# Enterprise Disaster Recovery Plan

**Event Type: <Enter the event type, e.g. fire, earthquake, etc.>**

**Written By: <Enter your name here>**

# Disaster Recovery Plan

**Date: [Enter the Date]**

###### Unit: [Branch name]

## General Information

|  |  |  |
| --- | --- | --- |
| The following person is our primary crisis manager. |  | If the person is unable to manage the crisis, the person below will succeed in management. |
|  |  |  |
| Primary emergency contact |  | Secondary emergency contact |
|  |  |  |
| Telephone number |  | Telephone number |
|  |  |  |
| Alternative number |  | Alternative number |
|  |  |  |
| E-mail |  | E-mail |

The following people will participate in emergency planning and crisis management.

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

|  |  |  |
| --- | --- | --- |
| The following is the primary processing site for our information resources. |  | If the primary site becomes unavailable, the following alternate site will be used. |
|  |  |  |
| Building |  | Building |
|  |  |  |
| Street address |  | Street address |
|  |  |  |
| City, state, zip code |  | City, state, zip code |
|  |  |  |
| Telephone number |  | Telephone number |

The primary copy of this plan will be stored in the following location.

|  |
| --- |
|  |

An up-to-date copy of this plan will be stored in the following off-site location.

|  |
| --- |
|  |

## Critical Services

The following are our critical services, the administrators of these services, and the location of the business impact analysis and backup and recovery policy for each.

|  |  |  |  |
| --- | --- | --- | --- |
| Service name |  | Administrator |  |
| Location of Business Impact Analysis |  |
| Location of Backup and Recovery Policy |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Service name |  | Administrator |  |
| Location of Business Impact Analysis |  |
| Location of Backup and Recovery Policy |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Service name |  | Administrator |  |
| Location of Business Impact Analysis |  |
| Location of Backup and Recovery Policy |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Service name |  | Administrator |  |
| Location of Business Impact Analysis |  |
| Location of Backup and Recovery Policy |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Service name |  | Administrator |  |
| Location of Business Impact Analysis |  |
| Location of Backup and Recovery Policy |  |

## Notification

In the event of a disaster, we will communicate with our staff in the following ways:

|  |
| --- |
|  |
|  |
|  |

In the event of a disaster, we will notify our users in the following ways:

|  |
| --- |
|  |
|  |
|  |

In the event of a disaster, the following external people or groups will be notified:

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

## Vendor Contact Information (Provide information on vendors needed – determine how many will be needed – add if more than 3 will be needed)

|  |  |
| --- | --- |
| Company name |  |
| Street address |  |
| City |  | State |  | Zip code |  |
| Account number |  |
| Account manager name |  |
| Phone |  | Fax |  | E-mail |  |
| Technical support contact |  |
| Phone |  | Fax |  | E-mail |  |

|  |  |
| --- | --- |
| Company name |  |
| Street address |  |
| City |  | State |  | Zip code |  |
| Account number |  |
| Account manager name |  |
| Phone |  | Fax |  | E-mail |  |
| Technical support contact |  |
| Phone |  | Fax |  | E-mail |  |

|  |  |
| --- | --- |
| Company name |  |
| Street address |  |
| City |  | State |  | Zip code |  |
| Account number |  |
| Account manager name |  |
| Phone |  | Fax |  | E-mail |  |
| Technical support contact |  |
| Phone |  | Fax |  | E-mail |  |

## Employee Contact Information

|  |  |
| --- | --- |
| Employee name |  |
| Home phone |  | Cell phone |  |
| E-mail |  |

|  |  |
| --- | --- |
| Employee name |  |
| Home phone |  | Cell phone |  |
| E-mail |  |

|  |  |
| --- | --- |
| Employee name |  |
| Home phone |  | Cell phone |  |
| E-mail |  |

|  |  |
| --- | --- |
| Employee name |  |
| Home phone |  | Cell phone |  |
| E-mail |  |

|  |  |
| --- | --- |
| Employee name |  |
| Home phone |  | Cell phone |  |
| E-mail |  |

|  |  |
| --- | --- |
| Employee name |  |
| Home phone |  | Cell phone |  |
| E-mail |  |

Notes:

## Annual Review

|  |  |
| --- | --- |
| We will review and update this disaster plan in |  |

## Approval

|  |  |  |
| --- | --- | --- |
| Department head or chair. |  | Technical manager or lead. |
|  |  |  |
| Signature |  | Signature |
|  |  |  |
| Printed name |  | Printed name |
|  |  |  |
| Date |  | Date |