

# UReady Interview Form

## Step 5: Key Resources

**Purpose.** This is an interview form that may be of assistance if you choose to conduct any interviews to gather information for your continuity plan. The questions below are the same questions that are displayed in the on-line tool. This form will enable you to collect information for later entry into the on-line tool.

**Asterisk.** Questions marked with an asterisk (\*) are mandatory/ required response.

**Glossary.** A Glossary of Terms can be printed separately (see the Printing Menu).

### a. Staff Basics

#### GUIDANCE:

- Every unit is asked to keep its own list of contact information for all employees within the unit. Your list should be: in a format of your choosing (though a template is provided for your convenience), held by enough people to be useful, treated as confidential, kept securely at home and at work, updated at least twice a year, and uploaded to the Document Summary section of this Step.
- Resist the temptation to list all your staff under "Key People". The staff you should list here are the ones you would call upon first in time of crisis - who have the experience, skills, or authority to help "sort things out" and plan the next steps.
- A leadership successor is a person who would be an appropriate substitute if the head of the unit is absent. In most cases, this will not be an officially-designated position.
- A formal delegation of authority is an assignment of authority & responsibility to perform specified acts on behalf of the organization: e.g., to sign specified types of contracts. This assignment is almost always granted via a written document.

Does your unit have a (printed) emergency contact list for Faculty & staff?

Yes

No

Other (comment):

Who holds copies of the emergency contact list? (be specific)

Who updates the emergency contact list?

Who knows how to check messages on your department's main phone line?

Who knows how to record a greeting on your department's main phone line?

Who can post messages on your department's web site (i.e., do the actual mechanics)?

Do your staff use any shared passwords that should be kept available?

Comment?

Envision your unit 1-3 days after a major disaster. You are calling together a group to plan how to resume operations. Who are the key people whose positions or knowledge might place them in that group? Resist the temptation to list all your staff under "Key People." The staff you should list here are the ones you would call upon first in time of crisis - who have the experience, skills, or authority to help "sort things out" and plan the next steps.

**Person # 1**

First Name:

Last Name:

Title or Function:

Special Skill:

Additional Comment:

**If any of these apply, please check:**

- First leadership successor (see Guidance)
- Second leadership successor
- Third leadership successor
- Holds formal delegation(s) of authority (describe in "Additional Comment")

**Person # 2**

First Name:

Last Name:

Title or Function:

Special Skill:

Additional Comment:

**If any of these apply, please check:**

- First leadership successor (see Guidance)
- Second leadership successor
- Third leadership successor
- Holds formal delegation(s) of authority (describe in "Additional Comment")

**Person # 3**

First Name:

Last Name:

Title or Function:

Special Skill:

Additional Comment:

**If any of these apply, please check:**

- First leadership successor (see Guidance)
- Second leadership successor
- Third leadership successor
- Holds formal delegation(s) of authority (describe in "Additional Comment")

**Person # 4**

First Name:

Last Name:

Title or Function:

Special Skill:

Additional Comment:

**If any of these apply, please check:**

- First leadership successor (see Guidance)
- Second leadership successor
- Third leadership successor
- Holds formal delegation(s) of authority (describe in "Additional Comment")

**b. Work from Home**

**GUIDANCE:**

- You may need to poll your personnel to answer the questions on this page - perhaps a show of hands at a faculty/staff meeting, a questionnaire, or just stop them in the corridor.
- Once you know who currently can hook up from home, do you have a strategy for enabling key staff who can't? If the crisis comes, will you loan them the equipment or pay for their broadband connections?

Many of us have jobs that could be done (at least partially) from home. Please list below the names of personnel who could do at least part of their work from home if they had adequate computers and high-speed internet access.

Not applicable: None of the work that this unit does could be accomplished from home.

Please Explain:

(If you checked the box above, omit the following list of names/ questions.)

**\*\*IF YOU ARE A LARGE UNIT, JUST ENTER THE APPROXIMATE PERCENTAGE OF PERSONNEL THAT COULD WORK FROM HOME! YOU DO NOT NEED TO ENTER EVERYONE BY NAME!**

Name	Position	Broadband connection?	Currently does connect from home?	Must his/her office computer be running?	Comment?
	<input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Probably Not <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Probably Not <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	
	<input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Probably Not <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Probably Not <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	
	<input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Probably Not <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Probably Not <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	
	<input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Probably Not <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Probably Not <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	
	<input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Probably Not <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Probably Not <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	
	<input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Probably Not <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Probably Not <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	
	<input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Probably Not <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Probably Not <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	

**c. Teams**

**GUIDANCE:**

- Teams may include external members in addition to your own staff. List them all.

Are there teams that will be important to help your department cope with adverse events?

<b>Team # 1</b>	
Team Name	
Team Purpose	
Team Comment	
Team Members (First & Last Names)	

<b>Team # 2</b>	
Team Name	
Team Purpose	
Team Comment	
Team Members (First & Last Names)	

<b>Team # 3</b>	
Team Name	
Team Purpose	
Team Comment	
Team Members (First & Last Names)	

**d. Staff of Other Units**

**GUIDANCE:**

- The lists in Step 5 collect information that you may need close at hand because: crucial staff may not be reachable, offices may not be accessible, computer networks may be down, leaders/managers may have to handle issues outside their normal spheres.
- If you prefer, existing lists can be uploaded to the Document Summary section.

Who are the most important people from elsewhere in your campus or medical center whom your staff may need to contact within the first few hours or days after a disruptive event?

<b>Staff # 1</b>	
Name (First & Last)	
Dept/Organization	
Address	
Email	
Work Phone	
Cell Phone	
Fax	
Comment	

<b>Staff # 2</b>	
Name (First & Last)	
Dept/Organization	
Address	
Email	
Work Phone	
Cell Phone	
Fax	
Comment	

<b>Staff # 3</b>	
Name (First & Last)	
Dept/Organization	
Address	
Email	
Work Phone	
Cell Phone	
Fax	
Comment	

**e. Stakeholders**

**GUIDANCE:**

- The lists in Step 5 collect information that you may need close at hand because: crucial staff may not be reachable, offices may not be accessible, computer networks may be down, leaders/managers may have to handle issues outside their normal spheres.
- If you prefer, existing lists can be uploaded to the Document Summary section.
- Regarding alternate vendors: if a usual supplier is local, you may want to seek an alternate outside the local area.

Are there any other people that your staff may need to contact after a disruptive event? For example - vendors, clients, project partners, donors, sponsors, other stakeholders? Please list them here.

When listing vendors, please include only those that your department makes individual purchases from (as opposed to those vendors who sell in bulk to the central purchasing department).

<b>Stakeholder # 1</b>	
Name (First & Last)	
Dept/Organization	
Address	
Email	
Work Phone	
Cell Phone	
Fax	
Products/services supplied (if vendor)	
Alternate vendor(s)	
Comment	
	<input type="checkbox"/> Client <input type="checkbox"/> Donor <input type="checkbox"/> Sponsor <input type="checkbox"/> Vendor <input type="checkbox"/> Project Partner <input type="checkbox"/> Other Stakeholder <input type="checkbox"/> Other

<b>Stakeholder # 2</b>	
Name (First & Last)	
Dept/Organization	
Address	
Email	
Work Phone	
Cell Phone	
Fax	
Products/services supplied (if vendor)	
Alternate vendor(s)	
Comment	
	<input type="checkbox"/> Client <input type="checkbox"/> Donor <input type="checkbox"/> Sponsor <input type="checkbox"/> Vendor <input type="checkbox"/> Project Partner <input type="checkbox"/> Other Stakeholder <input type="checkbox"/> Other

<b>Stakeholder # 3</b>	
Name (First & Last)	
Dept/Organization	
Address	
Email	
Work Phone	
Cell Phone	
Fax	
Products/services supplied (if vendor)	
Alternate vendor(s)	
Comment	
	<input type="checkbox"/> Client <input type="checkbox"/> Donor <input type="checkbox"/> Sponsor <input type="checkbox"/> Vendor <input type="checkbox"/> Project Partner <input type="checkbox"/> Other Stakeholder <input type="checkbox"/> Other



**f. Document Summary**

**GUIDANCE:**

- Documents uploaded to this section are copied to a secure server, for access by authorized people only. They should also remain in their current location on your own computer or server.
- If a document is confidential or sensitive, please describe it but do not upload it. Although your plan lives on a secure server, any current user of your plan can grant access privileges to anyone else.

For each document needing to be uploaded, please provide the following information:

**Name of document #1\*:**

**Description** in your own words (brief):

**Owner** (department, not a person):

**Location where kept** (be specific):

**Medium:**

- paper
- electronic (computer)
- microfiche
- microfilm
- more than one (explain):
- other (explain):

**Principal contact person(s):**

**Any backup** or other loss protection measures? (be specific):

**Comment**, if needed:

**Name of document #2\*:**

**Description** in your own words (brief):

**Owner** (department, not a person):

**Location where kept** (be specific):

**Medium:**

- paper
- electronic (computer)
- microfiche
- microfilm
- more than one (explain):
- other (explain):

**Principal contact person(s):**

**Any backup** or other loss protection measures? (be specific):

**Comment**, if needed:

**Name of document #3\*:**

**Description** in your own words (brief):

**Owner** (department, not a person):

**Location where kept** (be specific):

**Medium:**

- paper
- electronic (computer)
- microfiche
- microfilm
- more than one (explain):
- other (explain):

**Principal contact person(s):**

**Any backup** or other loss protection measures? (be specific):

**Comment**, if needed:

**g. Equipment and Supplies**

**GUIDANCE:**

- "Just-in-time procurement" can be excellent management practice - but your vendor's crisis can quickly become your crisis. Do you have enough crucial supplies on hand?
- If you prefer, existing lists can be uploaded on the Document Summary page.

Please indicate on this screen the **MINIMUM** equipment you will need to perform ALL the critical functions that you listed in Step 2. Estimate, don't agonize. Guess if you need to.

<b>Item</b>	<b>Minimum Number Required</b>	<b>Comment?</b>
Workstation (includes desktop computer, network connection, table, chair)		
Laptop computer (car charger advised)		
Telephone (hard-wired)		
Printer		
Fax		
Copier		
Scanner		
Server		

**Other Equipment:** List equipment of any type, major items only. DO NOT list consumables. Explain if necessary. If you prefer, upload lists on the Documents screen.

**Supplies:** What supplies (consumables) must your unit absolutely have in order to function? If you prefer, upload lists on the Documents screen.

In a severe pandemic, deliveries may slow or cease for a couple of months due to employee absences at every level of the supply chain. Might your unit face a supply crisis? Do you need to adjust your inventory practices, or to stockpile specific items?

**h. Facilities and Transportation**

**GUIDANCE:**

- Some examples of "special space or facilities needs": parking for vehicles, secure space for cash-handling, 5 surgical suites, licensable space for child care
- If you prefer, existing lists can be uploaded on the Document Summary page.

**Facilities:** List any special space or facilities needs that are in addition to your office/classroom/lab needs. Be brief. Explain if necessary.

**Utilities:** Please identify the utilities that are very important to the functioning of your department.

Utility	Comment
<input type="checkbox"/> Air Conditioning	
<input type="checkbox"/> Animal Facilities (specify type)	
<input type="checkbox"/> Bio-Containment Lab (specify level 1,2,3,4)	
<input type="checkbox"/> Chilled Water	
<input type="checkbox"/> City Water	
<input type="checkbox"/> Compressed Air	
<input type="checkbox"/> Cooling Water for Equipment (explain)	
<input type="checkbox"/> De-Ionized Water	
<input type="checkbox"/> Diesel Fuel	
<input type="checkbox"/> Distilled Water	
<input type="checkbox"/> Electricity	
<input type="checkbox"/> Elevator	
<input type="checkbox"/> Emergency Backup Generator	
<input type="checkbox"/> Fire Resistant Cabinet	
<input type="checkbox"/> Freezer (specify type)	
<input type="checkbox"/> Gasoline	
<input type="checkbox"/> Industrial Water	
<input type="checkbox"/> Liquid Nitrogen	
<input type="checkbox"/> Liquid Oxygen	
<input type="checkbox"/> Medical Air	
<input type="checkbox"/> Medical Vacuum	

<input type="checkbox"/> Natural Gas	
<input type="checkbox"/> Nurse Call System	
<input type="checkbox"/> Other Bottled Gases	
<input type="checkbox"/> Other Communication System (explain)	
<input type="checkbox"/> Other Fuel Oil (specify type)	
<input type="checkbox"/> Other Medical Gases	
<input type="checkbox"/> Oxygen (bottled)	
<input type="checkbox"/> Oxygen (piped in)	
<input type="checkbox"/> Patient Isolation Room	
<input type="checkbox"/> Pneumatic Tube System	
<input type="checkbox"/> Point-of-Sale System	
<input type="checkbox"/> Public Address/Paging System	
<input type="checkbox"/> Refrigerator (specify type)	
<input type="checkbox"/> Safe (security vault)	
<input type="checkbox"/> Security Alarm System	
<input type="checkbox"/> Security Camera System	
<input type="checkbox"/> Sewer	
<input type="checkbox"/> Special Fire Suppression System (explain)	
<input type="checkbox"/> Special Ventilation Requirements (explain)	
<input type="checkbox"/> Steam	
<input type="checkbox"/> Telephone System	
<input type="checkbox"/> Vacuum	
<input type="checkbox"/> Wireless Network	

**Transportation:** Please list any special transportation needs.

**Other Resources:** Are there any OTHER resources you may need to continue/resume your critical functions? Do not list funds. List staff ONLY IF you will need temporary staff - for recovery - in addition to your current staff.