

# 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:**

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