Organizational Disaster Plan

ORGANIZATION NAME
ADDRESS
CITY /STATE/ZIP
PHONE: FAX:
WEB SITE:

OFFICE DIRECTIONS FROM A MAJOR INTERSECTION:

DISASTER POINT OF CONTACT
NAME: TITLE: 
HOME ADDRESS: CITY/STATE/ZIP: 
PHONE: CELL: 
ALTERNATE PHONE: 

ALTERNATE CONTACT PERSON:
NAME: TITLE: 
HOME ADDRESS: CITY/STATE/ZIP: 
PHONE: CELL: 
ALTERNATE PHONE: 

Axis Group I, 2011
OUT OF AREA CONTACT PERSON:
NAME: ____________________________________________
TITLE: ____________________________________________
HOME ADDRESS: _____________________________________
CITY/STATE/ZIP: ______________________________________
PHONE: _____________________________________________
ALTERNATE PHONE: ____________________________________

STAFF (complete this on each individual)
STAFF NAME: _________________________________________
ADDRESS: ____________________________________________
CITY/STATE/ZIP: ______________________________________
PHONE: _____________________________________________
ALTERNATE PHONE: ____________________________________
OUT OF AREA CONTACT IN AN EMERGENCY: _______________
RELATIONSHIP: _________________________________________
PHONE: _____________________________________________

SPECIAL NEEDS/CONSIDERATIONS: __________________________

PERSON TO MONITOR DISASTERS:
NAME: _______________________________________________
TITLE: _______________________________________________
PHONE: _____________________________________________

ALTERNATE PERSON TO MONITOR DISASTERS:
NAME: _______________________________________________
TITLE: _______________________________________________
PHONE: _____________________________________________

Axis Group I, 2011
INSURANCE (Company and phone)
PROPERTY: ____________________________________________________________
FLOOD: ____________________________________________________________
LIABILITY: __________________________________________________________

EQUIPMENT
EQUIPMENT DISASTER COORDINATOR: _________________________________
DATA BACK UP RESPONSIBILITY: _______________________________________
OFF SITE SYSTEM LOCATION: _________________________________________

CHECK LIST
_______ INVENTORY
_______ PHOTOS
_______ STAFF AND SHARED FILES

COMMUNICATION
PERSON RESPONSIBLE FOR PHONE MESSAGE FOR OFFICE UNDER DISASTER

INDIVIDUALS TO BE NOTIFIED IF OFFICE SHUTS DOWN (name and number)
1. _______________________________________________________________
2. _______________________________________________________________
3. _______________________________________________________________

INDIVIDUALS TO NOTIFY OF DAMAGE (name and number)
1. _______________________________________________________________
2. _______________________________________________________________
3. _______________________________________________________________

EVACUATION Route #1: ______________________________________________
______________________________________________________________
______________________________________________________________
EVACUATION Route #2:

<table>
<thead>
<tr>
<th>Utility</th>
<th>Phone Number</th>
<th>Location</th>
<th>How to Turn On/Off</th>
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<tbody>
<tr>
<td>Gas</td>
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<td>Electricity</td>
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