



MY BEEP PLAN

Business and Employer Emergency Preparedness

START SMALL, THINK BIG | **PREP YOUR BIZ**

Business Name: _____

Business License No: _____

Phone Number: _____

Address: _____

City, Postal Code: _____

Date Created On: _____



I'm ready to prep my biz!





MY EMERGENCY PLANNING TEAM

The following people will participate in our emergency planning and management:

Name	Phone
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

MY OUT-OF-AREA CONTACT

The following is someone who is located out-of-province who will function as our “message board” after a disaster:

Name: _____ **Phone:** _____

MY PARTNERS

The following people from our building management and neighbouring businesses will participate in our emergency planning:

Name	Phone
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____



My suppliers and contractors

The following is contact information for our main suppliers and contractors:

MORE PAGES AT THE BACK



Company Name: _____

Street Address: _____

City: _____ **Province:** _____ **Postal Code:** _____

Email: _____ **Phone:** _____ **Fax:** _____

Contact Name: _____ **Account Number:** _____

Material/Services Provided: _____

Company Name: _____

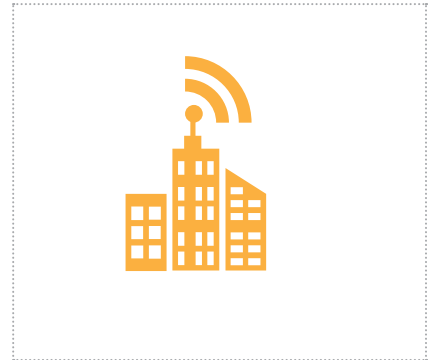
Street Address: _____

City: _____ **Province:** _____ **Postal Code:** _____

Email: _____ **Phone:** _____ **Fax:** _____

Contact Name: _____ **Account Number:** _____

Material/Services Provided: _____





Company Name: _____

Street Address: _____

City: _____ **Province:** _____ **Postal Code:** _____

Email: _____ **Phone:** _____ **Fax:** _____

Contact Name: _____ **Account Number:** _____

Material/Services Provided: _____

IN CASE OF AN EMERGENCY: SUPPLIERS/RECOVERY SERVICES

If my business experiences a disaster, these contacts will provide back-up supplies and recovery services:

	Company Name: _____
	Street Address: _____
	City: _____ Province: _____ Postal Code: _____
	Email: _____ Phone: _____ Fax: _____
	Contact Name: _____ Account Number: _____
	Material/Services Provided: _____

Company Name: _____
Street Address: _____
City: _____ Province: _____ Postal Code: _____
Email: _____ Phone: _____ Fax: _____
Contact Name: _____ Account Number: _____
Material/Services Provided: _____



	Company Name: _____
	Street Address: _____
	City: _____ Province: _____ Postal Code: _____
	Email: _____ Phone: _____ Fax: _____
	Contact Name: _____ Account Number: _____
	Material/Services Provided: _____



What are my risks?

POTENTIAL HAZARDS TO MY BUSINESS

These are natural and human-caused disasters that could impact my business:
(eg. Earthquake, flood, windstorm, power outage, fire, active threat)

MY CRITICAL BUSINESS ASSETS

These are critical assets and processes that are essential for keeping my business running:
(eg. Employees, power, water, refrigeration, online customer ordering portal, parking)

HAZARD IMPACTS ON MY BUSINESS

These are the impacts of the hazards above on my business assets:
(eg. Employee injury, loss of power, parking/building inaccessible, loss of potable water)

Now **rank these impacts** on the left (1 = what I think is the greatest risk to my business).



My emergency preparedness action plan

These are the risks to my business. Those that are most severe and likely to occur are listed first. Next, I've listed the actions and employees we need to recover from them.

TIP: START BY PLANNING FOR THE BIGGEST RISKS. PRIORITIZE!

Risks	Action Plan	Staff in Charge
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

MY INSURANCE

(the following are examples - talk to your broker to see what's right for you).

Property

Business Interruption

General Liability

Contents

Other:

Insurance Type: _____ Insurance Policy Number: _____

Insurance Type: _____ Insurance Policy Number: _____

Insurance Type: _____ Insurance Policy Number: _____

MY COMMUNICATIONS PLAN

We will inform our employees about our emergency plan in the following way:

In the event of a disaster:

We will communicate with employees in the following way:

We will update our customers on our business operations in the following way:

Our employees/suppliers/customers can contact us by phone or email here:

MY CYBER SECURITY PLAN

The following steps will be taken to protect our software (eg. computer program).
(more at onguardonline.gov)

Use firewall

Use security software that updates automatically

Give personal info over trustworthy, encrypted websites only

Protect your wireless network by turning the **encryption feature ON**

MY BACK-UP RECORDS AND DATA

The following steps will be taken to protect our software (eg. computer program).
(more at onguardonline.gov)

Back-up records and data are stored ON-SITE here:

Back-up records and data are stored OFF-SITE here:

If our accounting and payroll records are destroyed, we will provide for continuity in the following way:

.....

EVACUATION PLAN

These disasters could force us to evacuate:

_____	_____
_____	_____
_____	_____

We have located, copied, and posted building and site maps.

Exits are clearly marked.

We have a fire alarm and pull station(s) are located:

_____	_____
_____	_____

We will practice evacuation procedures _____ times a year.

Our neighboring businesses have a BEEP plan in place.

Smoke detector batteries will be changed 2 times a year.

TIP: REPLACE BATTERIES WHEN THE TIME CHANGES OCCUR

Evacuation and Shut-Down Procedure:

--

Meeting Spot: _____

Person(s) in Charge: _____

Responsibilities Include: _____

TIP: YOU CANNOT FORCE CUSTOMERS TO STAY, BUT YOU CAN ENCOURAGE THEM TO TAKE SAFETY MEASURES

.....

“STAY INSIDE” PLAN (SHELTER-IN-PLACE OR LOCKDOWN SCENARIO)

These disasters/threats could force us to stay inside:

_____	_____
_____	_____
_____	_____

- We have talked to our employees about:
 - a. which emergency supplies the company will provide in the shelter location.
 - b. which supplies individuals might consider keeping in a personal on-site kit.

We have located, copied and posted building and site maps.

We will practice evacuation procedures _____ times a year.

In the event of a “stay inside” scenario, we will inform our staff by:

“Stay Inside” Procedure:

“Stay Inside” Location:

Person(s) in Charge:

Responsibilities Include:

TIP: YOU CANNOT FORCE CUSTOMERS TO STAY, BUT YOU CAN ENCOURAGE THEM TO TAKE SAFETY MEASURES

CHECKLIST FOR EMERGENCY KIT

The following checklist includes workplace emergency kit basics. Store in an easily transportable bag (“grab and go” bag). See BEEP guide for more detail.

Important Business Records

(eg. insurance policies, contracts)

Software & Office Supplies

(eg. pens, paper, stapler)

Emergency Supplies

(eg. first aid, bottled water, non-perishable food, blankets, flashlights, cash, radio)

Sanitation

(eg. garbage bags, toilet paper)

Individual Employees

(eg. medications, change of clothing)

Tools and Supplies

(eg. pocket knife, lighter, duct tape)

CHECKLIST FOR SHELTER-IN-PLACE KIT

The following checklist includes the basics for a shelter-in-place kit:

IMPORTANT IF YOU ARE LOCATED NEAR HAZARDOUS MATERIAL INDUSTRIES

Battery operated/hand cranked radio

Alternate lighting

Duct tape for sealing cracks

Papers, pens, important phone #s

Plastic sheeting (pre-cut to fit doors/windows)

Signage to post on all entrances

Non-perishable snacks

Towels to block bottoms of doors

First-Aid kit

Bottled water

Telephone/Cell-phone

HOW TO RESPOND TO A THREATENING SITUATION

Call 9-1-1: When lives or property are in immediate danger.

Run, Hide, Take Action: Evacuate the area if it is safe to do so. Hide yourself if you cannot evacuate safely. As a last resort, commit yourself to delay, block or overcome the threat.

ANNUAL REVIEW

I will review and update **My BEEP Plan** on this day every year: _____ (date)

During this annual review, we will replace expired items or restock our emergency kit (if needed).

Additional Notes/Next Steps:

*To learn more about business preparedness,
Click the link to reach Vancouver's BEEP guide*

<http://vancouver.ca/emergencypreparedness>



PREP MY BIZ

*To learn more about individual preparedness,
and emergency kits, click here:

<http://vancouver.ca/emergencypreparedness>



**PREP ME
& MY STAFF**

*For additional CoV resources on hazards,
preparedness, response & recovery, click here*

<http://vancouver.ca/emergencypreparedness>




**CO RESOURCES
ON HAZARDS**

MY SUPPLIERS AND CONTRACTORS (ADDITIONAL SHEETS)

PRINT OFF AS MANY OF THESE AS YOU NEED!

The following is contact information for our main suppliers and contractors:

	Company Name: _____
	<input type="checkbox"/> Current Supplier/Contractor <input type="checkbox"/> Back-up Supplier/Contractor
	Street Address: _____
	City: _____ Province: _____ Postal Code: _____
	Email: _____ Phone: _____ Fax: _____
	Contact Name: _____ Account Number: _____
	Material/Services Provided: _____

Company Name: _____	
<input type="checkbox"/> Current Supplier/Contractor <input type="checkbox"/> Back-up Supplier/Contractor	
Street Address: _____	
City: _____ Province: _____ Postal Code: _____	
Email: _____ Phone: _____ Fax: _____	
Contact Name: _____ Account Number: _____	
Material/Services Provided: _____	

	Company Name: _____
	<input type="checkbox"/> Current Supplier/Contractor <input type="checkbox"/> Back-up Supplier/Contractor
	Street Address: _____
	City: _____ Province: _____ Postal Code: _____
	Email: _____ Phone: _____ Fax: _____
	Contact Name: _____ Account Number: _____
	Material/Services Provided: _____

MY PERSONAL PREPAREDNESS

PRINT OFF ONE FOR EACH OF YOUR EMPLOYEES

These checklists will help you become better prepared for a disaster.

HOME EMERGENCY KIT CHECKLIST

- Drinking Water - for at least 3 days; 4 L per day/per person
- Food - for at least 3 days; requires minimal equipment/water/heat source (eg. canned foods, granola bars, food for pets)
- First Aid Kit - including manual
- Sanitation Supplies (eg.garbage bags and cans, personal hygiene products)
- Handwashing Station (eg. liquid soap, water, paper towels, bucket)
- Tools (eg. duct tape, crowbar, multi-blade knife, can opener)
- Safety and Comfort (eg. sturdy shoes, flashlight, batteries, blankets, light sticks, alternate heat source, work gloves, tarp/plastic sheeting, children's toys)
- Can't Do Withouts (eg. battery operated radio, necessary medication for you or family members, extra batteries, out of area contact cards, chargers, extra keys, copies of important documents)

HAVE YOU:

- Determined the hazards in your region?
- Talked to your family about having a meeting spot in the event of a disaster?
- Chosen somebody to be your out-of-province contact (and do your family members know their phone number)?
- Explained to family members where the emergency kit, fire extinguisher, utility valves and safe exits are?
- Considered an emergency kit for your car?



ACKNOWLEDGEMENTS

The City of Vancouver wishes to acknowledge North Shore Emergency Management Office (NSEMO) for developing the content of this guide in conjunction with the School of Community and Regional Planning at the University of British Columbia. Thank you to NSEMO for generously sharing and allowing the adaptation of this valuable resource within the City of Vancouver.