Influenza Pandemic
Business Continuity Planning
Department Survey Questionnaire

The information provided by each department will assist in identifying preparedness and training needs as well as contribute to the overall campus-wide planning document detailing the University's response to an influenza pandemic. If you have any questions, please contact Andrew Bachmann at andrew.bachmann@wmich.edu or (269) 387-0678.

Department: _____

V.P. that department reports to: _____

1. The department's organizational chain of command is:

Name	Office Phone	Home Phone	Cell/Pager

2. Does the department have an emergency preparedness plan?   **YES   NO**

3. Is there a current contact list that includes every employee's office, home, and cell numbers as well as the same for their emergency contact(s)? **YES   NO** (Please see Department Emergency Contact Information template on page 4.)

   If "**Yes**," who maintains the list? _____

   Where is the list kept? _____

   Who has access to it? _____

4. Is there a phone tree that includes all department employees?   **YES   NO**

5. Is there an e-mail distribution list that includes department employees? **YES   NO**

6. How are employee absences tracked and recorded?

7. Are sick employees encouraged to stay home?   **YES   NO**

8. Are employees that arrive at work ill sent home?   **YES   NO**

9. Do employees have access to influenza transmission information?   **YES NO**

10. Are employees encouraged to practice cough/sneeze etiquette?   **YES NO**

11. Are employees encouraged to have personal preparedness plans?   **YES NO**

12. Does the department have faculty, staff, and/or students that travel
    frequently either within the U.S. or abroad?   **YES NO**

    If "**Yes**," are there ways to contact them when they are traveling? **YES NO**

13. Is the department engaged in any research activities?   **YES   NO**

    If "**Yes**," are any funded by grants?   **YES   NO**

14. Is the department involved with delivering classes?   **YES   NO**

    If "**Yes**," are there alternative methods (online courses, WebCT,
    video conferencing, etc.) in place if classes were cancelled?   **YES   NO**

15. If the campus had to close, are there department functions that could be handled at home
    via telecommuting, etc.?   **YES   NO**

Business Impact Analysis

1. What is the department's primary mission?

2. What are the department's **critical** functions – those that are required to preserve either
   human or animal lives, maintain the physical infrastructure, or continue essential business
   services until the emergency has been mitigated?

Critical Function	Who handles the function?	Are there alternates who could handle?	What other campus units are needed to maintain this critical function?

3. What other functions or processes does this department perform?

Department Function/Process	Who handles the function? Are there backups/alternates who could handle?	How often is the function or process performed?	How long could it be delayed?

4. Does the department have a contact list of critical resources and supplies? **YES NO**
   (Please see attached Critical Resources/Supplies Contact Information template on page 5.)

Department information provided by: _____

Department Emergency Contact Information

Employee Name	Home Phone/ Cell Phone	Primary Emergency Contact Name	Primary Emergency Contact Phone	Alternate Emergency Contact Name	Alternate Emergency Contact Number

Critical Resources/Supplies Contact Information

Resource/Supply necessary for critical function	Ordering frequency	Current Supplier: Name, Address, Phone	Alternate Supplier: Name, Address, Phone