Continuity of Operations Planning (COOP)

Organization:_____

ESSENTIAL FUNCTION:

ORGANIZATION DEPARTMENT OR AGENCY RESPONSIBLE FOR FUNCTION: _____

Priority Level	• Level 1 Level 2 Level 3 Level 4
Recovery Time Objective	• _____Hours _____Days _____Weeks
Is Need for Function Increased by Disaster	• ____NO ____YES (Please Specify) _____
Special Credentials Needed	• ____NO ____YES (Please Specify) _____
Standard Operating Procedures (SOPs) Available	• ____NO ____YES (Please Specify) _____
Can Performance Occur via Telework or Alternate Location	• ____NO ____YES (Please Specify) _____
Resources Are Required For Essential Function	
Are Resources Available to Conduct Function via Telework or Alternate Location	• ____NO ___YES (Please Specify) _____
Systems Available to Maintain Function	

PERSON(S) NORMALLY RESPONSIBLE FOR PERFORMING ESSENTAL FUNCTION

Name: _____

Position: _____

E-mail and Phone Number: _____

_____

Name _____

Position: _____

E-mail and Phone Number: _____

_____

BACKUP PERSONNEL CROSSTRAINED TO CONTINUE FUNCTION (Please provide at least 3):

Name: _____

Position: _____

E-mail and Phone Number: _____

_____

Name: _____

Position: _____

E-mail and Phone Number: _____

_____

Name _____

Position: _____

E-mail and Phone Number: _____

_____

Name _____

Position: _____

E-mail and Phone Number: _____

_____

ESSENTIAL FUNCTION:

ORGANIZATION DEPARTMENT OR AGENCY RESPONSIBLE FOR FUNCTION: _____

Priority Level	• Level 1 Level 2 Level 3 Level 4
Recovery Time Objective	• _____Hours _____Days _____Weeks
Is Need for Function Increased by Disaster	• ____NO ____YES (Please Specify) _____
Special Credentials Needed	• ____NO ____YES (Please Specify) _____
Standard Operating Procedures (SOPs) Available	• ____NO ____YES (Please Specify) _____
Can Performance Occur via Telework or Alternate Location	• ____NO ____YES (Please Specify) _____
Resources Are Required For Essential Function	
Are Resources Available to Conduct Function via Telework or Alternate Location	• ____NO ___YES (Please Specify) _____
Systems Available to Maintain Function	

PERSON(S) NORMALLY RESPONSIBLE FOR PERFORMING ESSENTAL FUNCTION

Name: _____

Position: _____

E-mail and Phone Number: _____

_____

Name _____

Position: _____

E-mail and Phone Number: _____

_____

BACKUP PERSONNEL CROSSTRAINED TO CONTINUE FUNCTION (Please provide at least 3):

Name: _____

Position: _____

E-mail and Phone Number: _____

_____

Name: _____

Position: _____

E-mail and Phone Number: _____

_____

Name _____

Position: _____

E-mail and Phone Number: _____

_____

Name _____

Position: _____

E-mail and Phone Number: _____

_____

ESSENTIAL FUNCTION:

ORGANIZATION DEPARTMENT OR AGENCY RESPONSIBLE FOR FUNCTION: _____

Priority Level	• Level 1 Level 2 Level 3 Level 4
Recovery Time Objective	• _____Hours _____Days _____Weeks
Is Need for Function Increased by Disaster	• ____NO ____YES (Please Specify) _____
Special Credentials Needed	• ____NO ____YES (Please Specify) _____
Standard Operating Procedures (SOPs) Available	• ____NO ____YES (Please Specify) _____
Can Performance Occur via Telework or Alternate Location	• ____NO ____YES (Please Specify) _____
Resources Are Required For Essential Function	
Are Resources Available to Conduct Function via Telework or Alternate Location	• ____NO ___YES (Please Specify) _____
Systems Available to Maintain Function	

PERSON(S) NORMALLY RESPONSIBLE FOR PERFORMING ESSENTAL FUNCTION

Name: _____

Position: _____

E-mail and Phone Number: _____

_____

Name _____

Position: _____

E-mail and Phone Number: _____

_____

BACKUP PERSONNEL CROSSTRAINED TO CONTINUE FUNCTION (Please provide at least 3):

Name: _____

Position: _____

E-mail and Phone Number: _____

_____

Name: _____

Position: _____

E-mail and Phone Number: _____

_____

Name _____

Position: _____

E-mail and Phone Number: _____

_____

Name _____

Position: _____

E-mail and Phone Number: _____

_____

ESSENTIAL FUNCTION:

ORGANIZATION DEPARTMENT OR AGENCY RESPONSIBLE FOR FUNCTION: _____

Priority Level	• Level 1 Level 2 Level 3 Level 4
Recovery Time Objective	• _____Hours _____Days _____Weeks
Is Need for Function Increased by Disaster	• ____NO ____YES (Please Specify) _____
Special Credentials Needed	• ____NO ____YES (Please Specify) _____
Standard Operating Procedures (SOPs) Available	• ____NO ____YES (Please Specify) _____
Can Performance Occur via Telework or Alternate Location	• ____NO ____YES (Please Specify) _____
Resources Are Required For Essential Function	
Are Resources Available to Conduct Function via Telework or Alternate Location	• ____NO ___YES (Please Specify) _____
Systems Available to Maintain Function	

PERSON(S) NORMALLY RESPONSIBLE FOR PERFORMING ESSENTAL FUNCTION

Name: _____

Position: _____

E-mail and Phone Number: _____

_____

Name _____

Position: _____

E-mail and Phone Number: _____

_____

BACKUP PERSONNEL CROSSTRAINED TO CONTINUE FUNCTION (Please provide at least 3):

Name: _____

Position: _____

E-mail and Phone Number: _____

_____

Name: _____

Position: _____

E-mail and Phone Number: _____

_____

Name _____

Position: _____

E-mail and Phone Number: _____

_____

Name _____

Position: _____

E-mail and Phone Number: _____

_____

ESSENTIAL FUNCTION:

ORGANIZATION DEPARTMENT OR AGENCY RESPONSIBLE FOR FUNCTION: _____

Priority Level	• Level 1 Level 2 Level 3 Level 4
Recovery Time Objective	• _____Hours _____Days _____Weeks
Is Need for Function Increased by Disaster	• ____NO ____YES (Please Specify) _____
Special Credentials Needed	• ____NO ____YES (Please Specify) _____
Standard Operating Procedures (SOPs) Available	• ____NO ____YES (Please Specify) _____
Can Performance Occur via Telework or Alternate Location	• ____NO ____YES (Please Specify) _____
Resources Are Required For Essential Function	
Are Resources Available to Conduct Function via Telework or Alternate Location	• ____NO ___YES (Please Specify) _____
Systems Available to Maintain Function	

PERSON(S) NORMALLY RESPONSIBLE FOR PERFORMING ESSENTAL FUNCTION

Name: _____

Position: _____

E-mail and Phone Number: _____

_____

Name _____

Position: _____

E-mail and Phone Number: _____

_____

BACKUP PERSONNEL CROSSTRAINED TO CONTINUE FUNCTION (Please provide at least 3):

Name: _____

Position: _____

E-mail and Phone Number: _____

_____

Name: _____

Position: _____

E-mail and Phone Number: _____

_____

Name _____

Position: _____

E-mail and Phone Number: _____

_____

Name _____

Position: _____

E-mail and Phone Number: _____

_____