**Disaster Recovery Plan**

[ Department Name ]

[Updated on: DATE]

# Approval

|  |  |  |
| --- | --- | --- |
| **System Administrator/System Owner** | | |
| [Name] | [Email] | [Telephone] |
| Signature | | Date |

|  |  |  |
| --- | --- | --- |
| **Department Head/Unit Manager** | | |
| [Name] | [Email] | [Telephone] |
| Signature | | Date |

|  |  |  |
| --- | --- | --- |
| **Information Security Officer (ISO)** | | |
| [Name] | [Email] | [Telephone] |
| Signature | | Date |

|  |  |  |
| --- | --- | --- |
| **Information Resource Manager (IRM)** | | |
| [Name] | [Email] | [Telephone] |
| Signature | | Date |

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# Introduction

*[Define the purpose of IT disaster recovery plan for your specific department]*

# What is considered a Disaster?

*[Define what would constitute disaster in your department]*

# Key Personnel Contact Information

| **Name** | **Title** | **Home Phone** | **Cell Phone** | **Email** |
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# Communication Plan

[Define a communication strategy to notify internal and external customer/users of the disaster.

* Communicate with Internal Staff
* Communication with Users

# External & Vendor Contact Information

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Application | | |  | | | | | | | | | | |
| Company name | | |  | | | | | | | | | | |
| Street address | | |  | | | | | | | | | | |
| City |  | | | | | | | | State |  | | Zip code |  |
| Account number | | | |  | | | | | | | | | |
| Account manager name | | | | |  | | | | | | | | |
| Phone | |  | | | | | Fax |  | | | E-mail |  | |
| Technical support contact | | | | | |  | | | | | | | |
| Phone | |  | | | | | Fax |  | | | E-mail |  | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Application | | |  | | | | | | | | | | |
| Company name | | |  | | | | | | | | | | |
| Street address | | |  | | | | | | | | | | |
| City |  | | | | | | | | State |  | | Zip code |  |
| Account number | | | |  | | | | | | | | | |
| Account manager name | | | | |  | | | | | | | | |
| Phone | |  | | | | | Fax |  | | | E-mail |  | |
| Technical support contact | | | | | |  | | | | | | | |
| Phone | |  | | | | | Fax |  | | | E-mail |  | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Application | | |  | | | | | | | | | | |
| Company name | | |  | | | | | | | | | | |
| Street address | | |  | | | | | | | | | | |
| City |  | | | | | | | | State |  | | Zip code |  |
| Account number | | | |  | | | | | | | | | |
| Account manager name | | | | |  | | | | | | | | |
| Phone | |  | | | | | Fax |  | | | E-mail |  | |
| Technical support contact | | | | | |  | | | | | | | |
| Phone | |  | | | | | Fax |  | | | E-mail |  | |

# Business Impact Analysis & Identify Critical Systems

*[Perform Business Impact Analysis and establish Critical System (by priority)]*

*[Include Information Resource inventory, including location]*

# Preparing for a Disaster

*[Include actions taken in preparation of a disaster]*

*[Include current backup strategy]*

# Disaster Recovery Strategy

*[Step-by-step instructions to recovery from a disaster]*

# Annual Review

*[Disaster Recovery Plan must be tested annually. Establish annual testing procedure and date]*