recovery time objectives (RTO) defined for each	<input type="radio"/>	<input type="radio"/>
Recovery point objectives (RPO) defined for data	<input type="radio"/>	<input type="radio"/>
Minimum staffing levels identified per function <input type="checkbox"/> Yes <input type="checkbox"/> No		
Dependencies between functions documented <input type="checkbox"/> Yes <input type="checkbox"/> Partial		

## RECOVERY STRATEGIES

Alternate work location identified  Yes  No

Remote work capability tested  Yes  Partial  No

IT disaster recovery plan in place  Yes  Outdated  No

Data backup and recovery tested  Yes  Overdue

Key vendor / supplier alternatives identified  Yes  Partial

Insurance coverage reviewed and adequate  Yes  Review Needed

## PEOPLE & COMMUNICATION

Emergency contact tree current  Yes  Outdated

Mass notification system tested  Yes  Not Tested  N/A

Key personnel succession / backup identified  Yes  Gaps

	YES	NO
External stakeholder communication plan	<input type="radio"/>	<input type="radio"/>
Media / public communication plan	<input type="radio"/>	<input type="radio"/>
Employee awareness of their role in BCP <input type="checkbox"/> Yes <input type="checkbox"/> Brief Needed		

## PLAN TESTING

Tabletop exercise conducted within 12 months  Yes  Overdue

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Functional test or drill conducted  Yes  Overdue  N/A

Test results documented and lessons learned  Yes  No

Improvements from last test implemented  Yes  Outstanding

**DOCUMENTATION & GOVERNANCE**

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Plan document current and version-controlled  Yes  Outdated

Plan accessible in an emergency (not only on office server)  Yes  Risk

Plan owner designated  Yes  No

Senior management endorsement current  Yes  Lapsed

**REVIEW SUMMARY**

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Updates made to plan

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Actions required

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Next review date \_\_\_\_\_

Reviewer signature \_\_\_\_\_

**Notes**

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