

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:
