

BUSINESS CONTINUITY QUESTIONNAIRE

Requesting Organization Details

Organization:

Address:

Contact Name:

Telephone:

Email:

Supplying Organization Details

Organization:

Address:

Contact Name:

Telephone:

Email:

Please complete this questionnaire as fully as possible, using separate sheets where necessary.

If you have any questions, please contact the person listed above

1. Are you registered (certified) to any recognized Business Continuity Standard for the full range of products, services and works you provide?

YES

PARTIAL

NO

EVIDENCE/NOTES

2. Do you have staff assigned to undertake Business Continuity Management (BCM) with clearly defined and documented roles & responsibilities?

YES

PARTIAL

NO

EVIDENCE/NOTES

3. Have you assessed the risks to your operations and taken the necessary actions to protect your business.

YES

PARTIAL

NO

EVIDENCE/NOTES

4. Do you identify and mitigate risks or threats to the business operations from specific events such as Olympics, warnings of heavy weather or localized flooding, power outages etc.?

YES

PARTIAL

NO

EVIDENCE/NOTES

5. Have you identified the activities that are essential for your delivery of the full range of your products, services and works?

- YES
- PARTIAL
- NO

EVIDENCE/NOTES

6. Do you have a business continuity strategy for; people, premises, technology, information, suppliers and stakeholders?

- YES
- PARTIAL
- NO

EVIDENCE/NOTES

7. Have you engaged with local emergency responders to develop plans for helping your organization and your community during an emergency?

- YES
- PARTIAL
- NO

EVIDENCE/NOTES

8. Do you have regularly updated Business Continuity arrangement that include your incident management process, notification procedures, recovery strategy / procedures and the estimated recovery time for your products, services and works?

- YES
- PARTIAL
- NO

EVIDENCE/NOTES

9. Do you have a documented strategy for exercising the Business Continuity Plan?

- YES
- PARTIAL
- NO

EVIDENCE/NOTES

10. Can you provide information on your exercising program, and evidence of your most recent exercises?

- YES
- PARTIAL
- NO

EVIDENCE/NOTES

11. Do you use exercise results to improve and update your Business Continuity Management arrangements?

YES

PARTIAL

NO

EVIDENCE/NOTES

12. Are your senior management & operational management teams trained in business continuity and managing incidents?

YES

PARTIAL

NO

EVIDENCE/NOTES

13. Are all staff aware of the BC Procedures and their roles and responsibilities within them?

YES

PARTIAL

NO

EVIDENCE/NOTES

14. Do you have a proven and effective IT Continuity Plan? Please provide evidence.

YES

PARTIAL

NO

EVIDENCE/NOTES

15. Is all critical data backed up and readily available offsite?

YES

PARTIAL

NO

EVIDENCE/NOTES

16. Are copies of all vital documents and records readily available offsite?

YES

PARTIAL

NO

EVIDENCE/NOTES

17. Have you identified your critical suppliers of goods & services, in order for your Company to provide a service to this Company?

YES

PARTIAL

NO

EVIDENCE/NOTES

18. Have you consulted your suppliers, service and utilities providers during the preparation of plans, and regularly confirmed that they will be able to continue service to you, even in the event of their having an incident?

YES

PARTIAL

NO

EVIDENCE/NOTES

19. Do you have a method to communicate with your key staff/stakeholders during a service disruption, during any given period?

YES

PARTIAL

NO

EVIDENCE/NOTES

20. Do you have the capability to manage a PR situation affecting reputation and your ability to operate?

YES

PARTIAL

NO

EVIDENCE/NOTES

Is there any additional relevant information you wish to add?