Name: \_\_\_\_\_

Department:



# BUSINESS IMPACT ANALYSIS QUESTIONNAIRE (SURVEY)

**Business Impact Analysis Tool** 

#### Objective

You should implement Contingency Planning Practices to ensure the protection of stakeholders, customers, employees, and the organization. In order to accomplish this undertaking, there are several steps completed to identify critical business functions, processes and applications that process critical data and to understand the potential impact to the business if a disruptive event occurred.

One of the first steps of implementing the Contingency Planning Program is to conduct a Business Impact Analysis (BIA). This questionnaire will help each department identify critical business functions and recovery requirements; as well as estimating the impact of a disaster (or prolonged outage) to the department. Once the survey is completed, the BIA Project team will review the data, analyze and create a prioritized recovery strategy to present to executive management.

For the purpose of this BIA, please answer each question based on the "worst-case scenario". This means your workplace and all records; files and equipment in it are inaccessible. The priority of this questionnaire is to identify any business process or application that is critical to the organization. However, please answer all questions regardless of criticality status. By completing all questions to the best of your knowledge, a recovery strategy that best meets the need of the business can be established.

Some questions will be directly related to a specific process where as other questions are about the department in general. Some sections contain an additional notes area to amplify or explain your responses. While this is not a requirement, it can be useful in helping the Project Team understand the nature of your department operations.

Once completed, please send the .doc file via email to Jeff Carman.

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## **Respondent Information**

Please provide information about the person(s) completing this survey. (The table will expand to accommodate additional respondent information.)

Respondent Name	
Title	
Location (Address)	
Work Phone	
Work Email	

## **Department Information**

Please provide information about the department.

		Provide as much information as possible
1.	Please give a brief overview/description of this department's responsibilities.	
2.	Area of the facility (floor, wing, etc)	
3.	Total number of Staff (FTE, PTE, etc)	
4.	What type of schedule does the staff work?	
5.	How many per shift?	

## **Service Providers**

A service provider is an external company that provides products or services to your department. (*Example: uniforms, lab materials, supplies, equipment, etc.* (Delete the checkmarks that do not apply.)

Ser	Yes	No	
1.	Is this department dependent on an outside (non-company) service provider?	$\checkmark$	$\checkmark$
2.	If yes, has the provider guaranteed obligations to service?	$\checkmark$	$\checkmark$
3.	Are contingencies in place to acquire resources / services if this provider is not available to deliver services?	$\checkmark$	$\checkmark$
4.	Would this department be impacted if outside service providers cannot deliver products?	$\checkmark$	$\checkmark$

Please identify all outside service providers and what products/services they are responsible for providing. (The table will expand to accommodate additional providers.)

Name of Company	Contact Person & Phone	Products / Services Provided	How often (daily, weekly, monthly, etc.)	Impact of No Service (Low, Medium, High)

## **Department Vulnerability**

Select the statement that best represents the vulnerability of this department to a prolonged disruption or outage. (Delete the check marks that do not apply.)

Vul	Yes	No	
1.	There are no known issues that would trigger a prolonged outage.	$\checkmark$	$\checkmark$
2.	There are some issues that may cause a prolonged outage. Reality indicates a low probability of occurrence.	$\checkmark$	$\checkmark$
3.	There are issues that may cause a prolonged outage. Reality indicates a medium probability of occurrence.	$\checkmark$	$\checkmark$
4.	There are multiple factors present that may cause a prolonged outage. Reality indicates a high probability of occurrence.	$\checkmark$	$\checkmark$

## **Recovery Complexity**

Recovery complexity is the measure of how difficult it would be to recover the department processes to an adequate level of service following a prolonged disruption or outage. Complexity can be associated to availability of technology resources, specialized supplies, equipment, and availability of trained personnel. Select the statement that best represents the recovery complexity of this department. (Delete the check marks that do not apply.)

Rec	Recovery Complexity						
1.	Easily Recoverable	There are no known issues that would trigger a prolonged outage.	$\checkmark$	$\checkmark$			
2.	Fairly Recoverable	There are some issues that may cause a prolonged outage. Reality indicates a low probability of occurrence.	$\checkmark$	$\checkmark$			
3.	Difficult to Recover	There are issues that may cause a prolonged outage. Reality indicates a medium probability of occurrence.	$\checkmark$	$\checkmark$			
4.	Exceedingly Difficult	There are multiple factors present that may cause a prolonged outage. Reality indicates a high probability of occurrence.	$\checkmark$	$\checkmark$			

## **Process Information**

A business process consists of the daily activities and tasks that are completed to produce the final product and/or service. A business process is part of an overall corporate Function. For example, Accounting is a corporate function. The processes that support Accounting are: accounts payable, payroll, budgeting, forecasting, etc.

Please provide as much information about each of the processes as you can. Make sure to include general department processes; such as timesheet tracking, daily, weekly, monthly reports, emails, etc.

#### **Process Identification**

Please identify all business process performed by this unit and provide a description for each. Identify if the process is critical to the department. Critical processes are required and must be conducted each day or the impact would be severe. Regardless of criticality, ensure that all processes are identified. (*The table will expand to accommodate additional processes. Delete the checks that do not apply. Copy and paste the check symbol for each additional process added.*)

Pro	Processes Information				
	Name of Process	Description	Yes	No	
1.			$\checkmark$	$\checkmark$	
2.			$\checkmark$	$\checkmark$	
3.			$\checkmark$	$\checkmark$	
4.			$\checkmark$	$\checkmark$	

## **Process Criticality & Frequency**

Please identify the criticality and frequency of each process, using the key below. (Copy and paste the processes from the table above. The table will expand to accommodate additional processes. Delete the checks that do not apply. Copy and paste the check symbol for each additional process added.)

#### <u>KEY</u>

**Low:** The department can operate without this process for an extended period of time during which particular units or individuals may be inconvenienced and/or need to find alternative.

**Medium:** The department could work around the loss of this process for days or perhaps a week, but eventually the process would have to be resumed for business operations and to prevent a financial, customer, operational, or legal/regulatory impact.

**High:** The department cannot operate without this process, even for a short period of time. The impact to the business and potential loss is extremely high.

Process	Criti	cality of Pro	cess		Frequency of Process					
	Low	Medium	High	Daily	Weekly	Monthly	Quarterly	Annually	Other	
1.	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										

## **Processing Periods**

Identify if performing this process is especially critical during particular months or if the process impact would be higher during specific months, using the key below (N/A, Higher Volume, and Critical). (Copy and paste the processes from the table above. The table will expand to accommodate additional processes.)

#### <u>KEY</u>

- (1) N/A: There is no impact associated for this month.
- (2) Critical: This process must be performed during this month. Not performing this process could cause severe impacts to the business.
- (3) Higher Volume: The amount of work (volume) will increase during this month and could cause potential issues if not able to perform.

Process		Using the key above, identify 1, 2, or 3 in each month below.										
	Jan	Feb	Mar	Apr	Мау	June	July	Aug	Sept	Oct	Nov	Dec
1.												
2.												
3.												
4.												
5.												
6.												
7.												
8.												
9.												
10.												

## **Process Unavailability Impact**

How many hours can this process be unavailable before an impact would occur to the business, customers, other departments, etc? (Copy and paste the processes from the table above. The table will expand to accommodate additional processes. Delete the checks that do not apply. Copy and paste the check symbol for each additional process added.)

Process	Time to Impact								
	0 – 24 Hours	25 – 48 Hours	49 – 72 Hours	3 – 6 Days	1 Week	2 Weeks	3 Weeks	1 Month	1+ Month
1.	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									

## **Process Deferrable**

Can any of the processes be deferred? This means that the process does not have to be performed at all until a specific timeframe. If so, indicate maximum time deferrable. (Copy and paste the processes from the table above. The table will expand to accommodate additional processes. Delete the checks that do not apply. Copy and paste the check symbol for each additional process added.)

Process					Т	ime to Impa	ct			
	Can Not Defer	0 – 24 Hours	25 – 48 Hours	49 – 72 Hours	3 – 6 Days	1 Week	2 Weeks	3 Weeks	1 Month	1+ Month
1.	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										

### **Manual Work-Around Procedures**

Can the processes be performed manually? How long can a manual work-around be followed before an impact would occur? What percentage of the process can be handled doing the manual work-around procedure? Can the process be performed at an alternate owned facility? (Copy and paste the processes from the table above. The table will expand to accommodate additional processes. Delete the checks that do not apply. Copy and paste the check symbol for each additional process added.)

Process	Work-Around Procedure?		How long can manual work- around methods be used?	What % can process be completed?	Can this process another ow	be performed at ned facility?
	Yes	No	(Enter is hours, days, weeks, etc.)		Yes	No
1.	$\checkmark$	$\checkmark$			$\checkmark$	$\checkmark$
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

Thinking about the manual work-around procedures (in general), answer the following questions:

1. Are your employees trained to perform manual work-around procedures: Yes or No?

- 2. How long would it take to implement manual work-around procedures: (Identify timeframe)
- 3. Would an increase in staffing be necessary to implement the manual work-around procedures? Yes or No?

If no manual work-around procedures exist (for any processes), explain why or provide an estimation of when these processes can be created:

## **Alternate Facilities or Work-load Shifting**

Identify if an alternate facility or another department (at a different location) can be used to perform the processes (if primary facility is unavailable). Identify if procedures currently exist for this shift of work. (Copy and paste the processes from the table above. The table will expand to accommodate additional processes. Delete the checks that do not apply. Copy and paste the check symbol for each additional process added.)

Process	in pla	cedures ace for ting?	Alternate Facility or Department Name	What type of facility / department is this?	% of work-load that can be shifted?	How many days can this process be located at the alternate facility / department?
	Yes	No	(Name)	(owned / provider)	(Enter %)	(Enter Days)
1.	$\checkmark$	$\checkmark$				
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

### Backlogged Work

For each day of lost operation, indicate how long it will take to handle the backlogged work for each business process, once technology, facilities, etc., are available. Assume all the work support tools may not be available, but the primary resources are available. Indicate whether the backlog for each business process can be handled alongside new work (concurrently) or must be completed prior to new work beginning (sequentially). (Copy and paste the processes from the table above. The table will expand to accommodate additional processes. Delete the checks that do not apply. Copy and paste the check symbol for each additional process added.)

#### List 1

1 day, 2 Days, 3 Days, 4 Days, 5 Days, 6 Days, 7 Days, 1 Week, 2 Weeks, 3 Weeks, 1 Month, +1 Month

Process	Procedures in Place?		Hours to complete backlog?	Number of Personnel Required?	Method of hand wo	ling backlogged rk?
	Yes	No	(Use List 1 Above)	(Enter Number of People)	Concurrently	Sequentially
1.	$\checkmark$	$\checkmark$				
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

## **Dependencies**

Dependencies are internal (same company) or external (outside) resources that either supply the business with information, support, and/or data or depend on information, support and/or data from the business. Identify any dependencies that the business or process depends on. Dependencies should be associated with a specific process but can be associated with the overall department.

#### **Internal Received Dependencies**

Internal received dependencies are received from internal resources. This means, the process (or department) must receive data/information from another internal resource prior to completing the process (or general department work). For example: If a visitor must go through registration before coming to the department; this is a received piece of information.

Identify if the process (or department) must receive data/information from other departments before the process can be completed. Identify the name of the process, where it comes from, how it's provided and the time frame in which it must be received before an impact would occur. (Copy and paste the processes from the table above. The table will expand to accommodate additional processes. Delete the checks that do not apply. Copy and paste the check symbol for each additional process added.)

Process rece proc			Dependent Process Name or identifier	Department Name	How is this proce	Time to Impact	
	Yes	No		(where it comes from)	Electronically	Non-electronic	(See Scale 1- 10)
1.	$\checkmark$	$\checkmark$			$\checkmark$		
2.							
3.							
4.							
5.							
6.							

#### **Internal Sent Dependencies**

Internal sent dependencies are sent to other internal resources. This means, the process (or department) must send data/information to another internal resource prior to them completing their critical processes (or general department work). For example: If accounting records must be completed by your department, prior to another department completing their operations; this is a sent piece of information.

Identify the name of the department or process that depends on your processes or department. Identify the name of their process, the name of the department, how it is provided, and the time frame in which information must be received before an impact would occur. (Copy and paste the processes from the table above. The table will expand to accommodate additional processes. Delete the checks that do not apply. Copy and paste the check symbol for each additional process added.)

Process	Process is dependent on yours completing?		Dependent Process Name or identifier	Department Name	How is this pro	Time to Impact			
	Yes	No		(where it is going)	Electronically	Non-electronic	(See Scale 1- 10)		
1.	$\checkmark$	$\checkmark$			$\checkmark$	$\checkmark$			
2.									
3.									
4.									
5.									
6.									

#### External Received Dependencies (outside company)

External received dependencies are received from external resources. This means, the process (or department) must receive data/information from another external resource prior to completing the process (or general department work). For example: If your department depends on supplies from an external provider, you are dependent on receiving materials from them.

Identify if the process (or department) must receive data/information from an external resource before the process can be completed. Identify the name of the process, where it comes from, how it's provided and the time frame in which it must be received before an impact would occur. (*Copy and paste the processes from the table above. The table will expand to accommodate additional processes. Delete the checks that do not apply. Copy and paste the check symbol for each additional process added.*)

Process		ent on a lived ess?	Dependent Process Name or identifier	Provider Name	How is this pro	Time to Impact	
	Yes	No		(where it comes from)	Electronically	Non-electronic	(See Scale 1- 10)
1.	$\checkmark$	$\checkmark$			$\checkmark$	$\checkmark$	
2.							
3.							
4.							
5.							
6.							

#### **External Sent Dependencies**

External sent dependencies are sent to external resources (outside of the company). This means, the process (or department) must send data/information to external resource prior to them completing their critical processes (or general department work). For example: If your department sends information to an external agency to be processes, this information is sent to an outside resource.

Identify the name of the provider that depends on your processes or department. Identify the name of their process, the name of the provider, how it is provided, and the time frame in which information must be received before an impact would occur. (*Copy and paste the processes from the table above. The table will expand to accommodate additional processes. Delete the checks that do not apply. Copy and paste the check symbol for each additional process added.*)

Process	Process is dependent on yours completing?		Dependent Process Name or identifier	Provider Name	How is this pro	Time to Impact	
	Yes	No		(where it is going)	Electronically	Non-electronic	(See Scale 1- 10)
1.	$\checkmark$	$\checkmark$			$\checkmark$	$\checkmark$	
2.							
3.							
4.							
5.							
6.							

## **Required Resources**

For each process performed by the department, identify each resource that the process depends upon to function. Provide as much information about the required resources. Make sure to include all electronic, clerical, communication, manpower, and equipment resources. Also include; shared drives, network drives, manuals, critical files, etc.

#### **Software Resources**

List all software that this process requires. Identify the type of software and the vendor or internal department that supports the software. Check yes or no if the process contains critical data. Identify the criticality of the resource and the timeframe in which the resource is required (before causing an impact). (Copy and paste the processes from the table above. The table will expand to accommodate additional processes. Delete the checks that do not apply. Copy and paste the check symbol for each additional process added.)

#### <u>KEY</u>

List 1: Application, Software, Standalone, Network Drive, Database, Other (define)

Low: The department can operate without this resource for an extended period of time during which particular department or individuals may be inconvenienced and/or need to find alternative.

**Medium:** The department could work around the loss of this resource for days or perhaps a week, but eventually the process would have to be resumed for business operations and to prevent a financial, customer, operational, or legal/regulatory impact.

**High:** The department cannot operate without this process, even for a short period of time. The impact to the business and potential loss is extremely high.

Scale: 1= Less than 24 Hours, 2=25 - 48 Hours 3=49 - 72 Hours, 4=3 - 6 Days, 5=1 Week, 6=2 Weeks, 7=3 Weeks, 8=1 Month, 9=+1 Month

Pro	ICESS	Resource Name	Type of Resource	Vendor Name of Department that Supports this resource		data on source?	Criticality of this resource	Time-frame resource is required
			(List 1)		Yes No		(Low, Medium, High)	(Use Scale)
1.								
2.								
3.								
4.								
5.								

## **Specialized Supplies and Clerical Type Resources**

Identify all specialized supplies and clerical resources required to complete each process. Examples of specialized supplies are check plates, special printers, forms, etc. Examples of clerical resources are documents, files, reference information, books, vital records, etc. Identify where the resource is located. Identify the criticality of the resource using the key on the previous page. Indicate if the resource can be obtained from another source (like an office store, etc.) Indicate if a copy of the item is stored offsite. (*Copy and paste the processes from the table above. The table will expand to accommodate additional processes. Delete the checks that do not apply. Copy and paste the check symbol for each additional process added.*)

Process	Resource	Location of Resource	Criticality of Resource	Can this resource be obtained from another source?	Is resource stored offsite?	
			(Low, Medium, High)		Yes	No
1.					$\checkmark$	$\checkmark$
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

## **Equipment Resources**

Identify all equipment resources the department needs, in order to conduct business operations. Department answers should include the totals for all department processes. Indicate the cumulative quantity of each of the following resources the department will need over time. Do not include standard office supplies such as pens, paper, tablets, etc (anything that can be obtained easily from a store). Keep in mind that some resources may be shared (laptops, phones, printers, etc.) during a disaster. *(The table will expand to accommodate new equipment.)* 

Pro	cess	Criticality			Require	ments over	Time (Enter	totals for ea	ach day)		
		(Low, Med, High)	0 – 24 Hours	25 – 48 Hours	49 – 72 Hours	3 – 6 Days	1 Week	2 Weeks	3 Weeks	1 Month	1+ Month
1.	Desktop PC										
2.	Laptop PC										
3.	Fax Machine										
4.	Printer (desktop)										
5.	Printer (LAN)										
6.	Cellular / IP Phone										
7.	Desktop Phone										
8.	Copier										
9.	Modem / Wireless										
10.	Desk/Chair										
11.	Filing Cabinets										
12.	Storage Cabinets										

Use the scale on page 19 to identify criticality of the resource.

## **Man-power Resources**

Identify the number of personnel required to perform each process over time. Identify if another group can perform the processes if necessary. (Copy and paste the processes from a previous table (that has all processes)). The table will expand to accommodate additional processes. Delete the checks that do not apply. Copy and paste the check symbol for each additional process added.)

	Process	defer	Can work be deferred to another group?		erred to People required over time (Enter number for each day) er group?									
		Yes	No	0 – 24 Hours	25 – 48 Hours	49 – 72 Hours	3 – 6 Days	1 Week	2 Weeks	3 Weeks	1 Month	1+ Month		
1.		$\checkmark$	$\checkmark$											
2.														
3.														
4.														
5.														
6.														
7.														
8.														
9.														
10.														

## Reports

Does the department use or produce critical reports / information that would be required for the business to continue operations? Identify the name of the report, criticality of the report, brief description, type of report, report source, and the timeframe in which the report must be produced. **Use** *the scale on page 19 to identify criticality of the resource and the time frame.* 

	Report Name Criticality		Description	Description Type of Report		Time Frame
		(Low, Med, High)		(Electronic or paper)	(going or coming from)	(See Scale on pg. 19)
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

## **Potential Impacts**

#### **Financial Impact**

Financial impact measures the immediate financial exposure to the business if a process or department cannot be performed. Identify the number of days that each process operates (365, 260, etc.), estimated annual revenue of the process (or department overall) and estimated additional costs. Revenue costs are the amount of annual revenue, portfolio, fee income, sales income, customer services, products, etc. Additional costs are those costs that can't be directly related to revenue (i.e. overtime costs, temporary staffing, relocation costs, equipment purchases, etc.) Add together the estimated revenue and estimated additional costs and put total in the sub-total column. To figure the estimated potential loss for the process, divide the sub-total by the number of business days and enter this amount in the "estimated potential loss" column. Once all processes have been listed and impacts identified, add all totals from the last column together and enter this in "estimated financial impact" Column.

	Process Name	Have Financial Impact?		Number of Business Days	Estimated Annual Revenue	Estimated Additional Costs	Sub-Total	Estimate Potential Loss
		Yes	No				(Annual Revenue + Additional Costs)	(Sub-total / # of Days)
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								

## **Customer or Operational Impact**

Customer or operational impacts are those impacts that are difficult to quantify monetarily but can have a significant, long-term impact on the business. From the list of operational impacts below, please rank the process impact using the scale below. Identify the time period in which the impact would begin. For example, if the impact would begin in the 3 – 6 Days period, please place a check in that box. (Delete the checks that do not apply. Copy and paste the check symbol for each additional operational impact.)

	Impact Type	Potential Impact	People required over time (Enter number for each day)								
		(Use Scale Above)	0 – 24 Hours	25 – 48 Hours	49 – 72 Hours	3 – 6 Days	1 Week	2 Weeks	3 Weeks	1 Month	1+ Month
1.	Work Flow		$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$
2.	Customer Sales										
3.	Customer Service										
4.	Shareholder Confidence										
5.	Company Reputation										
6.	Employee Morale										
7.	Competitive Advantage										
8.	Employee Resignations										
9.	Loss of Customers										

#### Scale: 0 = No Impact 1 = Low 2 = Medium 3 = High

## Legal & Regulatory Impact

Legal and regulatory impact relates to obligations with agencies, organizations, and customer in which the department (or company) must comply. This includes compliance with governmental and industry regulations, contracts, and service level agreements with customers, vendors, and outside agencies.

	Process Name	Have Legal & Regulatory Impact?		None	Low	Medium	High	Potential Legal / Regulatory Fees & Costs
		Yes	No	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								

Estimated Total Legal & Regulatory Impact

## **Additional Notes**

Please add any additional comments or information that is relevant to the department, company or processes that were not covered in the previous sections.