

# 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				_____

## 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

---

---

---

---

---

---

---

---