

Business Impact Analysis

Department Name: _____

Department Location: _____

Services & Functions: • _____ • _____ • _____ • _____

• _____ • _____ • _____ • _____

For each function listed above, fill in this form:

Service: _____

Category: Critical Vital Necessary Desired

Categorize the business impact for each timeframe. Outage is continuous and occurs at peak business activity:

Time Frame	Catastrophic	Moderate	Minor	Comments
1 Hour				
8 Hours				
48 Hours				
72 Hours				
1 Week				
1 Month				
3 Months				
6 Months				
9 Months				
>1 Year				

Human Resources / Staffing Requirements

Name	Position	Phone	Remote Access?	Email	Essential Skill

Infrastructure and Resource Requirements

Item	Detail
Offices	
Furniture	
Communications	
IT	
Other	

Vital Records

Backups		
Paper		
Electronic		
IT		
Other		

General Comments:
