



# EMERGENCY OPS PLAN



Local Business Template

**[INSERT YOUR BUSINESS LOGO]**

[Your name]  
[Your title]  
[Business name]  
[Main business address]

[Business name]

# Emergency Management & Recovery Plan

**Prepared:** [Date prepared]

## **Policy and Organizational Statements**

Identify the goals and objectives for the emergency response plan.

Define what your emergency response team is expected to do during an emergency (e.g., evacuate employees and visitors, provide first aid, etc.)

Identify any regulations covered by your plan (e.g., OSHA, fire code, etc.)

## Facility General Information

|  |  |
|--|--|
| <b>Facility Name:</b>  |  |
| <b>Street Address:</b>   |  |
| <b>City, State:</b>  |  |
| <b>County:</b>   |  |
| <b>Latitude/Longitude (Center of Site): See link below to convert address to Lat/Long</b><br><a href="http://www.latlong.net/convert-address-to-lat-long.html">http://www.latlong.net/convert-address-to-lat-long.html</a> |  |
| <b>Emergency Contact Person:</b>   |  |
| <b>24/7 Contact Telephone Number:</b>  |  |
| <b>Contact Facsimile Number:</b>   |  |
| <b>Contact Person Email Address:</b>   |  |
| <b>Policing Jurisdiction:</b>  |  |
| <b>Secondary Emergency Contact Person: (24/7 Contact Telephone, email)</b>   |  |
| <b>Average Number of Employees on Site Daily:</b>  |  |
| <b>Average Number of Visitors on Site Daily:</b>   |  |
| <b>Do Employees or Visitors occupy the Site 24 hours per day? (Y/N)</b>  |  |
| <b>Type of Construction:</b>   |  |

## Revision history

| Version Number            | Changes made   | Person responsible     | Date updated            |
|---------------------------|--|------------------------|-------------------------|
| <i>[e.g. Version 1.0]</i> | <i>[Description of changes made and what prompted the changes]</i> | <i>[e.g. C. Jones]</i> | <i>[Day/Month/Year]</i> |

## Communication strategy

| Manager / staff   | Type of communication             | Person responsible     | Frequency                                   |
|-------------------|-----------------------------------|------------------------|---|
| <i>[e.g. CEO]</i> | <i>[E.g. Presentation, email]</i> | <i>[e.g. C. Jones]</i> | <i>[e.g. Monthly and after each change]</i> |
|                   |                                   |                        |   |
|                   |                                   |                        |   |

## Plan Distribution & Access

The Plan will be distributed to members of the emergency response team and department heads. A master copy of the document should be maintained by the emergency response team leader. The plan will be available for review by all employees. An electronic copy of this Plan should be stored on a secure and accessible website that would allow team member access if company servers are down. Electronic copies should also be stored on a secured USB flash drive for printing on demand.

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# The Continuity Plan

## Risk management

[List the potential risks to your business (in order of likelihood) and any mitigation/contingency strategies.]

| Business risk   | Impact                      | Likelihood   | Mitigation strategy   | Contingency plan  |
|---|-----------------------------|--|---|---|
| <i>[Description of the risk and the potential impact to your business.]</i> | <i>[High, Medium, Low.]</i> | <i>[Highly Unlikely, Unlikely, Likely, Highly Likely.]</i> | <i>[What actions will you take to minimise/mitigate the potential risk to your business?]</i> | <i>[What is your contingency plan in the event that this risk happens?]</i> |
|   |                             |  |   |   |
|   |                             |  |   |   |
|   |                             |  |   |   |
|   |                             |  |   |   |

## Critical business area analysis

[Identify the critical areas of your business (e.g. product refrigeration process) and any protection strategies.]

| Rank | Critical business areas  | Impact if failed   | Current protection strategies  |
|------|--|--|--|
| 1    | <i>[Description of what you can't do without: people, suppliers, documents, systems or even procedures.]</i> | <i>[Describe the potential impact on your business if this critical area fails.]</i> | <i>[What strategies do you have that minimise the impact to your business? e.g. Training employees in multiple areas of the business will reduce key person risk.]</i> |
| 2    |  |  |  |
| 3    |  |  |  |
| 4    |  |  |  |

## Scenario planning

[Once you have completed your critical business areas table and ranked them, complete a more detailed scenario based on each of your top three critical business areas.]

### Scenario 1: [Name of scenario]

| Question                  | Details   |
|---------------------------|---|
| <b>Critical failure</b>   | <i>[Provide a short description of a critical area that could be interrupted.]</i>  |
| <b>Background</b>         | <i>[Provide any relevant background information that is essential to restoring the critical area.]</i>                                      |
| <b>Impact to business</b> | <i>[Provide an estimate of the impact to your business. This can be in terms of percentage of sales or a dollar figure.]</i>                |
| <b>Immediate actions</b>  | <i>[List what needs to be completed immediately to ensure loss is kept to a minimum.]</i>   |
| <b>Secondary actions</b>  | <i>[Once immediate actions have been completed, what secondary actions can be completed until your business has recovered completely?]</i>  |
| <b>Responsibilities</b>   | <i>[List the people who are responsible and for what during this critical business scenario.]</i>   |
| <b>Resources needed</b>   | <i>[What resources will you need to ensure you recover well in this sort of scenario? For example: cash flow, staff, service providers]</i> |

### Scenario 2: [Name of scenario]

| Question                  | Details   |
|---------------------------|---|
| <b>Critical failure</b>   | <i>[Provide a short description of a critical area that could be interrupted.]</i>  |
| <b>Background</b>         | <i>[Provide any relevant background information that is essential to restoring the critical area.]</i>                                      |
| <b>Impact to business</b> | <i>[Provide an estimate of the impact to your business. This can be in terms of percentage of sales or a dollar figure.]</i>                |
| <b>Immediate actions</b>  | <i>[List what needs to be completed immediately to ensure loss is kept to a minimum.]</i>   |
| <b>Secondary actions</b>  | <i>[Once immediate actions have been completed, what secondary actions can be completed until your business has recovered completely?]</i>  |
| <b>Responsibilities</b>   | <i>[List the people who are responsible and for what during this critical business scenario.]</i>   |
| <b>Resources needed</b>   | <i>[What resources will you need to ensure you recover well in this sort of scenario? For example: cash flow, staff, service providers]</i> |

### Scenario 3: [Name of scenario]

| Question                  | Details   |
|---------------------------|---|
| <b>Critical failure</b>   | <i>[Provide a short description of a critical area that could be interrupted.]</i>  |
| <b>Background</b>         | <i>[Provide any relevant background information that is essential to restoring the critical area.]</i>                                      |
| <b>Impact to business</b> | <i>[Provide an estimate of the impact to your business. This can be in terms of percentage of sales or a dollar figure.]</i>                |
| <b>Immediate actions</b>  | <i>[List what needs to be completed immediately to ensure loss is kept to a minimum.]</i>   |
| <b>Secondary actions</b>  | <i>[Once immediate actions have been completed, what secondary actions can be completed until your business has recovered completely?]</i>  |
| <b>Responsibilities</b>   | <i>[List the people who are responsible and for what during this critical business scenario.]</i>   |
| <b>Resources needed</b>   | <i>[What resources will you need to ensure you recover well in this sort of scenario? For example: cash flow, staff, service providers]</i> |

## Insurance

[What insurance policies do you currently hold to cover your business risks?]

| Insurance type  | Policy coverage                                | Policy exclusions                           | Insurance company and contact                      | Last review date | Payments due   |
|---|--|---|--|------------------|--|
| [e.g. Building, Contents, Car, Business Interruption] | [e.g. Damage from fire, flood, theft, Cyclone] | [e.g. Fraud, terrorism, tsunامي, landslide] | [e.g. XYZ Insurance, D.Higgins (Area code) Number] | [Day/Month/Year] | [Amount you pay and frequency. e.g. Monthly, yearly] |
|   |  |   |  |                  |  |
|   |  |   |  |                  |  |

## Property & infrastructure

[What have you done to make your property and infrastructure less vulnerable to damage? Is your property secured with alarms, security personnel or video surveillance from unlawful entry? Do you have fire retardant or flood resistant building materials? Is leaf litter grass and gutters maintained regularly to minimise fire risk?]

## 'Business as usual' planning

### Temporary office accommodation

[Identify temporary office accommodation you can quickly access in an emergency situation. Consider attaching a map of your accommodation to the back of your plan]

| Rank | Type  | Address  | Equipment available  | Resources needed  |
|------|---|--|--|---|
| 1    | [e.g. Private residence, hotel, temporary business centre.] | [Enter the address of your temporary office site.] | [List all the equipment available at the site. e.g. Computers, furniture, photocopiers, phones, paper] | [List all the resources you will need in order to use this site as a temporary office. e.g. Software, backups, staff, and any other equipment not already available at the location.] |
| 2    |   |  |  |   |
| 3    |   |  |  |   |

### Business continuity strategies

[What other strategies will you consider to help maintain business as usual practices? Have you considered a virtual office service, e-commerce website or an online auction or e-marketplace storefront?]



## Key personnel training

[List your current staff in the table below and any cross-training requirements.]

| Job title                       | Name            | Expected staff turnover | Skills or strengths  | Cross-training requirements                |
|---------------------------------|-----------------|-------------------------|--|--|
| [e.g. Marketing/ Sales Manager] | [e.g. J. Smith] | [e.g. 12-18 months]     | [e.g. Relevant qualifications in Sales/Marketing. At least 5 years experience in the industry. Award in marketing excellence 2007. Fully qualified in first aid 2006.] | [e.g. Requires training in finance system] |
|                                 |                 |                         |  |  |
|                                 |                 |                         |  |  |

## Skill retention strategies

[What procedural documentation will you provide to ensure the skills of staff are maintained? Do you have an appropriate allocation of responsibilities? How are responsibilities documented and communicated to staff? What internal processes will you implement to regularly check that the current skills of staff members are still appropriate for the business?]

## Data security & backup strategy

[How have you protected your data and your network (e.g. virus protection, secure networks and firewalls, secure passwords and data backup procedures)? Detail your backup procedures in the table below.]

| Data for backup   | Type of data   | Frequency of backup           | Backup media/ service   | Person responsible | Backup procedure steps  |
|---|--|-------------------------------|---|--------------------|---|
| [List all the essential data that your business cannot recreate from other sources. If this list is substantial, consider a full system backup] | [e.g. Email, spreadsheet, payroll system data, website.] | [e.g. Daily, weekly, monthly] | [e.g. Magnetic tape, CD ROM, external hard disk drive, remote/online backup service.] | [e.g. C. Jones]    | [List the steps required to perform the backup or attach a procedure document to the back of this plan] |
|   |  |                               |   |                    |   |
|   |  |                               |   |                    |   |

## Environmental resilience

[What environmental choices have you made to help you achieve climate change adaptability?]

# The Emergency Action Plan

## Emergency contacts

*[List your local emergency services numbers and any additional contacts you will need to phone in an emergency (e.g. Employee's next of kin).]*

| Organisation Name                        | Contact | Title | Phone number         |
|--|---------|-------|----------------------|
| <b>ALL</b>                               | -       | -     | <b>000</b>           |
| <b>Orange Beach Emergency Management</b> | -       | -     | [(Area code) Number] |
| <b>Police</b>                            | -       | -     | [(Area code) Number] |
| <b>Fire</b>                              | -       | -     | [(Area code) Number] |
| <b>Ambulance</b>                         | -       | -     | [(Area code) Number] |
|  |         |       |                      |

## Emergency procedures

*[List your emergency/evacuation procedures. It may be useful to attach a copy of your detailed emergency procedures and floor plan with the location of emergency exits, emergency kit and safety equipment clearly marked. Your emergency procedures should also include a map of evacuation locations for all emergencies.]*

| Procedures                              | Brief outline of procedures   | Evacuation point/ address                                 | Reference to full procedure document  | Supporting documentation                                      |
|---|---|---|---|---|
| <i>[e.g. Fire Evacuation Procedure]</i> | <i>[e.g. 1. Alarm raised and relevant emergency services authorities contacted.<br/>2. Wait for evacuation signal.<br/>3. Follow fire warden instructions.<br/>4. Calmly evacuate the premises from nearest emergency exit.<br/>5. Arrive at evacuation location.<br/>6. Locate and account for all staff.]</i> | <i>[e.g. Corner of Safe Street and Sound Lane, City.]</i> | <i>[e.g. The Fire and emergency procedures.doc can be found on the shared drive under the 'Emergency' folder. A printed copy is also located in the main filing cabinet.]</i> | <i>[e.g. Office floor plan, map of evacuation locations.]</i> |
|   |   |   |   |   |
|   |   |   |   |   |

## Evacuation drill schedule

[Use this table to schedule your emergency evacuation drills.]

| Evacuation procedure type          | Drill frequency  | Position/person responsible | Next drill dates        |
|------------------------------------|------------------|-----------------------------|-------------------------|
| <i>[e.g. Fire, flood, cyclone]</i> | <i>[Monthly]</i> | <i>[e.g. S. Jones]</i>      | <i>[Day/Month/Year]</i> |
|                                    |                  |                             |                         |
|                                    |                  |                             |                         |

## Emergency kit

### Location

*[Where is your emergency kit located/stored?]*

### Contents

*[List the contents of your emergency kit and the date each item was last checked/reviewed.]*

| Object  | Checked/Reviewed Date   | Person responsible     |
|---|-------------------------|------------------------|
| <i>Emergency management &amp; recovery plan</i> | <i>[Day/Month/Year]</i> | <i>[e.g. J. Smith]</i> |
| <i>Emergency and recovery contacts</i>          |                         |                        |
| <i>Insurance documents</i>                      |                         |                        |
| <i>Financial documents</i>                      |                         |                        |
| <i>Water</i>                                    |                         |                        |
| <i>First-aid kit</i>                            |                         |                        |
| <i>Portable radio</i>                           |                         |                        |
| <i>Plastic bags</i>                             |                         |                        |
| <i>Spare batteries</i>                          |                         |                        |
| <i>Adhesive tape</i>                            |                         |                        |
| <i>Pen/pencil and notepad]</i>                  |                         |                        |
|   |                         |                        |

## Emergency team roles & responsibilities

| Role                     | Details of responsibilities  | Person responsible | Email                 | Phone/Mobile numbers                    |
|--------------------------|--|--------------------|-----------------------|---|
| <b>First Aid Officer</b> | <p>[e.g.]</p> <ul style="list-style-type: none"> <li>▪ Attend regular first aid training courses.</li> <li>▪ Administer first aid support in an emergency situation.</li> <li>▪ Contact ambulance services when necessary.]</li> </ul>   | [e.g. M. Smith]    | [e.g. ms@example.com] | [(Area code) Number]<br>[Mobile number] |
| <b>Chief Fire Warden</b> | <p>[e.g.]</p> <ul style="list-style-type: none"> <li>▪ Attend relevant training courses.</li> <li>▪ Communicate procedures to all staff.</li> <li>▪ Supervise and action emergency evacuation procedures (including contacting emergency services, accounting for staff).</li> <li>▪ Conduct regular drills.</li> <li>▪ Update procedures regularly.]</li> </ul> | [e.g. S. Jones]    | [e.g. sj@example.com] | [(Area code) Number]<br>[Mobile number] |
| <b>Fire Warden</b>       | <p>[e.g.]</p> <ul style="list-style-type: none"> <li>▪ Attend relevant training courses.</li> <li>▪ Assist in evacuating staff according to evacuation procedures (including collecting emergency kit and resilience and recovery documentation).</li> <li>▪ Assist with regular drills.</li> <li>▪ Assume Chief Fire Warden duties when required.]</li> </ul>   | [e.g. J. Silos]    | [e.g. js@example.com] | [(Area code) Number]<br>[Mobile number] |



# The Recovery

## Business impact assessment

[Based on your assessment of the damage to your business, complete the table below (in order of severity) or attach your own impact assessment to the back of your plan.]

| Rank | Damage  | Impact to business   | Severity             | Action                      | Recovery steps                                 | Resources needed   | Actioned by                    | Estimated date of completion |
|------|---|--|----------------------|-----------------------------|--|--|--------------------------------|------------------------------|
| 1    | [List any damage to buildings, assets, stock, documents or surrounding area/community.] | [Describe any direct or indirect impacts the damage will have on your business' critical functions.] | [High, Medium, Low.] | [Repair, replace, rebuild.] | [List the steps needed to recover the damage.] | [List the resources needed to recover including any cost estimates, service providers, employees, building materials.] | [Assign someone to each task.] | [Due date for completion.]   |
| 2    |   |  |                      |                             |  |  |                                |                              |
| 3    |   |  |                      |                             |  |  |                                |                              |

## Recovery contacts

[Include all of the organisations/people that will be essential to the recovery of your business. See also Emergency contacts above.]

| Contact Type                                | Organisation Name    | Contact         | Title                 | Phone/Mobile number                     |
|---|----------------------|-----------------|-----------------------|---|
| <b>Insurance</b>                            | [e.g. XYZ Insurance] | [e.g. G. Jones] | [e.g. Claims Advisor] | [(Area code) Number]<br>[Mobile number] |
| <b>Telephone/internet services provider</b> |                      |                 |                       |   |
| <b>Bank/building society</b>                |                      |                 |                       |   |
| <b>Employee</b>                             |                      |                 |                       |   |
| <b>Supplier (Main)</b>                      |                      |                 |                       |   |
| <b>Supplier (Backup)</b>                    |                      |                 |                       |   |
| <b>Customer</b>                             |                      |                 |                       |   |
| <b>Business advisor</b>                     |                      |                 |                       |   |
| <b>Accountant</b>                           |                      |                 |                       |   |
| <b>Lawyer</b>                               |                      |                 |                       |   |

## Insurance claims

[What insurance policies have you claimed for? Use the table below to record any discussions you have had with an insurer about your claim]

| Insurance company   | Date of contact         | Details of conversation/claim  | Follow up actions   |
|---|-------------------------|--|---|
| <i>[e.g. XYZ Insurance, D.Higgins<br/>(Area code) Number]</i> | <i>[Day/Month/Year]</i> | <i>[Enter any relevant details discussed with your insurer about your claim. e.g. When will the assessor visit? Did you receive an estimated claim amount?].</i> | <i>[Is there anything you or the insurer need to complete to continue processing the claim? Is there any information the insurer requires to process the claim (e.g. estimate of the damage, serial numbers for stolen equipment, photos)? Are there any special instructions the insurer has asked you to do/not do in regards to the cleanup effort or property?]</i> |
|   |                         |  |   |
|   |                         |  |   |

## Market assessment

[Based on your assessment of the damage to your business and/or surrounding area, list any areas of your market that have changed below. Alternatively, attach a complete market assessment to the back of this plan. Download our [Marketing plan template](#) for further guidance.]

| Market changes   | Impact to business  | Business options   |
|--|---|--|
| <i>[What has changed in the market since the emergency?]</i> | <i>[What part of your business will be affected by these market changes and how?]</i> | <i>[How can your business adapt or change to suit these new market conditions? e.g. Can you move location, trade online, change key products or services or just re-evaluate the way you run your business to make sure you are still meeting market needs?]</i> |
|  |   |  |
|  |   |  |

## Marketing strategy

[Detail your marketing strategy after the emergency. If your business is reopening its doors after the disaster, how will you get the message out? What channels will you use to target customers? How does this strategy differ in light of any changes in the market? e.g. You may consider a targeted marketing effort (such as a social media campaign) to communicate your business reopening.]

## The Finances

### Current creditors

[List all current creditors and any arrangements you have made during the recovery period]

| Creditor name                | Contact details  | Special arrangement details  | Period of special arrangement   | Amount to pay   |
|------------------------------|--|--|---|---|
| [e.g. Example Banking Corp.] | [J. Harmer, Business Loan Advisor,<br>(Area code) Number]<br>[Mobile number] | [List the conditions of your arrangement.<br>e.g. Loan temporarily changed to interest only arrangement for the period of recovery.] | [Enter the period the arrangement will be valid until. e.g. Period of 6 months ending on 1 July 2011] | [Detail the amounts you are required to pay within the arrangement period.] |
|                              |  |  |   |   |
|                              |  |  |   |   |

### Current debtors

[List all current debtors you have contacted and their agreed payment amount and date.]

| Debtor name        | Contact details                                     | Details                                  | Agreed payment date | Amount to receive |
|--------------------|---|--|---------------------|-------------------|
| [Example Business] | [P. Fred,<br>(Area code) Number]<br>[Mobile number] | [Briefly list what the payment was for.] | [Day/Month/Year]    | [\$\$\$]          |
|                    |   |  |                     |                   |
|                    |   |  |                     |                   |

### Government funding

[List all government funding you have applied for and the expected amount.]

| Program Name                | Contact details  | Funding details                             | Date of application | Amount to receive |
|-----------------------------|--|---|---------------------|-------------------|
| [e.g. Flood relief package] | [R. Smith],<br>[Agency name]<br>(Area code) Number]<br>[Mobile number] | [Briefly mention the terms of the funding.] | [Day/Month/Year]    | [\$\$\$]          |
|                             |  |   |                     |                   |
|                             |  |   |                     |                   |



### Expected cash flow

[Double-click the table below to enter your details or attach your own Expected cash flow sheet at the back of this plan]

| <b>EXPECTED CASHFLOW<br/>[YEAR]</b>    | <b>Jan</b> | <b>Feb</b> | <b>Mar</b> | <b>Apr</b> | <b>May</b> | <b>Jun</b> |
|--|------------|------------|------------|------------|------------|------------|
| <b>OPENING BALANCE</b>                 | \$0        | \$0        | \$0        | \$0        | \$0        | \$0        |
| <b>Cash incoming</b>                   |            |            |            |            |            |            |
| Sales                                  |            |            |            |            |            |            |
| Asset sales                            |            |            |            |            |            |            |
| Debtor receipts                        |            |            |            |            |            |            |
| Insurance payout                       |            |            |            |            |            |            |
| Government funding                     |            |            |            |            |            |            |
| Other income                           |            |            |            |            |            |            |
| <b>Total incoming</b>                  | \$0        | \$0        | \$0        | \$0        | \$0        | \$0        |
| <b>Cash outgoing</b>                   |            |            |            |            |            |            |
| Bank fees & charges                    |            |            |            |            |            |            |
| Interest paid                          |            |            |            |            |            |            |
| Credit card fees                       |            |            |            |            |            |            |
| Utilities (electricity, gas, water)    |            |            |            |            |            |            |
| Telephone                              |            |            |            |            |            |            |
| Fuel                                   |            |            |            |            |            |            |
| Lease/loan payments                    |            |            |            |            |            |            |
| Rent & rates                           |            |            |            |            |            |            |
| Motor vehicle expenses                 |            |            |            |            |            |            |
| Stationery & printing                  |            |            |            |            |            |            |
| Membership & affiliation fees          |            |            |            |            |            |            |
| Licensing                              |            |            |            |            |            |            |
| Insurance                              |            |            |            |            |            |            |
| Superannuation                         |            |            |            |            |            |            |
| Income tax                             |            |            |            |            |            |            |
| Wages (including PAYG)                 |            |            |            |            |            |            |
| More...                                |            |            |            |            |            |            |
| <b>Recovery costs</b>                  |            |            |            |            |            |            |
| Purchases (Stock, equipment, supplies) |            |            |            |            |            |            |
| Cleanup costs                          |            |            |            |            |            |            |
| Rebuilding/repairs                     |            |            |            |            |            |            |
| Security fees                          |            |            |            |            |            |            |
| Accountant fees                        |            |            |            |            |            |            |
| Solicitor fees                         |            |            |            |            |            |            |
| Data recovery fees                     |            |            |            |            |            |            |
| Advertising & marketing                |            |            |            |            |            |            |
| More...                                |            |            |            |            |            |            |
| <b>Total outgoing</b>                  | \$0        | \$0        | \$0        | \$0        | \$0        | \$0        |
| <b>Monthly cash balance</b>            | \$0        | \$0        | \$0        | \$0        | \$0        | \$0        |
| <b>CLOSING BALANCE</b>                 | \$0        | \$0        | \$0        | \$0        | \$0        | \$0        |

## Supporting documentation

Attached is my supporting documentation in relation to this Emergency management & recovery plan. The attached documents include:

- *[List all of your attachments here. These may include copies of your floor plan, detailed emergency procedures, impact and market assessments and financial documents.]*