



FORM

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# RANKED RISK ASSESSMENT

THREATS	PROBABILITY (0-5)	SEVERITY (0-5)	TOTAL (0-25)
Determine which threats could affect your business functions and processes. Add additional threats under "Other".	Assign each threat with a score of 0 to 5 to indicate the likelihood it will occur in your area.	Assign each threat with a score of 0 to 5 to indicate the amount of damage it could cause your business.	Multiply Probability with Severity and enter the total. Plan <b>NOW</b> for the highest ranking threats.

(PROBABILITY x SEVERITY= TOTAL RISK)

THREATS	PROBABILITY (0-5)	SEVERITY (0-5)	TOTAL (0-25)
<b>GEOLOGICAL HAZARDS</b>			
Landslide			
Earthquake			
Mudslide			
Tsunami			
Volcano			
Subsidence			
<b>METEOROLOGICAL HAZARDS</b>			
Severe Winter Weather (Snow, Ice, Hail, Sleet, etc.)			
Drought			
Lightning			
Extreme Cold/Freeze			
Extreme Heat			
Tornado/High Wind/Hurricane			



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RANKED RISK ASSESSMENT

THREATS	PROBABILITY (0-5)	SEVERITY (0-5)	TOTAL (0-25)
FLOOD HAZARDS			
Dam/Levee Failure			
Ravine, Stream & Alluvial Floods			
Sea-Level Rise, Coastal Flooding and erosion			
TECHNOLOGICAL HAZARDS			
Cyber Security Risks			
Software/Hardware Failure			
HUMAN-CAUSED HAZARDS			
Burglary			
Terrorism			
Civil Disturbance (Riots, Protests)			
Transportation			
Nuclear Power Plant Incident			
FIRE HAZARDS			
Wildfire			
Urban Structural Fire			
OTHER HAZARDS			



FORM

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**EMPLOYEE EMERGENCY CONTACTS****EMPLOYEE CONTACT INFORMATION**

Employee Name:

Position Title:

Office Phone: Ext

Assigned Backup:

Office Email

Personal Email:

Mobile Phone:

Home Phone:

Home Address:

Preferred Communication:

Phone Call

Text

Email

Other

City, State, ZIP

Description of Job Duties:

**Certifications:**

First Aid

Cardiopulmonary Resuscitation (CPR)

Emergency Medical Technician (EMT)

HAM Radio

**SPECIAL ACCOMODATIONS****SPECIAL LICENSES****EVACUATION INFORMATION**

County:

Evacuation Zone:

Evacuation Destination:

**LOCAL EMERGENCY CONTACT**

Name:

Relationship:

Home Phone:

Mobile Phone:

Personal Email:

**OUT-OF STATE EMERGENCY CONTACT**

Name:

Relationship:

Home Phone:

Mobile Phone:

Personal Email:



# FORM 3 KEY CONTACTS

## ORGANIZATION INFORMATION

Supplier/Vendor (Current)

Supplier/Vendor (Backup)

Key Customer

Emergency Personnel

**Name (Agency/Business/Individual)**

**Account Number:**

**Street Address:**

**Company Phone:**

**City, State, Zip Code**

**Website:**

**Materials/Service Provided**

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## MAIN CONTACT INFORMATION

**Name:**

**Title:**

**Office Phone:**

**Mobile Phone:**

**Email:**

**Webiste:**

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## ALTERNATE CONTACT INFORMATION:

**Name:**

**Title:**

**Office Phone:**

**Mobile Phone:**

**Email:**

**Website:**

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## NOTES:



# FORM 4

## CRITICAL BUSINESS PROCESSES

Document all critical business processes that your business uses to accomplish its mission. Examples of business processes: accounting, operations, manufacturing, sales, maintenance, payroll, etc.

### NAME OF BUSINESS PROCESS

Employee(s) Responsible:

Backup Employee(s):

Brief description of business process:

Are there any obligations tied to this business process? (check all that apply)		
<input type="checkbox"/>	Legal	Employment, tax, privacy law
<input type="checkbox"/>	Contractual	deliveries, timelines, payment terms
<input type="checkbox"/>	Regulatory	Licensing, accreditation, permitting
<input type="checkbox"/>	Financial	Accounts payable, income taxes payable

### TRAINING/CERTIFICATION NEEDED TO PERFORM THIS PROCESS:

### LIST OF OTHER STAKEHOLDERS WHO DIRECTLY PERFORM OR HELP PERFORM

Employees:

Suppliers/Vendors:

Key Contacts:

### WHO USES THE OUTPUT FROM THIS FUNCTION?

Employees:

Suppliers/Vendors:

Key Contacts:

### WHAT RESOURCES ARE NEEDED TO PERFORM THIS FUNCTION?

Equipment:

Resources (Utilities, etc.):

Employees:

### PENALTY/FINE:

Document all critical business processes that your business uses to accomplish its mission. Examples of business processes: accounting, operations, manufacturing, sales, maintenance, payroll, etc.

### BACKUP PLANS:

Be sure to document any workarounds or backup plans that you can implement if this business process cannot be immediately recovered. (Attach any backup procedures, plans, etc.)

### RECOVERY PRIORITY:

How important is it to your business to recover this process?

Extremely High

Medium

High

Low



# FORM 5 CRITICAL EQUIPMENT INVENTORY

**NAME OF EQUIPMENT:**

Related Business Process:

Brief Description of Item:

Quantity:

Physical Location Within Facility:

Equipment Operator:

Make/Model/Manufacturer:

Asset Tag Number:

Purchase/Lease Date:

Price Paid:

Model Number:

Serial Number:

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**REPAIR/MAINTENANCE:**

Warranty/Service Contract Info:

Employee Responsible for Maintenance Repair:

Are spare parts available?

Yes

No

If so, explain:

Maintenance History:

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**EQUIPMENT REPLACEMENT:**

Can this equipment be replaced?

Yes

No

How long will this replacement take?

Is vendor/manufacturer installation required?

If equipment is not replaceable, what are your options? (Use an alternate model or vendor, have equipment custom-made, etc.)

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**VENDORS:**

Name of Primary Supplier/Vendor

Name of Backup Supplier/Vendor:

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**ATTACH:**

Equipment Photographs

Equipment Manual

Warranty Information



FORM

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## INFORMATION EQUIPMENT INVENTORY

Computer Hardware

Computer Software

Other Information Technology Equipment

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### NAME OF COMPUTER EQUIPMENT:

Manufacturer:

Model No:

Serial No:

Asset Tag No:

License Number:

Purchase Price:

Quantity (Hardware):

Number of Licenses (Software):

Purchase Date:

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### TECHNICAL SUPPORT:

Technical Support Number:

Registered Username:

Warranty/Service Contract Info:

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### VENDORS

Name of Primary Supplier/Vendor:

Name of Backup Supplier/Vendor:

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### ATTACH:

Receipts

Manuals

Warranty Information

Photographs

# FORM



**Document all vital records that your business will need to fulfill your critical functions.**

(Examples of vital records could include: tax receipts, emergency plans, employee contact lists, policies and procedures, articles of incorporation, personnel records, customer records, etc.)

[illegible]





## FORM 8 HAZARD MITIGATION PLAN

### EMERGENCY PLANS

In an emergency you may need to move operations to an alternate location.

**What special building features do your business processes need? (i.e. cold storage, large equipment, clean room, special utilities, etc.)**

**Does your business have a backup power source, such as a generator?** Yes No

If yes, ensure you have a contract with a fuel supplier and list them below.

If no, find a vendor where you can rent emergency generators and list below.

**What business processes will run on backup power during an emergency?**

**In an emergency, you or your employees will be responsible for shutting down and starting up your various systems (electric systems, gas, boilers, HVAC, special equipment, computer systems, etc.)**

Do you have a documented shut down and start up plan? Yes No

Have you reviewed your local Hazard Mitigation Plan, and established a connection with your local emergency personnel for assistance with disaster planning?

Yes No

Notes:

### PRODUCT & INVENTORY

**What operational processes generate the most profit for your business?**

**What resources and inventory is needed for these processes?**

**Is your business able to keep more of this inventory in stock?** Yes No

**Does your business have products that will spoil in a power outage?** Yes No

### COMMUNICATIONS

Does your business have a NOAA radio? Yes No

Do you have the FEMA app? Yes No

Are you signed up for wireless emergency alerts (WEAs)? Yes No

Do you have the MyShake earthquake app? Yes No

### HAZARD MITIGATION ACTIONS

During your risks assessment, you likely learned about several different types of events that could impact your business. It's important that your business understands what action you can take to mitigate the impacts of these events. Visit <https://community.fema.gov/protectiveactions> for tips on how your business can prepare for its specific threats.



FORM

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**INSURANCE & FINANCES  
EVALUATION****INSURANCE CHECKLIST**

Get insurance quotes for any hazards that are considered high risk in your area.

Revisit insurance coverage annually, or whenever major changes occur.

Review the Small Business Guide to Commercial Insurance.

If you are a high-risk insurer and are having trouble finding coverage, contact the California Fair Plan for assistance.

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**EMERGENCY FINANCES**

Do you have a line of credit for your company?

Yes No

Who is responsible for accessing it?

Do you have a company credit card for emergency

Yes No

purchases? Who is responsible for accessing it?

How much cash will your business need for an extended shutdown?

3 days:

5 days:

10 days:

Do you have a plan for how your business will prioritize and pay its bills during an emergency?

Yes No

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**PAYROLL**

In the event of a widespread disaster, explain how you will process your payroll.

During an emergency it may be difficult for your employees to access banking. Is your business able to provide any of the following?

Payroll cashing services: Yes No Advances Yes No

Employee Loans: Yes No

If your business is forced to shut down temporarily, will some or all employees continue to be paid?

Yes No

If yes, for how long?