

ALTERNATE LOCATION PLAN

Alternate Location:

Street Address:

City, State, Zip:

Building Owner/Manager:

Phone:

Alternate Phone:

Email:

Pager:

Directions to alternate location (include map if available)

Business functions to be performed at alternate location:

Employees who should go to alternate location:

If this location is not accessible we will operate from location below:

Secondary Alternate Location Name:

Address:

City/State/Zip:

Telephone Number / Email:

Security Badges / Access Codes required for alternate location Procedure for security processing

**** Maintain a copy of the alternate location's lease/rental agreement or occupancy details as part of this plan**

ALTERNATE LOCATION SUPPLIES

Supply items that are necessary for essential equipment such as cartridges, fluids, special forms and checks that may be available at an alternate location

| Item | Item Order Number | Quantity | Supplier/Vendor | Related Business Function |
|------|-------------------|----------|-----------------|---------------------------|
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MISCELLANEOUS ALTERNATE LOCATION RESOURCES

| Item | Quantity | Primary Supplier/Vendor | Alternate Supplier/Vendor | Recovery Install Location |
|--|----------|-------------------------|---------------------------|---------------------------|
| Chairs | | | | |
| Desks | | | | |
| Extension/ drop cords, surge protectors and power strips | | | | |
| File Cabinets | | | | |
| Mail Containers | | | | |
| Portable air conditioners/ fans | | | | |
| Safes | | | | |
| Tables | | | | |
| Waste Baskets | | | | |
| Other | | | | |