**[Department name] and/or (dept. initials)**

**CONTINUITY OF OPERATIONS PLAN**

**1.0 Purpose and Applicability**

* 1. The purpose of this continuity of operations plan (COOP) is to coordinate the response of insert your department name and (dept. initials)at Tennessee Tech University and to define the steps necessary to sustain operations should (dept. initials)’s current space or services need to be relocated.
  2. Tennessee Tech University and (dept. initials) will respond appropriately to a variety of disasters and provide information to the Emergency Operations Center as necessary in order to temporarily establish a work environment for the (dept. initials) to continue operations.

**2.0 Definitions**

* 1. **Incident Commander (IC)** is the designated Tennessee Tech University official responsible for the implementation of the emergency response plan and has overall responsibility in emergency response.
  2. **Emergency Operations Center (EOC)** is the physical location at which the coordination of information and resources to support incident management activities normally takes place.

1. **Critical Business Functions, Roles and Responsibilities**
   1. **COOP Employee Listing; List all the identified essential personnel**
   2. **List each employee’s title.**  Briefly describe their responsibilities during an emergency / disaster starting with the department head – listing each position in reporting order.
   3. **Department Critical Business Functions:** *What are my most critical and time sensitive business functions? How much down time can I tolerate for each business function*? Copy section 3.3 to repeat for more than one business function.

**Business Function:**

**Priority:  High  Medium  Low**

**Employee in charge:**

**Timeframe or Deadline:**

**Money lost** (or fines imposed) **if not done** (if applicable)**:**

**Who performs this function?** (List all that apply)

**Employee(s):**

**Vendor(s):**

**Key Contact(s):**

**Who provides the input to those who perform the function?** (List all that apply)

**Employee(s):**

**Vendor(s):**

**Key Contact(s):**

**Who uses the output from this function?** (List all that apply)

**Employee(s):**

**Vendor(s):**

**Key Contact(s):**

**Brief description of procedures to complete function:** Consider writing procedures for two scenarios, one for a short disruption, and the other for loss of everything.)

**Notes:**

1. **Continuity of Authority**
   1. Departmental Organization Chart
   2. Succession
   3. Administrative authority including limits
2. **Department name Response and Recovery Procedures** 
   1. Department name or initialsResponse. (Dept. initials) staff member phone numbers are maintained by the (Dept. initials) [indicate title of person who performs this task] and updated as necessary. The phone list includes names, office numbers, mobile phone, home phone and email address. The list is maintained on the [indicate drive where information resides] in the (dept. initials) Continuity of Operations folder. Hard copies of the COOP are located [indicate physical address, office number, non-locked file cabinet, etc.] *Emergency Instructions Quick Reference Card* posted in [indicate your office location].The names and contact information shall be sent to the Environmental Health and Safety office whenever updated.

[Indicate any additional procedures utilized by department].

* 1. **Vital Office Records** are maintained on the [indicate name of drive and/or physical location (address, office number, file cabinet number) of hard copies]. Describe your department’s recovery of records.
  2. **Department Files**. Describe your department’s protocol for identifying department files.

[An inventory of all furniture, computers, office equipment, and software unique to the office should be maintained on the [indicate name of drive] in a Continuity of Operations folder]

* 1. **External Resources** If appropriate – discuss your department’s needs / reliance on external resources.
  2. **Telecommunications / Network Needs** Identify your department’s needs and office position responsible for coordination temporary work location needs.
  3. **Recovery Location**

The locations should be sent to the Environmental Health and Safety office whenever updated.

**Primary Location:**

**Building Coordinator:**

**Phone:** **Alt. Phone:**

**Email:**

**Directions to primary location:**

**Secondary Location:**

**Building Coordinator:**

**Phone:** **Alt. Phone:**

**Email:**

**Directions to secondary location:**

**Business functions to be performed at alternate location:**

**Employees who should go to alternate location:**

**Notes:**

* 1. **Supplies**
  2. **Key Contacts**
  3. **Computer Software and Equipment**

1. **Key References and Resources**

* List references / resources that are key to recovery for your department   
  [they should be filed in this section].