The objective of this worksheet is to determine the maximum tolerable downtime for all functions that must be resumed in less than 30 days and to describe various resource dependencies for each function. If at any point the function is determined NOT to be essential, it is not necessary to complete the questionnaire for that function.

1. Services this function provides:
__________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________________________________________________________________________________________________________

2. Other internal departments/divisions/sections that depend on this function (Internal Dependencies):
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________

3. Other outside agencies that depend on this function (External Dependencies):
_______________________________________________________________________________________________________________
_______________________________________________________________________________________________________________

4. The loss of this function would have the following ramifications due to regulatory statutes, contractual agreements and/or law:
(Specify the agreement/law/statute, any specific time requirements and associated fines):
_______________________________________________________________________________________________________________
_______________________________________________________________________________________________________________

5. Peak Load Considerations:
Indicate the peak time(s) of year for this function or its associated applications.

Jan     Feb     Mar    Apr     May     Jun     Jul     Aug     Sept     Oct    Nov    Dec

6. Peak Load Considerations:
__________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________________________________________________________________________________________________________
If this function were disrupted, to what degree...

0-Not at All  1-Minor Impact  2-Moderate Impact  3-High Impact  4-Critical Impact

SCORING

The chart below will assist in rating the impact of the loss of this function.

(hour) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24
Sun Mon Tue Wed Thurs Fri Sat

Indicate the peak hours(s) of the day for this function or its associated applications:

Indicate the peak day(s) of the week for this function or its associated applications:

Date:

Essential Function:

Organization/Division/Work Unit:
8. How long can this function continue without its usual Information Systems Support? Assume that loss of support occurs during your busiest, or peak season. Check only one.

__________________________________________________________________________
Up to 1 day

__________________________________________________________________________
Up to 2 days

__________________________________________________________________________
Up to 3 days

__________________________________________________________________________
Up to 1 week

__________________________________________________________________________
Up to 1 month

__________________________________________________________________________

9. Have you developed or established any Work Around/backup Procedures (manual or otherwise) that can be employed to continue this function in the event the associated applications are not available?

__________________________________________________________________________
Up to 1 hour

__________________________________________________________________________
Up to 2 hours

__________________________________________________________________________
Up to 3 hours

__________________________________________________________________________
Up to 4 hours

__________________________________________________________________________
Up to 5 hours

__________________________________________________________________________
Up to 6 hours

__________________________________________________________________________
Up to 7 hours

__________________________________________________________________________
Up to 8 hours

__________________________________________________________________________
Up to 9 hours

__________________________________________________________________________
Up to 10 hours

__________________________________________________________________________
Up to 11 hours

__________________________________________________________________________
Up to 12 hours

__________________________________________________________________________
Up to 1 day

__________________________________________________________________________
Up to 2 days

__________________________________________________________________________
Up to 3 days

__________________________________________________________________________
Up to 4 days

__________________________________________________________________________
Up to 5 days

__________________________________________________________________________
Up to 6 days

__________________________________________________________________________
Up to 7 days

__________________________________________________________________________
Up to 8 days

__________________________________________________________________________
Up to 9 days

__________________________________________________________________________
Up to 10 days

__________________________________________________________________________
Up to 11 days

__________________________________________________________________________
Up to 12 days

__________________________________________________________________________
Up to 1 month

__________________________________________________________________________
Up to 2 months

__________________________________________________________________________
Up to 3 months

__________________________________________________________________________
Up to 4 months

__________________________________________________________________________
Up to 6 months

__________________________________________________________________________
Up to 1 year

__________________________________________________________________________

10. Does an analysis of the responses to the above questions indicate that this function should be considered “essential” to the organization? If yes, indicate when such a label is applicable:

__________________________________________________________________________
If yes, how often are these Procedures tested?

__________________________________________________________________________

11. Specify any other factors that should be considered when evaluating the impact of the loss of this function:

__________________________________________________________________________

Other time period: Specifying:

__________________________________________________________________________
During the following time of the week:

__________________________________________________________________________
During the following time of the month:

__________________________________________________________________________
During the following period of the year:

__________________________________________________________________________
Always:

If yes, indicate below when such a label is applicable:

__________________________________________________________________________

Does an analysis of the responses to the above questions indicate that this function should be considered “essential” to

__________________________________________________________________________

Date:

__________________________________________________________________________

Essential Function:

__________________________________________________________________________

Organization/Division/Work Unit: