

Recovery Action Plan

Recovery Objective	Issue to be resolved	Action Required	Must be back up and running by:	Person Leading	Status
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					



Business Disruption Impact Analysis Form

Name of Person Assessing Disruption	
Description of what has happened	
Casualties	

Initial assessment of impact on:	Any indication of how long disruption will last?	Any initial problems / recommendations?
Your Staffing		
Your Workspace / Buildings		
Your ICT		
Your Equipment / Resources / Transport		
Your Information / Documentation		
Other internal teams your rely on		
Third Party Suppliers / Resources		

Anything else to report?	
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