Disaster resilience Business Continuity Plan Part 1 – Know your disaster risk

Use this Know your disaster risk template to help you identify disaster risks to your business.

This plan may be completed as a stand-alone document or, as one of four documents that combine to form a Business Continuity Plan. Fact sheets on assessing disaster risks and insurance are also available from [www.business.tas.gov.au](http://www.business.tas.gov.au) and may be helpful when completing this template.

If you require further assistance on a business issues please contact Business Tasmania on 1800 440 026 or email [ask@business.tas.gov.au](mailto:ask@business.tas.gov.au).

*Instructions are provided in italics. Where instructions are contained in [square brackets] please delete these and enter your relevant information.*

Plan information

|  |  |  |
| --- | --- | --- |
| Business details | | |
| **Business name** | *[Your business name]* | |
| **Business owner** | *[Your name and title]* | |
| **Address and contact(s)** | *[Business address and contact details]* | |
| **ABN/ACN** | *[Your Australian Business Number, if you are registered and/or your Australian Company Number if you are a company]* | |
| **Last updated** |  | |
| **Communication strategy** | | |
| **Communication type** | **Person responsible** | **Frequency** |
| *[For example, email]* | *[Person responsible for communicating ]* | *[For example, monthly]* |

*To help you keep track of your progress, tick off each section as you complete it.*

|  |  |
| --- | --- |
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1.1 Risk assessment and main business area analysis

*List the potential risks to your business (in order of most likely) and any strategies or contingencies to reduce the risk. Also consider the secondary impacts of disaster events for your business.*

| Risk assessment | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| **Business risk 1** | *[Describe a risk to your business and its potential impact. For example, bushfire destroys warehouse and stock]* | | | | | |
| **Impact** | *[high, medium or low]* | | **Likelihood** | *[highly likely, likely, unlikely or very unlikely]* | | |
| **Mitigation strategy** | *[What will you do to reduce or minimise this potential risk to your business. For example, ensure there is a firebreak around the warehouse by trimming branches, clearing rubbish and laying gravel; have contents insurance that covers bushfire]* | | | | | |
| **Contingency plan** | *[What is your contingency plan if the risk arises, for example, have a second warehouse, store some stock in an offsite location]* | | | | | |
| **Business risk 2** |  | | | | | |
| **Impact** |  | | **Likelihood** |  | | |
| **Mitigation strategy** |  | | | | | |
| **Contingency plan** |  | | | | | |
| **Business risk 3** |  | | | | | |
| **Impact** |  | | **Likelihood** |  | | |
| **Mitigation strategy** |  | | | | | |
| **Contingency plan** |  | | | | | |
| **Business risk 4** |  | | | | |
| **Impact** |  | **Likelihood** | | |  |
| **Mitigation strategy** |  | | | | |
| **Contingency plan** |  | | | | |
| **Business risk 5** |  | | | | |
| **Impact** |  | **Likelihood** | | |  |
| **Mitigation strategy** |  | | | | |
| **Contingency plan** |  | | | | |

*List the important areas of your business and any strategies you have in place should these areas fail*

| Main business area analysis | |
| --- | --- |
| **Main business area I** | *[Describe critical areas in your business. These are functions (suppliers, systems, people) that your business can not do without e.g. no electricity at a motel]* |
| **Impact if failed** | *[Describe the potential impact on your business if this critical function failed. For example, no power – lights, heating, computer systems, refrigeration, cooking appliances, disgruntled/panicked guests]* |
| **Current protections strategy** | *[What strategies do you have that minimise impacts and protect your business should this function fail? For example, back-up generator, gas heating, stove and oven]* |
| **Main business area 2** |  |
| **Impact if failed** |  |
| **Current protections strategy** |  |
| **Main business area 3** |  |
| **Impact if failed** |  |
| **Current protections strategy** |  |
|  |  |
|  | |
| **Main business area 4** |  |
| **Impact if failed** |  |
| **Current protections strategy** |  |
| **Main business area 5** |  |
| **Impact if failed** |  |
| **Current protections strategy** |  |

1.2 Scenario Planning

*Once you have completed the risk assessment and main business area analysis in Section 1, you may wish to complete a more detailed scenario based on each of your top two critical business areas. Add more scenarios by duplicating the tables below.*

|  |  |
| --- | --- |
| Scenario Planning | |
| **Scenario 1 *[insert scenario name]*** | |
| **Business area disrupted** | *[Describe the main area of your business that could be disrupted]* |
| **Background** | *[Provide any context and background information relevant to this critical area]* |
| **Impact** | *[Describe the potential impact to your business. This could be in terms of physical damage, monetary or reputational damage, delays, etc.]* |
| **Actions** | *[List what needs to be done to ensure impacts and losses are kept to a minimum. Try to note what should be done immediately, and what secondary actions may be necessary]* |
| **Responsibilities** | *[Who is responsible for what should this scenario arise?]* |
| **Resources needed** | *[What resources might you need to help you address and/or recover from this scenario including cash flow, personnel, technical expertise or services?]* |
| **Scenario 2 *[insert scenario name]*** | |
| **Business area disrupted** |  |
| **Background** |  |
| **Impact** |  |
| **Actions** |  |
| **Responsibilities** |  |
| **Resources needed** |  |

1.3 Insurance details

*Record your insurance policies and what they cover in the table below. For further information, refer to the Business Resilience Insurance Fact sheet on* [*www.business.tas.gov.au*](http://www.business.tas.gov.au)

|  |  |
| --- | --- |
| Insurance | |
| **Insurance type** | *[For example, car, business interruption, contents]* |
| **Policy coverage** | *[For example, car theft, third party injury, damage from fire or flood]* |
| **Policy exclusions** | *[For example, fraud, arson, riverine flooding]* |
| **Insurance company contact** | *[Your insurance company and contact details for inquiries or claims]* |
| **Last review date** | *[Date which you last reviewed your policy]* |
| **Payments due** | *[Amount you pay, frequency]* |
| **Insurance type** |  |
| **Policy coverage** |  |
| **Policy exclusions** |  |
| **Insurance company contact** |  |
| **Last review date** |  |
| **Payments due** |  |
| **Insurance type** |  |
| **Policy coverage** |  |
| **Policy exclusions** |  |
| **Insurance company contact** |  |
| **Last review date** |  |
| **Payments due** |  |
| **Insurance type** |  |
| **Policy coverage** |  |
| **Policy exclusions** |  |
| **Insurance company contact** |  |
| **Last review date** |  |
| **Payments due** |  |

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