

Business Continuity and Disaster Preparedness Plan

PLAN TO STAY IN BUSINESS

Matrix Integrated Facility Management

Business Name

19 Avenue D

Address

Johnson City, NY 13790

City, State

607.766.0700

Telephone Number

The following person is our primary crisis manager and will serve as the company spokesperson in an emergency.

James Peduto

Primary Emergency Contact

607.766.00700

Telephone Number

607.761.5400

Alternative Number

jim.peduto@cleanforhealth.com

E-mail

Shellville Services, a division of Matrix

Business Name

Suite 115, 780 Fifth Avenue

Address

King of Prussia, PA 19406

City, State

610.584.0888

Telephone Number

If the person is unable to manage the crisis, the person below will succeed in management:

Peter Criville

Secondary Emergency Contact

610.584.0800

Telephone Number

610.656.5000

Alternative Number

peter.criville@cleanforhealth.com

E-mail

EMERGENCY CONTACT INFORMATION

Dial 9-1-1 in an Emergency

Non-Emergency Police/Fire

Haylor, Fryor, and Coon

Insurance Provider

Business Continuity and Disaster Preparedness Plan (cont'd)

BE INFORMED

The following natural and man-made disasters could impact our business.

- _____ Weather related (hurricane, snow, flooding)
- _____ Terrorist
- _____ Prolonged power interruption
- _____

EMERGENCY PLANNING TEAM

The following people will participate in emergency planning and crisis management.

- _____ James Peduto
- _____ Peter Criville
- _____ Lynn Domboski
- _____ Mark Putrino
- _____ Chris Smith

WE PLAN TO COORDINATE WITH OTHERS

The following people from neighboring businesses and our building management will participate on our emergency planning team.

- _____ None
- _____
- _____
- _____
- _____

OUR CRITICAL OPERATIONS

The following is a prioritized list of our critical operations, staff and procedures we need to recover from a disaster.

Operation	Staff in Charge	Action Plan
Operations	Chris Smith/Mira Collins	_____
Human Resources	Lynn Domboski	_____
Financial	Mark Putrino	_____
_____	_____	_____
_____	_____	_____

Business Continuity and Disaster Preparedness Plan (cont'd)

SUPPLIERS AND CONTRACTORS

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ E-Mail: _____

Contact Name: _____ Account Number: _____

Materials/Service Provided: _____

If this company experiences a disaster, we will obtain supplies/materials from the following:

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ E-Mail: _____

Contact Name: _____ Account Number: _____

Materials/Service Provided: _____

If this company experiences a disaster, we will obtain supplies/materials from the following:

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ E-Mail: _____

Contact Name: _____ Account Number: _____

Materials/Service Provided: _____

Business Continuity and Disaster Preparedness Plan (cont'd)

EVACUATION PLAN FOR _____ LOCATION

(Insert address)

- o We have developed these plans in collaboration with neighboring businesses and building owners to avoid confusion or gridlock.
- o We have located, copied and posted building and site maps.
- o Exits are clearly marked.
- o We will practice evacuation procedures ____ times a year.

If we must leave the workplace quickly:

1. Warning System: _____

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

2. Assembly Site: _____

3. Assembly Site Manager & Alternate: _____

a. Responsibilities Include:

4. Shut Down Manager & Alternate: _____

a. Responsibilities Include:

5. _____ is responsible for issuing all clear.

Business Continuity and Disaster Preparedness Plan (cont'd)

COMMUNICATIONS

We will communicate our emergency plans with co-workers in the following way:

In the event of a disaster we will communicate with employees in the following way:

CYBER SECURITY

To protect our computer hardware, we will:

To protect our computer software, we will:

If our computers are destroyed, we will use back-up computers at the following location:

RECORDS BACK-UP

_____ is responsible for backing up our critical records including payroll and accounting systems.

Back-up records including a copy of this plan, site maps, insurance policies, bank account records and computer back ups are stored onsite _____.

Another set of back-up records is stored at the following off-site location:

If our accounting and payroll records are destroyed, we will provide for continuity in the following ways:

Business Continuity and Disaster Preparedness Plan (cont'd)

EMPLOYEE EMERGENCY CONTACT INFORMATION

The following is a list of our co-workers and their individual emergency contact information:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ANNUAL REVIEW

We will review and update this business continuity and disaster plan in _____.