



University of Manitoba

Business Continuity Plan

Faculty or Department Name

Date (MMMM DD, YYYY)

Faculty / Departmental Business Continuity Plan (BCP)

This template is generic in nature and is designed to address a number of common BCP areas.

Not all areas will be applicable to your department/faculty.

1. Basic Information

1.1. Department:

1.2. Name:

1.3. Email:

1.4. Phone:

2. Faculty / Departmental Information

(If your Faculty/department are at different locations please provide a breakdown of the following information by location as well as a total for the department)

2.1. How many full-time staff work in your Faculty / department:

2.2. How many part-time staff work in your Faculty / department:

2.3. In what building(s) and areas does your Faculty / department reside:

(Ensure all offices and facilities are covered)

2.4. Who will be the primary contact for this plan:

(Include 24-hour contact information for this person)

Name:

24 Hour Phone(s):

Email:

2.5. Who will be the secondary contact for this plan:

(Include 24-hour contact information for this person)

Name:

24 Hour Phone(s):

Email:

2.6. Additional Faculty / Departmental Contacts:

Name:

Name:

24 hour Phone(s):

24 hour Phone(s):

Email:

Email:

3. Identification of Critical Services and Functions

(In this section, define and rank your top critical services and functions)

3.1. Critical Service 1

3.1.1. What is your most critical service or function (Critical Service 1):

3.1.2. What is the maximum allowable downtime for Critical Service 1:

(How long can this service stop before the University begins to suffer as a result?)

<input type="checkbox"/>	0-8 Hours
<input type="checkbox"/>	9-24 Hours
<input type="checkbox"/>	1-3 Days
<input type="checkbox"/>	4-14 Days
<input type="checkbox"/>	15-30 Days
<input type="checkbox"/>	30+ Days

3.1.3. What are the resource requirements for Critical Service 1:

(Check all that apply)

<input type="checkbox"/>	Office Space
<input type="checkbox"/>	Classroom Space
<input type="checkbox"/>	Laboratory Space
<input type="checkbox"/>	Telephones
<input type="checkbox"/>	Computers / Network Access
<input type="checkbox"/>	Equipment / Vehicles
<input type="checkbox"/>	Utilities <i>(Power, Water, etc.)</i>
<input type="checkbox"/>	Vendors
<input type="checkbox"/>	Staff
<input type="checkbox"/>	Off-Campus Sites
<input type="checkbox"/>	Other <i>(Please Explain)</i>

3.2. Critical Service 2

3.2.1. What is your next most critical service or function (Critical Service 2):

3.2.2. What is the maximum allowable downtime for Critical Service 2:

(How long can this service stop before the University begins to suffer as a result?)

<input type="checkbox"/>	0-8 Hours
<input type="checkbox"/>	9-24 Hours
<input type="checkbox"/>	1-3 Days
<input type="checkbox"/>	4-14 Days
<input type="checkbox"/>	15-30 Days
<input type="checkbox"/>	30+ Days

3.2.3. What are the resource requirements for Critical Service 2:

(Check all that apply)

<input type="checkbox"/>	Office Space
<input type="checkbox"/>	Classroom Space
<input type="checkbox"/>	Laboratory Space
<input type="checkbox"/>	Telephones
<input type="checkbox"/>	Computers / Network Access
<input type="checkbox"/>	Equipment / Vehicles
<input type="checkbox"/>	Utilities <i>(Power, Water, etc.)</i>
<input type="checkbox"/>	Vendors
<input type="checkbox"/>	Staff
<input type="checkbox"/>	Off-Campus Sites
<input type="checkbox"/>	Other <i>(Please Explain)</i>

3.3. Critical Service 3

3.3.1. What is your next most critical service or function (Critical Service 3):

3.3.2. What is the maximum allowable downtime for Critical Service 3:

(How long can this service stop before the University begins to suffer as a result?)

<input type="checkbox"/>	0-8 Hours
<input type="checkbox"/>	9-24 Hours
<input type="checkbox"/>	1-3 Days
<input type="checkbox"/>	4-14 Days
<input type="checkbox"/>	15-30 Days
<input type="checkbox"/>	30+ Days

3.3.3. What are the resource requirements for Critical Service 3:

(Check all that apply)

<input type="checkbox"/>	Office Space
<input type="checkbox"/>	Classroom Space
<input type="checkbox"/>	Laboratory Space
<input type="checkbox"/>	Telephones
<input type="checkbox"/>	Computers / Network Access
<input type="checkbox"/>	Equipment / Vehicles
<input type="checkbox"/>	Utilities <i>(Power, Water, etc.)</i>
<input type="checkbox"/>	Vendors
<input type="checkbox"/>	Staff
<input type="checkbox"/>	Off-Campus Sites
<input type="checkbox"/>	Other <i>(Please Explain)</i>

3.4. Critical Service 4

3.4.1. What is your next most critical service or function (Critical Service 4):

3.4.2. What is the maximum allowable downtime for Critical Service 4:

(How long can this service stop before the University begins to suffer as a result?)

	0-8 Hours
	9-24 Hours
	1-3 Days
	4-14 Days
	15-30 Days
	30+ Days

3.4.3. What are the resource requirements for Critical Service 4:

(Check all that apply)

	Office Space
	Classroom Space
	Laboratory Space
	Telephones
	Computers / Network Access
	Equipment / Vehicles
	Utilities <i>(Power, Water, etc.)</i>
	Vendors
	Staff
	Off-Campus Sites
	Other <i>(Please Explain)</i>

3.5. Critical Service 5

3.5.1. What is your next most critical service or function (Critical Service 5):

3.5.2. What is the maximum allowable downtime for Critical Service 5:

(How long can this service stop before the University begins to suffer as a result?)

	0-8 Hours
	9-24 Hours
	1-3 Days
	4-14 Days
	15-30 Days
	30+ Days

3.5.3. What are the resource requirements for Critical Service 5:

(Check all that apply)

	Office Space
	Classroom Space
	Laboratory Space
	Telephones
	Computers / Network Access
	Equipment / Vehicles
	Utilities <i>(Power, Water, etc.)</i>
	Vendors
	Staff
	Off-Campus Sites
	Other <i>(Please Explain)</i>

3.6. Critical Service 6

3.6.1. What is your next most critical service or function (Critical Service 6):

3.6.2. What is the maximum allowable downtime for Critical Service 6:

(How long can this service stop before the University begins to suffer as a result?)

<input type="checkbox"/>	0-8 Hours
<input type="checkbox"/>	9-24 Hours
<input type="checkbox"/>	1-3 Days
<input type="checkbox"/>	4-14 Days
<input type="checkbox"/>	15-30 Days
<input type="checkbox"/>	30+ Days

3.6.3. What are the resource requirements for Critical Service 6:

(Check all that apply)

<input type="checkbox"/>	Office Space
<input type="checkbox"/>	Classroom Space
<input type="checkbox"/>	Laboratory Space
<input type="checkbox"/>	Telephones
<input type="checkbox"/>	Computers / Network Access
<input type="checkbox"/>	Equipment / Vehicles
<input type="checkbox"/>	Utilities <i>(Power, Water, etc.)</i>
<input type="checkbox"/>	Vendors
<input type="checkbox"/>	Staff
<input type="checkbox"/>	Off-Campus Sites
<input type="checkbox"/>	Other <i>(Please Explain)</i>

3.7. Critical Service 7

3.7.1. What is your next most critical service or function (Critical Service 7):

3.7.2. What is the maximum allowable downtime for Critical Service 7:

(How long can this service stop before the University begins to suffer as a result?)

<input type="checkbox"/>	0-8 Hours
<input type="checkbox"/>	9-24 Hours
<input type="checkbox"/>	1-3 Days
<input type="checkbox"/>	4-14 Days
<input type="checkbox"/>	15-30 Days
<input type="checkbox"/>	30+ Days

3.7.3. What are the resource requirements for Critical Service 7:

(Check all that apply)

<input type="checkbox"/>	Office Space
<input type="checkbox"/>	Classroom Space
<input type="checkbox"/>	Laboratory Space
<input type="checkbox"/>	Telephones
<input type="checkbox"/>	Computers / Network Access
<input type="checkbox"/>	Equipment / Vehicles
<input type="checkbox"/>	Utilities <i>(Power, Water, etc.)</i>
<input type="checkbox"/>	Vendors
<input type="checkbox"/>	Staff
<input type="checkbox"/>	Off-Campus Sites
<input type="checkbox"/>	Other <i>(Please Explain)</i>

3.8. Critical Service 8

3.8.1. What is your next most critical service or function (Critical Service 8):

3.8.2. What is the maximum allowable downtime for Critical Service 8:

(How long can this service stop before the University begins to suffer as a result?)

<input type="checkbox"/>	0-8 Hours
<input type="checkbox"/>	9-24 Hours
<input type="checkbox"/>	1-3 Days
<input type="checkbox"/>	4-14 Days
<input type="checkbox"/>	15-30 Days
<input type="checkbox"/>	30+ Days

3.8.3. What are the resource requirements for Critical Service 8:

(Check all that apply)

<input type="checkbox"/>	Office Space
<input type="checkbox"/>	Classroom Space
<input type="checkbox"/>	Laboratory Space
<input type="checkbox"/>	Telephones
<input type="checkbox"/>	Computers / Network Access
<input type="checkbox"/>	Equipment / Vehicles
<input type="checkbox"/>	Utilities <i>(Power, Water, etc.)</i>
<input type="checkbox"/>	Vendors
<input type="checkbox"/>	Staff
<input type="checkbox"/>	Off-Campus Sites
<input type="checkbox"/>	Other <i>(Please Explain)</i>

4. Resources

(In the above section, you identified resource dependencies. In this section, we want specifics about the resource dependencies and any identified backups or solutions)

4.1. Office Space

4.1.1. Name all the buildings where you currently have office space:

4.1.2. What services do you provide in the office spaces:

4.1.3. What clients do you support through use of these office spaces:

4.1.4. Quantity of office you currently occupy:

(You can use area in ft² or the number of people that use office space)

4.1.5. Pre-Identified backup space:

(If you have a backup space please list it)

4.1.6. List of potential backups:

(List any ideas for backup in the event of a loss of office space)

4.2. Classroom Space

4.2.1. Name all of the buildings where you currently have classroom space:

4.2.2. What services do you provide in the classroom spaces:

4.2.3. What clients do you support through use of these classroom spaces:

4.2.4. Quantity of classroom space:

(How many classes with what number of seats)

4.2.5. Pre-Identified backup space:

(If you have a backup space please list it)

4.2.6. List of potential backups:

(List any ideas for backup in the event of a loss of classroom space)

4.3. Laboratory Space (Any Placarded Space)

4.3.1. Name all of the buildings where you currently have laboratory space:

4.3.2. What services do you provide in the laboratory spaces:

4.3.3. What clients do you support through use of these laboratory spaces:

4.3.4. Quantity of laboratory space:

(Area of lab space in ft² and any special containment issues such as biohazard zones, radiation areas, fume hoods, etc.)

4.3.5. Sensitive Lab Equipment list

(List any sensitive or high value equipment such as -80°C freezers, lasers, microscopes, etc. Include a building a room number as well)

4.3.6. Pre-Identified Backup space or equipment:

(If you have a backup space or equipment please list it)

4.3.7. List of potential backups:

(List any ideas for backup in the event of a loss of lab spaces or lab equipment)

4.4. Telephones

4.4.1. Name all of the buildings where you currently have phones:

4.4.2. What services do you provide with phones:

4.4.3. What clients do you support through use of phones:

4.4.4. How many phones do you have:

(Include separate numbers for Landlines, VOIPs, Cellphones, etc.)

4.4.5. Pre-identified backup

(List any backup phones already in place)

4.4.6. List of potential backups:

(List any ideas for backup in the event of a loss of phones)

4.5. Computers and Network Access

4.5.1. Name all of the buildings where you currently use Computers or Network Access:

4.5.2. What services do you provide with use of Computers and Network Access:

4.5.3. What clients do you support through use of Computers and Network Access:

4.5.4. How many Computers do you have:

(Include separate numbers for Desktops, Laptops, Tablets, etc.)

4.5.5. Pre-identified backup:

(List any backup Computers or Network Access already in place)

4.5.6. List of potential backups:

(List any ideas for backup in the event of a loss of Computers or Network Access)

4.6. Equipment and Vehicles

4.6.1. Name all of the buildings or areas where you currently use or store equipment or vehicles:

4.6.2. What services do you provide with equipment and vehicles:

4.6.3. What clients do you support through use of equipment and vehicles:

4.6.4. What equipment do you have:

(Include numbers for all equipment used in support of your critical functions)

4.6.5. What vehicles do you have:

(Include numbers for all vehicles used in support of your critical functions)

4.6.6. Pre-identified backup:

(List any backup equipment or vehicles already in place)

4.6.7. List of potential backups:

(List any ideas for backup in the event of a loss of equipment or vehicles)

4.7. Vendors

4.7.1. What services do you provide that require vendors:

4.7.2. What clients do you support through use of vendors:

4.7.3. What vendors do you currently use to support critical functions:
(Include names of vendors and quantities of products provided)

4.7.4. Pre-identified backup:
(List any backup vendors or arrangements already in place)

4.7.5. List of potential backups:
(List any ideas for backup in the event of a loss of vendors)

4.8. Staff

4.8.1. Name all of the buildings that staff are located:

4.8.2. What services do you provide that require staff:

4.8.3. What clients do you support through use of staff:

4.8.4. Identify staff that are required to provide critical services:

(Include names of staff, position, and which critical function they support)

4.8.5. Pre-identified backup:

(List any identified backups for staff or arrangements already in place to supply required staffing levels)

4.8.6. List of potential backups:

(List any ideas for backup in the event of a loss of staff)

4.9. Off-Campus Sites

4.9.1. Provide a list and location of all off-campus sites that support critical functions:

4.9.2. What services do you provide that require off-campus sites:

4.9.3. What clients do you support through use of off-campus sites:

4.9.4. What critical function does each site provide:

4.9.5. Pre-identified backup:

(List any backup sites or arrangements already in place)

4.9.6. List of potential backups:

(List any ideas for backup in the event of a loss of off-campus sites)

4.10. Other

4.10.1. Provide a list of all other capital or means required to support critical functions:

4.10.2. What services do you provide that require other capital or means:

4.10.3. What clients do you support through use of other capital or means:

4.10.4. What critical function do other capital or means support:

4.10.5. Pre-identified backup:

(List any backup or arrangements already in place)

4.10.6. List of potential backups:

(List any ideas for backup in the event of a loss of other capital or means)

5. Communications

5.1. Who will be the point of contact with other departments during the loss of a critical service:

Name:

Position:

Phone:

Email:

5.2. Who will be the point of contact for internal staff:

Name:

Position:

Phone:

Email:

5.3. If you are a large department (25+), do you have a call tree:

5.4. Who will be the point of contact for vendors:

Name:

Position:

Phone:

Email:

5.5. Who will be the point of contact with clients:

Name:

Position:

Phone:

Email:

5.6. Who will be the point of contact with students:

Name:

Position:

Phone:

Email:

6. Documents and Additional Information

6.1. Staff List or Departmental Structure Chart

(Please include a PDF copy of either a staff list or Departmental Structure with this document. The information will remain private between you and the Office of Risk Management)

6.2. Crucial Emergency Information

(Please include a PDF copy of any information that may be necessary during an emergency. This information will remain private between you and the Office of Risk Management)

6.3. Key Management

6.3.1. Who is responsible for keys in your department:

Name:

Position:

Phone:

Email:

6.3.2. Where are keys kept:

6.3.3. What is in place to ensure the security of keys:

6.4. Records

6.4.1. What crucial records do you store:

6.4.2. What formats are your crucial records stored in:

6.4.3. Where are your crucial records stored:

6.4.4. Who controls access to crucial records:

Name:

Position:

Phone:

Email:

7. Submission of Documents and Execution of Plan

This template is generic in nature and is designed to address a number of common BCP areas. Not all areas will be applicable to your department/faculty.

7.1. Departments/Faculties can submit all documents electronically for redundancy to BCP@umanitoba.ca

7.2. Ensure that you print at least one copy in the event computer access is unavailable.

7.3. At least once annually or after any large departmental changes, a review of the plan should occur. Please resubmit any updates to the plans for redundancy to BCP@umanitoba.ca

7.4. The Office of Risk Management thanks you for the time you have taken to create this plan and for making your faculty/department and the University community more resilient to business interruptions.

