# B READY ▶

# Binghamton University's
# Continuity of Operations Planning Tool

*Department / Program:*                                   *Dept. Chair / Program Manager:*

_____                    _____

| | Criticality | Min # of work-stations | Maximum Allowable Downtime (MAD) | | | Cross Trained Staff? | Electricity required? | Telephone required? | External Network / ITS? | Internal Network / ITS? | Water required? | Printer capability required? | Copy cability required? | Other (provide detail) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 1  2  3  X | | *Days* | *Hours* | *Minutes* | | | | | | | | | |
| Function | | | | | | | | | | | | | | |
| Responsible Person | | | | | | | | | | | | | | |
| Function | | | | | | | | | | | | | | |
| Responsible Person | | | | | | | | | | | | | | |
| Function | | | | | | | | | | | | | | |
| Responsible Person | | | | | | | | | | | | | | |
| Function | | | | | | | | | | | | | | |
| Responsible Person | | | | | | | | | | | | | | |
| Function | | | | | | | | | | | | | | |
| Responsible Person | | | | | | | | | | | | | | |
| Function | | | | | | | | | | | | | | |
| Responsible Person | | | | | | | | | | | | | | |
| Function | | | | | | | | | | | | | | |
| Responsible Person | | | | | | | | | | | | | | |
| Function | | | | | | | | | | | | | | |
| Responsible Person | | | | | | | | | | | | | | |
| Function | | | | | | | | | | | | | | |
| Responsible Person | | | | | | | | | | | | | | |

*Critacality Scale:*   1 = Must continue (i.e. life safety, health, security)   3 = May pause if necessary, but must resume in 30 days or sooner.
2 = Must continue, perhaps in a reduced mode.   X = Deferrable. May resume when conditions permit.

# Binghamton University's
# COOP-Function Worksheet

| Department / Program: | | Unit: | | Date: | |
|---|---|---|---|---|---|
| Function Name: | | Contact: | | Priority: | |

| Resources needed to conduct this function: | Maximum Allowable Downtime (MAD) | | | Resource Notes | General Description |
|---|---|---|---|---|---|
| *Do you require this resource?* | *Days* | *Hrs* | *Mns* | | |
| Electricity Y/N | | | | | |
| Telephone Y/N | | | | | |
| External Network / IS Y/N | | | | | |
| Internal Network / IS Y/N | | | | | |
| Water Y/N | | | | | |
| Printer Capability Y/N | | | | | |
| Copy Capability Y/N | | | | | |
| Other:_____ Y/N | | | | | |
| Other:_____ Y/N | | | | | |
| Other:_____ Y/N | | | | | |
| Other:_____ Y/N | | | | | |
| Other:_____ Y/N | | | | | |
| **Function's overall MAD:** | | | | | |

| *Do you require this resource?* | Describe type, kind, location, stock, frequency of re-stock, alternate sources, etc. | | Describe: | |
|---|---|---|---|---|
| Function-specific software Y/N | | Is a security system or protocols required: | Y/N | |
| Function-specific equipment Y/N | | Is function tied to a location / place? | Y/N | |
| Supplies Y/N | | Does function require vehicles or mobility? | Y/N | |
| Data Y/N | *Internal Data:*  *External Data:* | *Backup Protocol:* | | |
| Contractors / Vendors Y/N | *Contractor / Vendor Name:*  *Contractor / Vendor Location:* | *Material Supplied:* | | |

| Do regulations, policy or contracts require this function? (Type "yes" for all that apply) | BU | | Federal | | Describe what may happen if the function does not continue: |
|---|---|---|---|---|---|
| | State | | Other | | |