Green Industry: Planning to Continue Business Following a Disaster

www.aces.edu
Green Industry: Planning to Continue Business Following a Disaster

Contents
Assessment .................................................................5
You Decide What to Do .........................................................7
Is Your Operation at Risk? Risk Assessment Checklist ..........9
What Can You Do? Preparedness Solutions .......................11
Session Evaluation ............................................................15
Online Resources .............................................................17

Plan to Continue Business Following a Disaster
Operation Name and Location ........................................19
Emergency Contact Information ....................................21
Employee Emergency Contact Numbers .........................23
Suppliers and Contractors ...............................................25
Customer Contacts ........................................................29
Operations and Procedures Critical for Continuity ..............31
Communication Plan .......................................................35
Evacuation Plan .............................................................36
Shelter-in-Place Plan .......................................................38
Finances, Insurance, and Succession ..............................39
Green Industry:
Planning to Continue Business Following a Disaster

Assessment

Please take a few moments to answer the following questions.

1. How important is a written emergency or continuity plan to your operation?
   - Very important
   - Important
   - Nice to have
   - Don’t need

2. Do you have a written plan in place?
   - Yes
   - No

If you answered yes, please go to question 3. If you answered no, please go to question 5.

3. When did you last review the plan?
   - Last week
   - Within the last 6 weeks
   - Within the past 6 months
   - Can’t remember

4. When did you last conduct an exercise using your plan?
   - Last week
   - Within the last 6 weeks
   - Within the past 6 months
   - Can’t remember

5. Do your employees and family know what to do in case of an emergency?
   - Yes
   - No
   - Maybe
   - Don’t know
6. How many employees do you have?
   □ None
   □ 1 to 10
   □ 11 to 20
   □ 21 or more

7. How important is it for emergency responders to know the location of your operation’s utilities (propane tank, shutoff valves, etc.) and pesticide and chemical storage unit?
   □ Very important
   □ Important
   □ Nice to have, but not critical
   □ Not important

Your Initials________
You Decide What to Do

You are the owner/manager of a 25-acre wholesale greenhouse/container nursery located approximately 50 miles inland of the Gulf Coast. It is late September and your inventory is up for the coming season. Your primary market is to retail garden centers located in a 200-mile radius. The weather is beautiful, but a tropical storm is approaching and may be a Category-3 hurricane by the time it comes your way next week if the storm track proves accurate. The good news is the storm won’t be a Category-5. The bad news is that the projected landfall is exactly 50 miles due south of your nursery. Warnings are currently being issued along a 150-mile stretch of the coast running east and west of the landfall point.

You have 1 week to prepare for a storm that may or may not hit your area and may come as something more or less than a Category-3. As such, the retailers in your market area have asked that all orders be suspended for the next 2 weeks. (OVER)
Review the following selections and circle your response to each as something to 
(1) do now, (2) do later, or (3) too late to do.

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
Is Your Operation at Risk?
Risk Assessment Checklist

(For nurseries, greenhouses, floriculture operations, and turfgrass sod operations)
Use this form to determine the vulnerability of your business to natural and man-made hazards.

<table>
<thead>
<tr>
<th>Hazard</th>
<th>Risk Level</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>None</td>
</tr>
<tr>
<td>Floods</td>
<td></td>
</tr>
<tr>
<td>Hurricanes</td>
<td></td>
</tr>
<tr>
<td>Thunderstorms and lightning</td>
<td></td>
</tr>
<tr>
<td>Tornadoes</td>
<td></td>
</tr>
<tr>
<td>Winter storms</td>
<td></td>
</tr>
<tr>
<td>Extreme heat</td>
<td></td>
</tr>
<tr>
<td>Drought</td>
<td></td>
</tr>
<tr>
<td>Landslides and debris flow</td>
<td></td>
</tr>
<tr>
<td>Tsunamis</td>
<td></td>
</tr>
<tr>
<td>Earthquakes</td>
<td></td>
</tr>
<tr>
<td>Fire</td>
<td></td>
</tr>
<tr>
<td>Volcanic activity</td>
<td></td>
</tr>
<tr>
<td>Power outages</td>
<td></td>
</tr>
<tr>
<td>Biological threats</td>
<td></td>
</tr>
<tr>
<td>Explosion</td>
<td></td>
</tr>
<tr>
<td>Hazardous materials incident</td>
<td></td>
</tr>
<tr>
<td>Cyber-security</td>
<td></td>
</tr>
<tr>
<td>Nuclear power plants</td>
<td></td>
</tr>
<tr>
<td>Nuclear blast</td>
<td></td>
</tr>
<tr>
<td>Radiological Dispersion Device (RDD)</td>
<td></td>
</tr>
<tr>
<td>Economic depression</td>
<td></td>
</tr>
<tr>
<td>Severe inflation</td>
<td></td>
</tr>
<tr>
<td>Strike by a union, such as transportation</td>
<td></td>
</tr>
</tbody>
</table>
What Can You Do?
Preparedness Solutions

- Many of these preparedness activities require only a change in practice, while others have costs attached.
- Add to the list as you determine best preparedness practices for your operation.

Ensuring Continuity of Business

<table>
<thead>
<tr>
<th>Date Complete</th>
<th>Date Reviewed</th>
<th>N/A</th>
<th>Administrative Tasks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Secure funding or line of credit to cover anticipated expenses</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Post emergency numbers</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Maintain an inventory of all pesticides, fertilizers, and chemicals</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Ensure that someone knows CPR and other first aid techniques</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Install a weatherproof emergency mailbox to hold information for first responders</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Back up records and store them in a separate location</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Assemble a disaster kit</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Arrange for temporary alternate operations location</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Identify what equipment, machinery, computers, and essential functions are needed to continue business</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Arrange security for operations</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Prepare emergency contact lists: suppliers, customers, service providers, employees</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Assemble information on building construction</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Review insurance with agent</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Establish an on-site alert system</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Locate accommodations for yourself and your family as well as for your personnel and their families in case of required evacuation</td>
</tr>
<tr>
<td>Date Complete</td>
<td>Date Reviewed</td>
<td>N/A</td>
<td><strong>Buildings</strong></td>
</tr>
<tr>
<td>---------------</td>
<td>---------------</td>
<td>-----</td>
<td>---------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Locate and make available building and site maps with critical utility and emergency routes clearly marked</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Store flammables in appropriate facilities or cabinets</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Ensure that hazardous material facilities are clearly identified</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Install fire extinguishers and smoke detectors in appropriate places</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Build a tornado room or determine safe location</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Clean out storage areas</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Identify utility cut-off valves and breaker boxes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Ensure that material safety data sheets (MSDS) are easily available to emergency responders</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date Complete</th>
<th>Date Reviewed</th>
<th>N/A</th>
<th><strong>Equipment and Machinery</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Routinely test generators</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Stockpile replacement materials for repair work (plastic, pipe, stakes, etc.)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Shield or insulate heat-generating equipment</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Install or have installed flexible pipe fittings</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date Complete</th>
<th>Date Reviewed</th>
<th>N/A</th>
<th><strong>Grounds</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Establish a schedule to inspect fields, buildings, and greenhouses for hazards</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Determine evacuation route</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Obtain a ground assessment of your property</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Determine location of emergency water supply</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date Complete</th>
<th>Date Reviewed</th>
<th>N/A</th>
<th><strong>Training</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Conduct safe operations training (generators, chainsaws, tractors, etc.)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Practice evacuations</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Provide first aid training</td>
</tr>
</tbody>
</table>
## Preparing for Imminent Threats

<table>
<thead>
<tr>
<th>Person Responsible</th>
<th>Date Reviewed</th>
<th>N/A</th>
<th>Administrative Tasks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Contact suppliers</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Order replacement materials for repairs</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Schedule labor for storm recovery</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Reschedule nonessential work</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Provide a rest area and plenty of water</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Alert employees of flood status</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Recall employees from open areas</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Back up vital records</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>If evacuation is ordered, confirm accommodations for yourself and your family as well as your personnel and their families</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Person Responsible</th>
<th>Date Reviewed</th>
<th>N/A</th>
<th>Buildings</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Move equipment and machinery to higher ground (create checklist of equipment that can be moved)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Raise pesticide containers and equipment to upper shelves</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Secure supplies and inventory</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Secure pesticides and fertilizers</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Remove plastic from greenhouses, if appropriate</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date Complete</th>
<th>Date Reviewed</th>
<th>N/A</th>
<th>Equipment and Machinery</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Secure materials and equipment</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Check generators</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Check fuel supplies</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date Complete</th>
<th>Date Reviewed</th>
<th>N/A</th>
<th>Grounds</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Move plant stock from flood-prone areas</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Inspect areas for changes in landscape such as patterns of storm water drainage on slopes, land movement, or progressively leaning trees</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Cover or remove exposed ground-cover tarps</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Stake, lay down, or gather trees and container plants</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Bunch container plants for wind shield</td>
</tr>
</tbody>
</table>
Session Evaluation

Green Industry:
Planning to
Continue
Business
Following a
Disaster

Date:________________ Location: ___________________________________________

Please take a few minutes to answer the following questions regarding today's course and
the information presented.

About This Course
How helpful was this course to your operation?

□ Poor □ Average □ Good □ Excellent

How easy was the course material to understand?

□ Poor □ Average □ Good □ Excellent

How effectively did the trainer deliver the course material?

□ Poor □ Average □ Good □ Excellent

How well paced was the delivery of information?

□ Poor □ Average □ Good □ Excellent

Would you recommend this course to others?

□ Yes □ No

What, if anything, would you have improved about this course?
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
About Your Operation
What do you consider to be the three top risks to your operation?
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
What do you consider to be the three most critical functions of your operation?
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
How many employees do you have?

☐ None  ☐ 1 to 10  ☐ 11 to 20  ☐ 21 or more

Will this course make a positive difference for your operation?

☐ Yes  ☐ No  ☐ Maybe

If yes or maybe, please explain.
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
Further comments:
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
Your initials_____

Optional: We’d like to contact you in three months to follow up on today’s session. If that is agreeable, please complete the information below. Thank you.

Name _________________________________________________________

Address_________________________________________ City_____________________________________

State_______ Zip_______ E-mail address_________________________________________________________
Online Resources

Disaster Handbook, National Edition [http://disaster.ifas.ufl.edu/] includes chapters on farm recovery, hazardous materials, farm fires, extreme heat and drought, and other relevant events.

Economic Impacts of the Green Industry in the United States was written by Charles R. Hall, Alan W. Hodges, and John J. Hayd. It provides a state-by-state picture of the role the green industry plays in the U.S. economy. [http://edis.ifas.ufl.edu/FE566 EDIS document FE566, Department of Food and Resource Economics, Florida Cooperative Extension Service, Institute of Food and Agricultural Sciences, University of Florida, Gainesville, FL. Published July 2005.]

Environmental Protection Agency [http://epa.gov/katrina/] provides information about cleaning up after a hurricane.

EPA, National Agriculture Compliance Assistance Center: Nurseries and Greenhouses [http://epa.gov/agriculture/nurgreen.html] provides information on environmental requirements regarding the production of crops grown in nurseries and greenhouses.

Extension Disaster Education network learning opportunities [www.eden.lsu.edu/learningops] include Plant Biosecurity Management Course: Resources to Engage Agricultural Producers in U.S. Biosecurity Efforts. This curriculum includes templates for providing information on building contents and building construction as well as templates for site maps.


Federal Emergency Management Agency includes information on the disaster process and disaster aid programs [http://www.fema.gov/hazard/dproc.shtm].

Institute for Business and Home Safety [http://www.ibhs.org] produced *Open for Business*. The disaster planning toolkit is available in booklet and CD-Rom formats. *Open for Business—Disaster Plan Folder* is also available on the Web site.

Ready Business materials [www.ready.gov] include emergency planning forms for businesses—much of which are applicable to green industry producers—and are available to download.

Small Business Administration provides disaster assistance. Visit [http://www.sba.gov/services/disasterassistance/] for information about what can be available for your operation. The site also offers information regarding preparedness: [http://www.sba.gov/localresources/disasteroffices/disaster_recov/prepared/getready.html](http://www.sba.gov/localresources/disasteroffices/disaster_recov/prepared/getready.html).

Plan to Continue Business Following a Disaster

____________________________________________________
(Operation Name)

Date: ___________

Address: __________________________________________________________

City, State: ______________________________________________________

Telephone Number[s]: ____________________________________________

Directions: _________________________________________________________

_________________________________________________________________

GPS Coordinates: DMS   UTM   Latitude   Longitude

Our primary crisis manager and spokesperson:

Name: _____________________________________________________________

Telephone Number[s]: ______________________________________________

E-mail: ____________________________________________________________

Our backup crisis manager and spokesperson:

Name: _____________________________________________________________

Telephone Number[s]: ______________________________________________

E-mail: ____________________________________________________________
If this office location is not accessible, we will operate from the following:

Operation Name: ____________________________________________________________

Address: _________________________________________________________________

City, State: ______________________________________________________________

Telephone Number(s): ____________________________________________________

Directions: ______________________________________________________________________________________
Emergency Contact Information
Dial 9-1-1 if you have a 9-1-1 system

Fire Department: ________________________________________________________________

Rescue Squad: _________________________________________________________________

Sheriff or Local Police: _________________________________________________________

Hospital Emergency Room: _____________________________________________________

Poison Control Center: 1-800-382-5544
(Have Material Safety Data Sheet [MSDS] on hand).

Physician: ______________________________________________________________________________

Environmental Protection Agency: ____________________________________________________
[pesticide, fuel, or chemical spills]

Electric Service Emergency Number/Alternate Number: _______________________________

Gas Emergency Number/Alternate Number: ___________________________________________

Propane Emergency Number/Alternate Number: _______________________________________

Water Emergency Number/Alternate Number: _________________________________________

Telephone Emergency Number/Alternate Number: _________________________________

Underground Utility Location Service: ______________________________________________

Other: ______________________________________________________________________________

Insurance Agent[s]: __________________________________________________________________
## Employee Emergency Contact Numbers

**Alpha order**

<table>
<thead>
<tr>
<th>Name</th>
<th>Home Number</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Employee Emergency Contact Numbers

Calling Tree

Who gets called first and who calls whom?
Suppliers and Contractors

Company Name:__________________________________________________________________________________

Street Address: __________________________________________________________________________________

City, State, Zip Code: _____________________________________________________________________________

Phone, Fax, E-mail: _______________________________________________________________________________

Contact Name: ___________________________________________________________________________________

Account Number: _________________________________________________________________________________

Materials/Service Provided: _______________________________________________________________________

_______________________________________________________________________________________________

Company Name:__________________________________________________________________________________

Street Address: __________________________________________________________________________________

City, State, Zip Code: _____________________________________________________________________________

Phone, Fax, E-mail: _______________________________________________________________________________

Contact Name: ___________________________________________________________________________________

Account Number: _________________________________________________________________________________

Materials/Service Provided: _______________________________________________________________________

_______________________________________________________________________________________________
(Suppliers and contractors, cont’d)

Company Name:___________________________________________________________________________

Street Address: _____________________________________________________________________________

City, State, Zip Code: ________________________________________________________________________

Phone, Fax, E-mail: _________________________________________________________________________

Contact Name: _____________________________________________________________________________

Account Number: ___________________________________________________________________________

Materials/Service Provided: __________________________________________________________________

___________________________________________________________________________________________

Company Name:___________________________________________________________________________

Street Address: _____________________________________________________________________________

City, State, Zip Code: ________________________________________________________________________

Phone, Fax, E-mail: _________________________________________________________________________

Contact Name: _____________________________________________________________________________

Account Number: ___________________________________________________________________________

Materials/Service Provided: __________________________________________________________________

___________________________________________________________________________________________
(Suppliers and contractors, cont’d)

Company Name: ________________________________________________________________

Street Address: __________________________________________________________________

City, State, Zip Code: __________________________________________________________________

Phone, Fax, E-mail: __________________________________________________________________

Contact Name: ________________________________________________________________

Account Number: ________________________________________________________________

Materials/Service Provided: __________________________________________________________________

Company Name: ________________________________________________________________

Street Address: __________________________________________________________________

City, State, Zip Code: __________________________________________________________________

Phone, Fax, E-mail: __________________________________________________________________

Contact Name: ________________________________________________________________

Account Number: ________________________________________________________________

Materials/Service Provided: __________________________________________________________________
Customer Contacts

Company Name: ____________________________________________________________

Street Address: ____________________________________________________________

City, State, Zip Code: _______________________________________________________

Phone, Fax, E-mail: _________________________________________________________

Contact Name: ____________________________________________________________

Account Number: __________________________________________________________

Company Name: ____________________________________________________________

Street Address: ____________________________________________________________

City, State, Zip Code: _______________________________________________________

Phone, Fax, E-mail: _________________________________________________________

Contact Name: ____________________________________________________________

Account Number: __________________________________________________________
Operations and Procedures Critical for Continuity

- List your primary functions (completed daily and weekly) that keep your operation moving and functioning.

<table>
<thead>
<tr>
<th>Function: ____________________________</th>
<th>Daily?</th>
<th>Weekly?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Function: ____________________________</td>
<td>Daily?</td>
<td>Weekly?</td>
</tr>
<tr>
<td>Function: ____________________________</td>
<td>Daily?</td>
<td>Weekly?</td>
</tr>
<tr>
<td>Function: ____________________________</td>
<td>Daily?</td>
<td>Weekly?</td>
</tr>
<tr>
<td>Function: ____________________________</td>
<td>Daily?</td>
<td>Weekly?</td>
</tr>
<tr>
<td>Function: ____________________________</td>
<td>Daily?</td>
<td>Weekly?</td>
</tr>
<tr>
<td>Function: ____________________________</td>
<td>Daily?</td>
<td>Weekly?</td>
</tr>
<tr>
<td>Function: ____________________________</td>
<td>Daily?</td>
<td>Weekly?</td>
</tr>
<tr>
<td>Function: ____________________________</td>
<td>Daily?</td>
<td>Weekly?</td>
</tr>
<tr>
<td>Function: ____________________________</td>
<td>Daily?</td>
<td>Weekly?</td>
</tr>
<tr>
<td>Function: ____________________________</td>
<td>Daily?</td>
<td>Weekly?</td>
</tr>
<tr>
<td>Function: ____________________________</td>
<td>Daily?</td>
<td>Weekly?</td>
</tr>
<tr>
<td>Function: ____________________________</td>
<td>Daily?</td>
<td>Weekly?</td>
</tr>
</tbody>
</table>

Of the functions listed above, which are absolutely critical to your operation?

**Operation:** ________________________________________________________________

**Person responsible:** _______________________________________________________

**Action plan (include a description of the operation, opportunities to cross-train if necessary, and alternative approaches):** ________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________
Operation:

Person responsible: ________________________________________

Action plan (include a description of the operation, opportunities to cross-train if necessary, and alternative approaches): ______________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

Operation:

Person responsible: ________________________________________________________________________

Action plan (include a description of the operation, opportunities to cross-train if necessary, and alternative approaches): ______________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

Operation:

Person responsible: ________________________________________________________________________

Action plan (include a description of the operation, opportunities to cross-train if necessary, and alternative approaches): ______________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

32 Green Industry
Operation:

Person responsible: ________________________________________________________________

Action plan (include a description of the operation, opportunities to cross-train if necessary, and alternative approaches): ________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Communication Plan

We will communicate the emergency operations plans with employees through:

1. _________________________________________________________________________________________
2. _________________________________________________________________________________________
3. _________________________________________________________________________________________
4. _________________________________________________________________________________________

In the event of a disaster, we will communicate with employees through:

1. _________________________________________________________________________________________
2. _________________________________________________________________________________________
3. _________________________________________________________________________________________

Records Back-Up

Person responsible for backing up critical records:

Back-up records, including a copy of this plan, site maps, insurance policies, bank account records, and computer back ups are stored on-site _________________ and off-site at _________________ __________.

If the records are destroyed, continuity for accounting and payroll will be provided by ____________ _________________________________.
Evacuation Plan

1. Decide who has the authority to order an evacuation. Create a chain of command so others can act if the designated person is not available. If local officials tell you to evacuate, do so immediately.

2. Identify who will shut down critical operations and secure buildings. Designate and train backups.

3. Create and make copies of building and site maps with critical utility shutoffs, pesticide and chemical storage locations, and emergency routes marked. Keep copies with your business continuity plan and in the emergency responder mailbox.

4. Plan two ways out of buildings and off the premises.

5. Consider the feasibility of installing a generator for use if the power is disrupted. Designate and train operators and backups.

6. Designate an assembly site. Pick a location near your main building and another in the general area in case you have to move farther away.

7. Designate someone to take a head count. Use a prepared roster or checklist. Try to account for all employees, visitors, and customers.

8. Determine who is responsible for providing an all-clear or return-to-work notification.

9. Determine what security measures for the property need to be taken.

10. Determine who must be available for critical operations following the disaster.

11. Determine contact network.

Your Plan:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
We have developed these plans in collaboration with neighboring businesses if appropriate. We have created, copied, and posted building and site maps. Exits and property roads are clearly marked. We will practice evacuation procedures _____ times a year.

**Warning system:** ________________________________________________________________

We will test the warning system and record results _____ times a year.

**Assembly Site:** ________________________________________________________________

Assembly Site Manager and Alternate: _______________________________________________

Shut Down Manager and Alternate: ________________________________________________

____________________________ is responsible for issuing an all clear.
Shelter-in-Place Plan

It is best to stay inside during some situations to avoid outside uncertainties. In other situations, where and how you take shelter may mean the difference between life and death. A significant portion of work takes place outdoors. Therefore, it is important to plan how to notify employees of imminent bad weather or if there has been air contamination that requires everyone to move inside for protection. Follow instructions from local authorities.

1. Establish a warning system. Test the system frequently. Plan how you will communicate with people who don’t speak English or have physical impairments.
2. Develop a system for knowing who is on your property and for accounting for everyone as they arrive in the shelter.
3. Assign specific duties to employees and create checklists for each responsibility. Designate and train employees and their backups.
4. Assemble emergency supply kits and keep them in the shelter locations.
5. Keep some form of external communication on hand in the shelter (radio, television, computer, etc)
6. Determine where you will take shelter in case of a tornado warning. Determine how you will notify workers in the field(s). Underground shelters are best, but if not available, go to an interior room or hallway on the lowest level. Stay away from windows, doors, and outside walls.
7. Determine where you will take shelter in case of air contamination. If you must "seal the room," you should go to an inside room on a higher floor with as few windows and doors as possible. To seal the room: lock doors, close windows, air vents and fireplace dampers. Turn off fans, air conditioning and forced air heating units. Seal all windows, doors and air vents with plastic sheeting and duct tape. Be prepared to use what you have on hand to seal gaps to create a barrier between you and the contamination. A "seal the room" measure is considered to be a temporary protective measure.
Finances, Insurance, and Succession

Bank:

We have updated our statement of personal financial history and filed a copy with the bank. The statement will be updated each year on ________ [date].

Insurance agent (s): ______________________________________________________________

We have reviewed and updated our insurance policies.

Policy Name:_______________________________________________________________

Policy Number:______________________________________________________________

Covers: _______________________________________________________________________

_____________________________________________________________________________

Does not cover: _______________________________________________________________________

_____________________________________________________________________________

Policy Name:_______________________________________________________________

Policy Number:______________________________________________________________

Covers: _______________________________________________________________________

_____________________________________________________________________________

Does not cover: _______________________________________________________________________

_____________________________________________________________________________
Policy Name: ________________________________________________________________

Policy Number: _____________________________________________________________

Covers: _______________________________________________________________________

____________________________________________________________________________

Does not cover: __________________________________________________________________

____________________________________________________________________________

Policy Name: ________________________________________________________________

Policy Number: _____________________________________________________________

Covers: _______________________________________________________________________

____________________________________________________________________________

Does not cover: __________________________________________________________________

____________________________________________________________________________

Succession
Who is in charge in the event the owner or manager is out of contact, disabled, or does not survive the disaster?

Name: ________________________________________________________________

Telephone Number[s]: _______________________________________________________

E-mail: _________________________________________________________________

This person should know where all business records are, status of orders and inventory, location of insurance policies, and have signature authority on bank accounts.