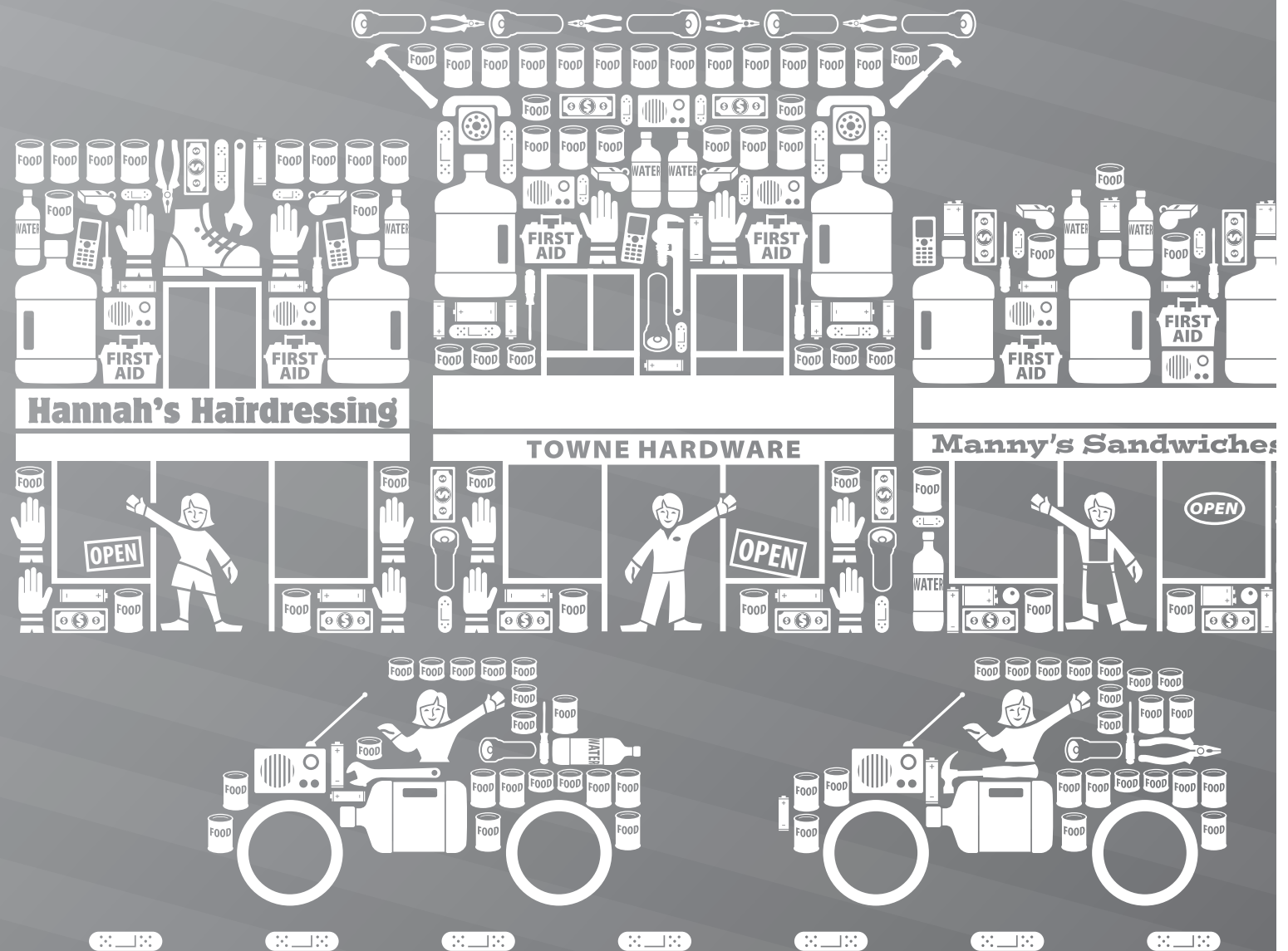


PreparedBC: Emergency Plan for Small Businesses



This resource is designed to help small business owners plan and prepare for emergencies that could interrupt operations. Use this template as a starting point and add to it as needed. One simple step today can make a difference in how effectively your business responds to and recovers from a disaster.

MY BUSINESS

Business name

Address

City, province, postal code

Telephone number

THE RISKS IT FACES

The following natural and man-made disasters could impact my business:

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

MY BUSINESS BACK-UP LOCATION

If my primary business location is not accessible, we will operate from:

Address

City, province, postal code

Telephone number

MY BUSINESS EVACUATION PLAN

Meeting place/assembly site:

- We have developed these plans in collaboration with neighbouring businesses and building owners to avoid confusion or gridlock.
- We have located, copied and posted building and site maps.
- Exits are clearly marked.
- We will practice evacuation procedures _____ times a year.

MY BUSINESS SHELTER-IN-PLACE PLAN

The shelter-in-place room is located:

- Co-workers are aware of what emergency supplies, if any, the business will provide in the shelter location, as well as which supplies individuals might consider keeping in a portable, personalized kit.
- We have located, copied and posted building and site maps.
- We will practice shelter procedures _____ times a year.

HOW MY BUSINESS WILL COMMUNICATE INFORMATION

The following person is our primary crisis manager and will serve as the company spokesperson in an emergency:

Primary emergency contact

Telephone number

Alternate phone number

Email

If this person is unavailable or unable to manage the crisis, the person below will act in his/her place:

Secondary emergency contact

Telephone number

Alternate phone number

Email

We will communicate our emergency plans with co-workers in the following way:

- _____
- _____
- _____
- _____
- _____

In the event of a disaster we will communicate with employees in the following way:

- _____
- _____
- _____
- _____
- _____

HOW I'M PROTECTING ESSENTIAL BUSINESS RECORDS AND PROCESSES

If our computers are destroyed, we will use back-up computers at the following location:

_____ is responsible for backing up our critical documents, including payroll and accounting systems.

Back-up records, including a copy of this plan, site maps, insurance policies, bank account records and computer back-ups, are stored onsite here:

Another set of back-up records is stored at the following off-site location:

If our accounting and payroll records are destroyed, we will provide for continuity in the following ways:

- _____
- _____
- _____
- _____
- _____
- _____

To protect our computer hardware and software, we will:

- _____
- _____
- _____
- _____
- _____
- _____

MY CRITICAL CONTACTS LIST

Emergency phone numbers *(Call 9-1-1 where available)*

Fire: _____

Police: _____

Ambulance: _____

Non-emergency phone numbers

Fire: _____

Police: _____

Ambulance: _____

Insurance provider: _____

Utilities: _____

Employee Emergency Contact Information

Name: _____ Phone: _____ Alternate phone: _____ E-mail: _____	Name: _____ Phone: _____ Alternate phone: _____ E-mail: _____
Name: _____ Phone: _____ Alternate phone: _____ E-mail: _____	Name: _____ Phone: _____ Alternate phone: _____ E-mail: _____
Name: _____ Phone: _____ Alternate phone: _____ E-mail: _____	Name: _____ Phone: _____ Alternate phone: _____ E-mail: _____

Suppliers and Contractors

Company name:		
<hr/>		
Contact name:	Account number:	
<hr/>		
Address:		
<hr/>		
Phone:	Fax:	E-mail:
<hr/>		
Materials / service provided:		
<hr/>		
Company name:		
<hr/>		
Contact name:	Account number:	
<hr/>		
Address:		
<hr/>		
Phone:	Fax:	E-mail:
<hr/>		
Materials / service provided:		
<hr/>		
Company name:		
<hr/>		
Contact name:	Account number:	
<hr/>		
Address:		
<hr/>		
Phone:	Fax:	E-mail:
<hr/>		
Materials / service provided:		
<hr/>		

EMERGENCY PLAN FOR SMALL BUSINESSES

Company name:

Contact name:

Account number:

Address:

Phone:

Fax:

E-mail:

Materials / service provided:

Company name:

Contact name:

Account number:

Address:

Phone:

Fax:

E-mail:

Materials / service provided:

Company name:

Contact name:

Account number:

Address:

Phone:

Fax:

E-mail:

Materials / service provided:

EMERGENCY PLAN FOR SMALL BUSINESSES

If these companies experience a disaster, we will obtain supplies/materials from the following:

Company name:		
<hr/>		
Contact name:	Account number:	
<hr/>		
Address:		
<hr/>		
Phone:	Fax:	E-mail:
<hr/>		
Materials / service provided:		
<hr/>		
Company name:		
<hr/>		
Contact name:	Account number:	
<hr/>		
Address:		
<hr/>		
Phone:	Fax:	E-mail:
<hr/>		
Materials / service provided:		
<hr/>		
Company name:		
<hr/>		
Contact name:	Account number:	
<hr/>		
Address:		
<hr/>		
Phone:	Fax:	E-mail:
<hr/>		
Materials / service provided:		
<hr/>		

EMERGENCY PLAN FOR SMALL BUSINESSES

Company name:		
<hr/>		
Contact name:	Account number:	
<hr/>		
Address:		
<hr/>		
Phone:	Fax:	E-mail:
<hr/>		
Materials / service provided:		
<hr/>		
Company name:		
<hr/>		
Contact name:	Account number:	
<hr/>		
Address:		
<hr/>		
Phone:	Fax:	E-mail:
<hr/>		
Materials / service provided:		
<hr/>		

MY PLAN REVIEW SCHEDULE

We will review and update our Business Emergency Plan on _____

Additional Notes:
