

Disaster Recovery Planning Ministry Continuation Checklist

	Yes	Needs Attention
1. Have we discussed the implications to our church if a disaster were to strike our building?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are we prepared if a fire, tornado, flood, or other natural disaster makes our building unusable?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does our church have a crisis response team to manage unexpected events?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do we have a temporary location to resume worship if we can't use our building?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do we have plans that would allow us to continue other important ministries, such as youth group, Wednesday night services, athletics, and other activities?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do we have a recent property inventory detailing all items in our buildings?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have we stored a copy of it off-site?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do we have a plan for computer security or data backup, in the event that computers or network equipment are damaged?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do we have plans for funding disaster recovery activities, such as applying for a loan?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do we have a post-disaster communication plan?	<input type="checkbox"/>	<input type="checkbox"/>
11. Have we considered buying flood insurance if that disaster commonly threatens our area?	<input type="checkbox"/>	<input type="checkbox"/>
12. Have we contacted our insurance agent to review our coverage and ministry continuation plans?	<input type="checkbox"/>	<input type="checkbox"/>
13. Do we have an attorney to whom we can turn in a time of need?	<input type="checkbox"/>	<input type="checkbox"/>
14. Do we have a network of churches willing to help us if our church gets damaged?	<input type="checkbox"/>	<input type="checkbox"/>

Notes: _____

Completed by: _____ Date: _____

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