



Date: _____
Due Date for Update: _____

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: _____

Date: _____
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OUT OF AREA CONTACT PERSON:

NAME: _____
TITLE: _____
HOME ADDRESS: _____
CITY/STATE/ZIP: _____
PHONE: _____ CELL: _____
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: _____

Date: _____
Due Date for Update: _____

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

1. _____

INDIVIDUALS TO BE NOTIFIED IF OFFICE

2. _____

SHUTS DOWN (name and number)

3. _____

INDIVIDUALS TO NOTIFY OF

1. _____

DAMAGE (name and number)

2. _____

3. _____

EVACUATION Route #1: _____

Date: _____
Due Date for Update: _____

EVACUATION Route #2:

UTILITY PHONE NUMBERS AND LOCATION OF and HOW TO TURN ON/OFF:

GAS	PHONE NUMBER	_____
	LOCATION	_____
	HOW TO TURN ON/OFF	_____
ELECTRICITY	PHONE NUMBER	_____
	LOCATION	_____
	HOW TO TURN ON/OFF	_____
WATER	PHONE NUMBER	_____
	LOCATION	_____
	HOW TO TURN ON/OFF	_____
HOT WATER	PHONE NUMBER	_____
	LOCATION	_____
	HOW TO TURN ON/OFF	_____
SEWER	PHONE NUMBER	_____
	LOCATION	_____
	HOW TO TURN ON/OFF	_____
DSL	PHONE NUMBER	_____
	LOCATION	_____
	HOW TO TURN ON/OFF	_____