

Emergency Preparation Worksheets

The worksheets contained in this section will assist you in preparing a local plan of action should your business be affected by natural disasters. Please feel free to use, and copy these forms as needed for your own use.

Please complete the following forms and keep one copy of these forms on your premises and another in an off-site location.

Contents:

- General Checklist**
- Emergency Contact List**
- Broker Authorization Form**
- Disaster Supply Checklist**
- Insurance Coverage Discussion Form**
- Inventory Checklist**
- Itemized Inventory List**
- Bank/Creditor Contact Information**
- Vendor/Partner Contact Information**
- Computer Hardware Inventory**
- Computer Software Inventory**
- Computer Peripheral Inventory**
- Additional Resources**

To request an Employee Disaster Safety Poster, please call 1(813) 286-3400.

Emergency Contact List

Keep this emergency contact list available for you and your employees in the event of an emergency. Attach a list of employee emergency contact numbers to this list.

Local Police Department: _____

Local Fire Department: _____

Company Broker: Name: _____ Phone: _____

Company Manager: Name: _____ Phone: _____

NSBAR Office: _____

Hospital: _____

Insurance Company: _____

Agent: Name: _____ Phone: _____

Policy Number: _____

Bank: _____

Account Number: _____

Attorney: Name: _____ Phone: _____

CPA: Name: _____ Phone: _____

Telephone Company: _____

Gas/Heat Company: _____

Electric Company: _____

Building Manager: Name: _____ Phone: _____

Building Security: _____

Web Domain Host:
(if email is hosted on site) _____

**Federal Emergency Management
Agency Regional Office:** _____

Local Newspaper: _____

Local Radio Stations: _____

**Local Television
Stations:** _____

BROKER DISASTER RECOVERY
Broker Authorization of Assistance

In the event of a disaster, the individuals (or those occupying the positions listed below) have been given the authority to make decisions on behalf of the company, if the Broker is unavailable.

Company Name _____

Address _____

Phone Number _____

Authorized Personnel

Broker _____

Company Manager _____

Additional Authorized
Personnel

_____ Position _____

_____ Position _____

Additional Instructions or Comments:

Broker's Signature _____

Date _____

Disaster Supply Checklist

Use this check-off list to ensure you have all the supplies you need in the event of a disaster.

	Need	Have
NOAA Weather Radio		
First Aid Kit		
Flashlights/Batteries		
Waterproof Plastic Bags		
Camera/Film		
Pens/Pencils/Paper/Markers/Tape		
Water/Food supplies		
Generator		
Mops/Pails/Brooms/Paper Towels, Sponges		
Cleaning Chemicals (Bleach, etc.)		
Tool kit (basic tools, gloves, etc.)		
Garbage Container/Garbage Bags		
Wet/Dry Vacuum		
Cardboard Boxes/Packing Tape		
Dehumidifier/Fan/Extension Cords		
Contact sheets		

Other:		

Insurance Coverage Discussion Form

Use this form to discuss your insurance coverage with your agent. Having adequate coverage now will help you recover more rapidly from a catastrophe.

Insurance Agent: _____

Address: _____

Phone: _____ **Fax:** _____ **Email:** _____

INSURANCE POLICY INFORMATION

Type of Insurance	Policy No.	Deductibles	Policy Limits	Coverage (General Description)

	Yes	No
Do you need Flood Insurance?	<input type="checkbox"/>	<input type="checkbox"/>
Do you need Earthquake Insurance?	<input type="checkbox"/>	<input type="checkbox"/>
Do you need Business Income and Extra Expense Insurance?	<input type="checkbox"/>	<input type="checkbox"/>

Other disaster-related insurance questions:

Itemized Inventory List

Use this form to:

- Log your inventory with serial numbers. Attach a copy of your vendor documentation to this document.
- Record the name of the company from which you purchased or leased this equipment or furniture and the contact name to notify for replacement values.
- Record the name of the company that provides repair and support.

Make additional copies as needed. *Keep one copy of this list in a secure place on your premises and another in an off-site location. This information is critical to insure that your claim will be processed as quickly and as accurately as possible.*

Item	Description	Serial Number	Date Purchased	Cost	Store Purchased

Bank/Creditor Contact Information

Use this form to keep a list of the major creditors you need to contact in the event of a disaster.

Make additional copies as needed. Keep one copy of this list in a secure place on your premises and another in off-site locations.

Bank Name: _____
Street
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ Email: _____
Contact
Name: _____ Account Number: _____

Bank Name: _____
Street
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ Email: _____
Contact
Name: _____ Account Number: _____

Company
Name: _____
Street
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ Email: _____
Contact
Name: _____ Account Number: _____

Company
Name: _____
Street
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ Email: _____
Contact
Name: _____ Account Number: _____

Bank Creditor Contact Information (continued)

Company Name: _____
Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Contact Name: _____ Account Number: _____

Company Name: _____
Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Contact Name: _____ Account Number: _____

Company Name: _____
Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Contact Name: _____ Account Number: _____

Company Name: _____
Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Contact Name: _____ Account Number: _____

Company Name: _____
Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Contact Name: _____ Account Number: _____

Vendor/Partner Contact Information

Use this form to:

1. Keep a list of the major suppliers you need to contact in the event of a disaster, and
2. Know what their disaster plans are in the event that they experience a disaster.

Make additional copies as needed. *Keep one copy of this list in a secure place on your premises and another in an off-site location.*

Suggested Contacts to consider: Signage Company, Title Companies, Office Supply provider, Grounds Keeper, Building Maintenance provider, Coffee/Vending Service, Contractors, Builders, and Internet Provider.

1. Company Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ Email: _____
Account
Contact Name: _____ #: _____
Materials /
Service
Provided: _____

If this company experiences a disaster, we will obtain supplies/materials from the following:

1A. Company
Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ Email: _____
Account
Contact Name: _____ #: _____
Materials /
Service
Provided: _____

Vendor/Partner Contact Information (continued)

2. Company Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ Email: _____
Account #: _____
Contact Name: _____
Materials /
Service
Provided: _____

If this company experiences a disaster, we will obtain supplies/materials from the following:

2A. Company Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ Email: _____
Account #: _____
Contact Name: _____
Materials /
Service
Provided: _____

3. Company Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ Email: _____
Contact Name: _____ Account #: _____
Materials /
Service Provided: _____

If this company experiences a disaster, we will obtain supplies/materials from the following:

3A. Company Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ Email: _____
Contact Name: _____ Account #: _____
Materials /
Service Provided: _____

Computer Hardware Inventory

Use this form to:

- Log your computer hardware serial and model numbers. Attach a copy of your vendor documentation to this document.
- Record the name of the company from which you purchased or leased this equipment and the contact name to notify for your computer repairs.
- Record the name of the company that provides repair and support for your computer hardware.

Make additional copies as needed. *Keep one copy of this list in a secure place on your premises and another in an off-site location.*

Hardware (CPU, Monitor, Printer, Keyboard, Mouse)	Hardware Size, RAM & CPU Capacity	Model Purchased	Serial Number	Date Purchased	Cost

Computer Hardware Inventory (continued)

Hardware Vendor or Leasing Company Information	
Company Name:	_____
Street Address:	_____
City:	_____ State: _____ Zip Code: _____
Phone:	_____
Fax:	_____
E-mail:	_____
Contact Name:	_____
Account Number:	_____

Hardware Supplier/Repair Vendor Information	
Company Name:	_____
Street Address:	_____
City:	_____ State: _____ Zip Code: _____
Phone:	_____
Fax:	_____
E-mail:	_____
Contact Name:	_____
Account Number:	_____

Computer Software Inventory (continued)

Software Vendor or Leasing Company Information	
Company Name:	_____
Street Address:	_____
City:	_____ State: _____ Zip Code: _____
Phone:	_____
Fax:	_____
E-mail:	_____
Contact Name:	_____
Account Number:	_____

Off-Site Data Backup Information	
Company Name:	_____
Street Address:	_____
City:	_____ State: _____ Zip Code: _____
Phone:	_____
Fax:	_____
E-mail:	_____
Contact Name:	_____
Account Number:	_____

Computer Peripheral Inventory (continued)

Peripheral Vendor or Leasing Company Information	
Company Name:	_____
Street Address:	_____
City:	_____ State: _____ Zip Code: _____
Phone:	_____
Fax:	_____
E-mail:	_____
Contact Name:	_____
Account Number:	_____

Peripheral Support Vendor Information	
Company Name:	_____
Street Address:	_____
City:	_____ State: _____ Zip Code: _____
Phone:	_____
Fax:	_____
E-mail:	_____
Contact Name:	_____
Account Number:	_____
