



BUSINESS CONTINUITY PLANNING FORM

Office of Emergency Management

1. Purpose & Scope

This form reflects the UMass Boston Business Continuity Planning Policy of the campus (FY14-A&F-006-00). In order to sustain the campus, individual departments must prepare for three different types of potential disruption: denial/loss of access to a facility; service interruption due to a reduced workforce; service interruption due to equipment or systems failure. By completing this form, each department establishes a plan for continuity of operations. This Business Continuity Plan refers to the actions to be performed by departments during and after a campus emergency. Each Vice Chancellor area will determine how departments should coordinate to address critical functions appropriately.

2. Basic Department Information

Department:

Vice Chancellor Area:

Brief Description of Department:

Office Location(s):

Total number of employees:

Staff:

Full-time:

Part-time:

Faculty:

Full-time:

Part-time:

Does this department offer classes?

☐ Yes ☐ No

Number of classes:

Where are classes typically held?

Number of classes with online presence/continuity plans:

Does this department have science labs?

☐ Yes ☐ No

Do the labs have continuity plans?

☐ Yes ☐ No



Department/Staff Phone List:

Creating an emergency contact phone list is highly encouraged as part of developing continuity plans for depts. Dept has updated and distributed staff phone list within the department. ☐

Dept critical documents have been backed up and are available to be accessed remotely. ☐

3. Delegations of Authority

Indicate delegations of authority for leadership positions/decision-making authority. Who makes decisions for the department? This could include signing authority but is broader (e.g. includes general department functions). Use additional sheets if necessary.

Position	Name	Type of Authority (i.e. signing, area/function decision-making)	Authority Delegated To Include name/contact number

4. Identification of Critical Functions

Please identify your department's critical functions, listing them in terms of criticality indicated below. Use additional sheets if necessary. Be sure to complete a **Critical Function Worksheet** for each function listed in this section.

Function	Tier (See Below)	Person Responsible	Backup Person	Can be performed remotely?

Levels of Criticality:

- **Tier 1: 0 to 24 Hours** – These functions include those with the direct and immediate effect on the Department / University to preserve life, safety, property and have an effect on damaging the University's reputation. (Examples: utility plant management, public safety, animal feeding, IT security.)
- **Tier 2: 24+ Hours to 72 Hours** – These functions are necessary for Department /University core functioning. They must be restored within 72 hours. (Examples: depending on calendar, could include payroll, grades)
- **Tier 3: 72+ Hours to 1 Week** – These functions support Department / University objectives and have great consequences if paused for more than one week. Must be restored sooner than 7 days. (Examples: depending on calendar, could include admissions letters, mailings, and certain repairs.)
- **Tier 4: 1 Week+ to 30 Days** - These functions are not critical for core functioning of the Department / University and may pause for a week but must restart within 30 days. (Examples: depending on calendar, could include event scheduling, certain correspondence, long-term planning meetings.)

5. Additional Worksheets to be Completed

☐ Critical Function Worksheet*

* Worksheet must be completed for each of the critical functions listed in part 4 of this form.

6. Contact Person

Continuity Planning Contact Name:

Position:

Phone Number:

Email:



BUSINESS CONTINUITY PLAN

CRITICAL FUNCTION WORKSHEET - 1

1. Instructions: **Please complete this worksheet for each critical department function identified under #4 on the Business Continuity Planning Form.**

2. Department:

3. Critical Function:

4. Brief description of function:

5. Criticality Tier:

6. Period of High Activity (If Applicable): ☐ Spring Semester ☐ Summer ☐ Fall Semester ☐ Winter ☐ N/A

7. Can this function be completed remotely?:

If "Partially," provide comments:

8. Personnel Trained to Complete this Function

	Primary Contact (person responsible for function)	Secondary Contact (backup)
Name:		
Desk Phone:		
Cell/Home Phone:		
Email:		

9. In which building is this critical function located? Select from the drop-down menu. If "Other," provide location.

10. Impacts if this function is discontinued:



11. Resource Requirements/Dependencies for this Function (*Physical resources, IT resources, Vendors, etc.*):

12. Please use the spaces below to explain how you might continue this function under the conditions listed.

Loss of Staffing:

Loss of Electricity/Power:

Loss of IT Network:

Loss of Space:

Loss of Vendor Service:



BUSINESS CONTINUITY PLAN

CRITICAL FUNCTION WORKSHEET - 2

1. Instructions: Please complete this worksheet for each critical department function identified under #4 on the Business Continuity Planning Form.

2. Department:

3. Critical Function:

4. Brief description of function:

5. Criticality Tier:

6. Period of High Activity (If Applicable): ☐ Spring Semester ☐ Summer ☐ Fall Semester ☐ Winter ☐ N/A

7. Can this function be completed remotely?: If "Partially," provide comments:

8. Personnel Trained to Complete this Function

	Primary Contact (person responsible for function)	Secondary Contact (backup)
Name:		
Desk Phone:		
Cell/Home Phone:		
Email:		

9. In which building is this critical function located? Select from the drop-down menu. If "Other," provide location.

10. Impacts if this function is discontinued:



11. Resource Requirements/Dependencies for this Function (*Physical resources, IT resources, Vendors, etc.*):

12. Please use the spaces below to explain how you might continue this function under the conditions listed.

Loss of Staffing:

Loss of Electricity/Power:

Loss of IT Network:

Loss of Space:

Loss of Vendor Service:



BUSINESS CONTINUITY PLAN

CRITICAL FUNCTION WORKSHEET - 3

1. Instructions: **Please complete this worksheet for each critical department function identified under #4 on the Business Continuity Planning Form.**

2. Department:

3. Critical Function:

4. Brief description of function:

5. Criticality Tier:

6. Period of High Activity (If Applicable): ☐ Spring Semester ☐ Summer ☐ Fall Semester ☐ Winter ☐ N/A

7. Can this function be completed remotely?:

If "Partially," provide comments:

8. Personnel Trained to Complete this Function

	Primary Contact (person responsible for function)	Secondary Contact (backup)
Name:		
Desk Phone:		
Cell/Home Phone:		
Email:		

9. In which building is this critical function located? Select from the drop-down menu. If "Other," provide location.

10. Impacts if this function is discontinued:



11. Resource Requirements/Dependencies for this Function (*Physical resources, IT resources, Vendors, etc.*):

12. Please use the spaces below to explain how you might continue this function under the conditions listed.

Loss of Staffing:

Loss of Electricity/Power:

Loss of IT Network:

Loss of Space:

Loss of Vendor Service:



BUSINESS CONTINUITY PLAN

CRITICAL FUNCTION WORKSHEET - 4

1. Instructions: **Please complete this worksheet for each critical department function identified under #4 on the Business Continuity Planning Form.**

2. Department:

3. Critical Function:

4. Brief description of function:

5. Criticality Tier:

6. Period of High Activity (If Applicable): ☐ Spring Semester ☐ Summer ☐ Fall Semester ☐ Winter ☐ N/A

7. Can this function be completed remotely?:

If "Partially," provide comments:

8. Personnel Trained to Complete this Function

	Primary Contact (person responsible for function)	Secondary Contact (backup)
Name:		
Desk Phone:		
Cell/Home Phone:		
Email:		

9. In which building is this critical function located? Select from the drop-down menu. If "Other," provide location.

10. Impacts if this function is discontinued:



11. Resource Requirements/Dependencies for this Function (*Physical resources, IT resources, Vendors, etc.*):

12. Please use the spaces below to explain how you might continue this function under the conditions listed.

Loss of Staffing:

Loss of Electricity/Power:

Loss of IT Network:

Loss of Space:

Loss of Vendor Service:



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CRITICAL FUNCTION WORKSHEET - 5

1. Instructions: Please complete this worksheet for each critical department function identified under #4 on the Business Continuity Planning Form.

2. Department:

3. Critical Function:

4. Brief description of function:

5. Criticality Tier:

6. Period of High Activity (If Applicable): ☐ Spring Semester ☐ Summer ☐ Fall Semester ☐ Winter ☐ N/A

7. Can this function be completed remotely?:

If "Partially," provide comments:

8. Personnel Trained to Complete this Function

	Primary Contact (person responsible for function)	Secondary Contact (backup)
Name:		
Desk Phone:		
Cell/Home Phone:		
Email:		

9. In which building is this critical function located? Select from the drop-down menu. If "Other," provide location.

10. Impacts if this function is discontinued:



11. Resource Requirements/Dependencies for this Function (*Physical resources, IT resources, Vendors, etc.*):

12. Please use the spaces below to explain how you might continue this function under the conditions listed.

Loss of Staffing:

Loss of Electricity/Power:

Loss of IT Network:

Loss of Space:

Loss of Vendor Service:



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CRITICAL FUNCTION WORKSHEET - 6

1. Instructions: **Please complete this worksheet for each critical department function identified under #4 on the Business Continuity Planning Form.**

2. Department:

3. Critical Function:

4. Brief description of function:

5. Criticality Tier:

6. Period of High Activity (If Applicable): ☐ Spring Semester ☐ Summer ☐ Fall Semester ☐ Winter ☐ N/A

7. Can this function be completed remotely?:

If "Partially," provide comments:

8. Personnel Trained to Complete this Function

	Primary Contact (person responsible for function)	Secondary Contact (backup)
Name:		
Desk Phone:		
Cell/Home Phone:		
Email:		

9. In which building is this critical function located? Select from the drop-down menu. If "Other," provide location.

10. Impacts if this function is discontinued:



11. Resource Requirements/Dependencies for this Function (*Physical resources, IT resources, Vendors, etc.*):

12. Please use the spaces below to explain how you might continue this function under the conditions listed.

Loss of Staffing:

Loss of Electricity/Power:

Loss of IT Network:

Loss of Space:

Loss of Vendor Service:



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CRITICAL FUNCTION WORKSHEET - 7

1. Instructions: **Please complete this worksheet for each critical department function identified under #4 on the Business Continuity Planning Form.**

2. Department:

3. Critical Function:

4. Brief description of function:

5. Criticality Tier:

6. Period of High Activity (If Applicable): ☐ Spring Semester ☐ Summer ☐ Fall Semester ☐ Winter ☐ N/A

7. Can this function be completed remotely?:

If "Partially," provide comments:

8. Personnel Trained to Complete this Function

	Primary Contact (person responsible for function)	Secondary Contact (backup)
Name:		
Desk Phone:		
Cell/Home Phone:		
Email:		

9. In which building is this critical function located? Select from the drop-down menu. If "Other," provide location.

10. Impacts if this function is discontinued:



11. Resource Requirements/Dependencies for this Function (*Physical resources, IT resources, Vendors, etc.*):

12. Please use the spaces below to explain how you might continue this function under the conditions listed.

Loss of Staffing:

Loss of Electricity/Power:

Loss of IT Network:

Loss of Space:

Loss of Vendor Service:



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CRITICAL FUNCTION WORKSHEET - 8

1. Instructions: **Please complete this worksheet for each critical department function identified under #4 on the Business Continuity Planning Form.**

2. Department:

3. Critical Function:

4. Brief description of function:

5. Criticality Tier:

6. Period of High Activity (If Applicable): ☐ Spring Semester ☐ Summer ☐ Fall Semester ☐ Winter ☐ N/A

7. Can this function be completed remotely?:

If "Partially," provide comments:

8. Personnel Trained to Complete this Function

	Primary Contact (person responsible for function)	Secondary Contact (backup)
Name:		
Desk Phone:		
Cell/Home Phone:		
Email:		

9. In which building is this critical function located? Select from the drop-down menu. If "Other," provide location.

10. Impacts if this function is discontinued:



11. Resource Requirements/Dependencies for this Function (*Physical resources, IT resources, Vendors, etc.*):

12. Please use the spaces below to explain how you might continue this function under the conditions listed.

Loss of Staffing:

Loss of Electricity/Power:

Loss of IT Network:

Loss of Space:

Loss of Vendor Service:



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CRITICAL FUNCTION WORKSHEET - 9

1. Instructions: **Please complete this worksheet for each critical department function identified under #4 on the Business Continuity Planning Form.**

2. Department:

3. Critical Function:

4. Brief description of function:

5. Criticality Tier:

6. Period of High Activity (If Applicable): ☐ Spring Semester ☐ Summer ☐ Fall Semester ☐ Winter ☐ N/A

7. Can this function be completed remotely?:

If "Partially," provide comments:

8. Personnel Trained to Complete this Function

	Primary Contact (person responsible for function)	Secondary Contact (backup)
Name:		
Desk Phone:		
Cell/Home Phone:		
Email:		

9. In which building is this critical function located? Select from the drop-down menu. If "Other," provide location.

10. Impacts if this function is discontinued:



11. Resource Requirements/Dependencies for this Function (*Physical resources, IT resources, Vendors, etc.*):

12. Please use the spaces below to explain how you might continue this function under the conditions listed.

Loss of Staffing:

Loss of Electricity/Power:

Loss of IT Network:

Loss of Space:

Loss of Vendor Service:



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CRITICAL FUNCTION WORKSHEET - 10

1. Instructions: **Please complete this worksheet for each critical department function identified under #4 on the Business Continuity Planning Form.**

2. Department:

3. Critical Function:

4. Brief description of function:

5. Criticality Tier:

6. Period of High Activity (If Applicable): ☐ Spring Semester ☐ Summer ☐ Fall Semester ☐ Winter ☐ N/A

7. Can this function be completed remotely?:

If "Partially," provide comments:

8. Personnel Trained to Complete this Function

	Primary Contact (person responsible for function)	Secondary Contact (backup)
Name:		
Desk Phone:		
Cell/Home Phone:		
Email:		

9. In which building is this critical function located? Select from the drop-down menu. If "Other," provide location.

10. Impacts if this function is discontinued:



11. Resource Requirements/Dependencies for this Function (*Physical resources, IT resources, Vendors, etc.*):

12. Please use the spaces below to explain how you might continue this function under the conditions listed.

Loss of Staffing:

Loss of Electricity/Power:

Loss of IT Network:

Loss of Space:

Loss of Vendor Service:



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CRITICAL FUNCTION WORKSHEET - 11

1. Instructions: **Please complete this worksheet for each critical department function identified under #4 on the Business Continuity Planning Form.**

2. Department:

3. Critical Function:

4. Brief description of function:

5. Criticality Tier:

6. Period of High Activity (If Applicable): ☐ Spring Semester ☐ Summer ☐ Fall Semester ☐ Winter ☐ N/A

7. Can this function be completed remotely?:

If "Partially," provide comments:

8. Personnel Trained to Complete this Function

	Primary Contact (person responsible for function)	Secondary Contact (backup)
Name:		
Desk Phone:		
Cell/Home Phone:		
Email:		

9. In which building is this critical function located? Select from the drop-down menu. If "Other," provide location.

10. Impacts if this function is discontinued:



11. Resource Requirements/Dependencies for this Function (*Physical resources, IT resources, Vendors, etc.*):

12. Please use the spaces below to explain how you might continue this function under the conditions listed.

Loss of Staffing:

Loss of Electricity/Power:

Loss of IT Network:

Loss of Space:

Loss of Vendor Service:



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CRITICAL FUNCTION WORKSHEET - 12

1. Instructions: **Please complete this worksheet for each critical department function identified under #4 on the Business Continuity Planning Form.**

2. Department:

3. Critical Function:

4. Brief description of function:

5. Criticality Tier:

6. Period of High Activity (If Applicable): ☐ Spring Semester ☐ Summer ☐ Fall Semester ☐ Winter ☐ N/A

7. Can this function be completed remotely?:

If "Partially," provide comments:

8. Personnel Trained to Complete this Function

	Primary Contact (person responsible for function)	Secondary Contact (backup)
Name:		
Desk Phone:		
Cell/Home Phone:		
Email:		

9. In which building is this critical function located? Select from the drop-down menu. If "Other," provide location.

10. Impacts if this function is discontinued:



11. Resource Requirements/Dependencies for this Function (*Physical resources, IT resources, Vendors, etc.*):

12. Please use the spaces below to explain how you might continue this function under the conditions listed.

Loss of Staffing:

Loss of Electricity/Power:

Loss of IT Network:

Loss of Space:

Loss of Vendor Service: