

Disaster Preparedness Questionnaire

What type of disaster do you believe is most likely to happen in our community?

(Circle One) Bioterrorism - Earthquake - Flooding - Tornado

What type of natural disaster would be the most likely to have an adverse affect on the operations of your organization? _____

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|------|-----|----|---|
| | Yes | No | Has your organization experienced the effects of a natural disaster?
If so, what kind? _____ |
| 1. | Yes | No | Have any steps been taken in your building to reduce the effects of a natural disaster? |
| 2. | Yes | No | Have your employees completed a home disaster plan and have a minimum of 3 days of food and water on hand? |
| 3. | Yes | No | Does your organization have an evacuation plan for each type of natural disaster and other emergencies? |
| 3a. | Yes | No | If Yes, have there been practice drills for <u>each</u> type within the past year? |
| 4. | Yes | No | Does your organization have a plan in place for restoring operations in the event of a natural disaster or other emergency? |
| 4.a. | Yes | No | Do your employees know what they are expected to do? |
| 5. | Yes | No | Does your organization have a contact outside your geographical area in the event a disaster knocks out local communications? |
| 6. | Yes | No | Does your organization have alternate suppliers in the event regular suppliers are not able to deliver following a disaster? |
| 6a. | Yes | No | Do they have back up suppliers? |
| 7. | Yes | No | Does your organization have a plan for a temporary place of business if your current location is made inaccessible or inoperable? |
| 8. | Yes | No | Is your organization ready to care for essential employees and their families so they will come to work? |
| 9. | Yes | No | Is there a communication plan in place that includes a list of who to contact for specific types of emergencies? |
| 10. | Yes | No | Is there a communication plan in place to contact employees following an event? |
| | Yes | No | Have you exercised that plan? |
| 11. | Yes | No | Do any of your personnel live within 1 mile of your business? |
| 12. | Yes | No | Does your organization have a Health and Safety manager? |
| 13. | Yes | No | Has your organization used outside safety consultants? |
| 14. | Yes | No | Does your building have a fire suppression (sprinkler) system? |
| 15. | Yes | No | Does your organization have a severe weather warning radio? |
| 16. | Yes | No | Do you store supplies and/or products in your place of business, other than regular cleaning or maintenance supplies? |
| 17. | Yes | No | Does your organization carry insurance on your building? Is it replacement cost or actual cash value? |
| 18. | Yes | No | Does your organization carry insurance on business contents? Is it replacement cost or actual cash value? |

19. Yes No Does your organization carry earthquake insurance?
20. Yes No Does your organization carry flood insurance?
21. Yes No Does your organization carry business interruption insurance?
22. Yes No Does your organization have an on-site daycare facility?
22a. Yes No If so, is it included in your organization's emergency standard operating procedures ?
23. Yes No Does your organization have emergency first aid supplies?
23a. Yes No If so, have all members been instructed where they are?
23b. Yes No If so, is someone in charge of maintaining these supplies?
24. Yes No Does your organization have trained medical personnel on staff?
25. Yes No Do you have a list of employees who have basic First-aid training or more?
26. Yes No Does your organization keep a supply of food and water on hand in case an emergency prevents both leaving and entering the premises?
26a. Yes No If so, are the supplies rotated to ensure they have not expired?
27. Yes No Does your organization have a plan for "shelter in place"?
27a. Yes No Has the plan been explained to your employees?
27b. Yes No Have you practiced it?
28. Yes No Does your organization have a secure place for business records?
29. Yes No Does your organization store your backup files at a secure location off-site?
30. Yes No Does your organization have a generator for emergency power?
Yes No Do you have an adequate supply of fuel stored to last several days?
31. Yes No Has your organization taken steps to secure utility lines, fixtures, equipment and furniture to walls, floors, shelves and desks?
32. Yes No Does your organization have more than 1 person in charge of securing your premises, including procedures for turning all utilities on or off as needed in an emergency or following a natural disaster?
33. Yes No Does your organization have a trained Emergency Response Team or a CERT (Community Emergency Response Team) on staff?
34a. Yes No If not, is your organization interested in being trained?
34. Yes No Has your organization had any disaster preparedness or emergency response type training within the past year?
If so, what type of training was done? _____
35. Yes No Does your organization know what governmental services are available following a natural disaster?
36. Yes No Is your organization interested in learning how to be better prepared?
36. Yes No Is your organization familiar with the Disaster Recovery Business Alliance (DRBA)?
36a. Yes No If not, contact us at the number below.

41 – 50 = Excellent!

31 – 40 = Good!

21 – 30 = Okay.

11 – 20 = Not so good.

0 – 10 = How embarrassing.

My organization is ready for anything.

My organization is better prepared than most.

My organization needs to do a few more things.

My organization has lots of preparing to do.

My organization needs to get started on becoming better prepared.