

**COB PLAN REVIEW**

**DEPARTMENT:** \_\_\_\_\_

**LOCATION:** \_\_\_\_\_

**DATE REVIEWED:** \_\_\_\_\_

CONTENT	INCLUDED		COMMENTS
	yes	no	
<b>Business Impact Analysis?</b> 1. Business interruption risks 2. Outage duration scenarios 3. cost/benefit analysis 4. Controls on risk 5. Financial/customer/regulatory impact			
<b>Containment strategy?</b>			
<b>Recovery strategy?</b>			
<b>Testing strategy?</b>			
<b>Education and training strategy?</b>			
<b>Annual Review?</b>			
<b>Date of last plan update</b>			
<b>Business Unit Head sign-off?</b>			
<b>List of individuals who can authorize activation?</b>			
<b>24-hour notification list (including relevant support departments)? Phonetree?</b>			
<b>List of vital and essential records and their location?</b>			
<b>Short-term and long-term backup sites?</b>			
<b>Schedule of processing/production priorities?</b>			
<b>Most current test plan, schedule, results, status of corrective actions?</b>			
<b>Service Level Agreements? (backup site, equipment, network, etcetera)</b>			
<b>Damage assessment methods?</b>			
<b>Designated COB contact?</b>			
<b>COB response team (names, phone numbers, responsibilities): mgmt., staff, special teams, vendors?</b>			

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