Worksheet: Department Continuity of Operations Plan. Each Department Head should fill in as completely as possible. Attach copies of all MOU.

Department:	**Contact:**	**Phone:**	**Date Completed:**
Emergency Relocation site:	**Contact:**	**Phone:**	**MOU Date:**

Essential Position	Required Training Levels	Contact Information	Current Staff	Backup Staff 1	Backup Staff 2
Director/Chief/ Department Head	ICS 200 or better	Name			
		Work			
		After Hours			
		Mobile			
		Email			
Staff	ICS 100 or better	Name			
		Work			
		After Hours			
		Mobile			
		Email			
Staff	ICS 100 or better	Name			
		Work			
		After Hours			
		Mobile			
		Email			

Essential Functions (What has to be done)	**Essential Tasks** (How it gets done)	**Essential Workforce** (Who can do it)	**Backup Staff**	**Essential Supplies/Equipment***	**Essential Records**	**Backup Records Locations(s)**

Essential Functions (What has to be done)	**Essential Tasks** (How it gets done)	**Essential Workforce** (Who can do it)	**Backup Staff**	**Essential Supplies/Equipment***	**Essential Records**	**Backup Records Locations(s)**

***Details: Essential Supplies/Equipment (Amount on hand)**	**Supplier**	**MOU ?**	**Contact Information**	**Backup Supplier**	**MOU ?**	**Contact Information**

*Details: Essential Supplies/Equipment (Amount on hand)	Supplier	MOU ?	Contact Information	Backup Supplier	MOU ?	Contact Information