First Time BIA Sample

Business Impact Analysis Survey		
Department Name		
Your Name		
Define the Business Function / Process		
Process / Function Name		
Process Description		
Process Participants		
Process / Data Inputs (who provides info to the process)		
Recipients of Data / Process Output (who uses what is produced by the process)		
Process Criticality How long can the Firm go without this process during a disaster?	Define in hours/days and provide explanation for the answer	
Supporting Requirements *What you need to complete the process, even during an emergency*		
	Name *(Be specific)*	**Desired Recovery Time** *(Hours/Days)*
Applications		
Equipment		
Data		
Desktop-related Items such as digital certificates for e-filing		
Paper / client records Client related documents not stored electronically		
Forms or Documents Filing forms, passwords, cheat sheets, procedure manuals		
Special Supplies Item such as security/key fob tokens for banking or efiling		
Critical Vendors / Service Providers		
Physical Workspace		
Work from Home Capabilities		

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Keeping the Information Updated – Follow up Survey

Business Impact Analysis Survey		
Department Name		
Your Name		
Define the Business Function / Process		
Process / Function Name		
Process Description		
Has this process changed as a result of technology and / or organizational changes?		
Has the criticality of this processes changed?	If yes, be specific with new recovery objectives	
Are different roles / departments participating in this process now?		
Supporting Requirements *What has been added, augmented or omitted since the last BIA?*		
	Name *(Be specific)*	**Desired Recovery Time** *(Hours/Days)*
Applications		
Equipment		
Data		
Desktop-related Items such as digital certificates for e-filing		
Paper / client records Client related documents (files, minute books, contact lists) not stored electronically		
Forms or Documents Filing forms, passwords, cheat sheets, procedure manuals		
Special Supplies Item such as security/key fob tokens for banking or efiling		
Critical Vendors / Service Providers		
Physical Workspace		
Work from Home Capabilities		

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Sample
Home Computing and Communications Survey

Introduction

The firm is in the process of developing a business continuity strategy which will enable the firm to recover critical business processes in the event a disaster results in the closure of an office. Working remotely with access to the firm's computer systems is an important part of the recovery strategy. Consequently, it is important to understand to what extent the firm's lawyers and staff has equipment and services at home that may be used as part of the firm's recovery efforts. The survey below requests information on the types of systems and services that you are currently using or have access to. Please respond as soon as possible.

Hardware (owned personally)

Question	Y/N	Additional Information
Do you have a computer at home?	Y/N	If yes, approximate age? _____
What operating system does your computer use?	N/A	Windows, Vista, XP, Mac (circle one)
Do you have a printer	Y/N	If yes, is it laser or ink/deskjet? (circle one)
Do you have a scanner?	Y/N	
Do you have high speed internet access?	Y/N	
Do you have dial up internet access?	Y/N	
Do you have a cell phone?	Y/N	
Do you have a fax capabilities?	Y/N	

Hardware (Firm provided)

Question	Y/N	Additional Information
Do you have a firm issued laptop	Y/N	
How many nights a week do you take your laptop home with you?	N/A	Check all that apply • Never • Every few nights • More than 3 nights a week • On weekends
Do you have a firm issued Blackberry (or other PDA)?	Y/N	
How many nights a week do you take your Blackberry home with you?	Y/N	Check all that apply • Never • Every few nights • More than 3 nights a week • On weekends
Do you know how to use the RSA token for remote access into the firm's application?	Y/N	Would you be interested in additional training? Y/N
Do you know how to use the firms VPN to access apps?	Y/N	Would you be interested in additional training? Y/N
Do you know how to use Citrix to access firm apps/data?	Y/N	Would you be interested in additional training? Y/N
Are there applications you would need access to during an emergency that are NOT currently presented via remote access?	Y/N	If yes, which ones? _____

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