Objective

To understand the Business Continuity Program and confirm evidence of a Business Continuity Plan from vendors under contract with Kaiser Permanente.

Scope

All vendors under contract with Kaiser Permanente are critical to our operations. All vendors’ Business Continuity Plans shall be submitted to Kaiser Permanente at our request, or prior to awarding a contract. If a vendor is unable to provide the Business Continuity Plan, vendor will complete the following survey. A meeting invitation from the Business Continuity Management team may be extended to address key questions outlined in the survey.

General Vendor Business Continuity Survey

|  |  |
| --- | --- |
| **BUSINESS CONTINUITY STRATEGY** | |
| In the event of a disaster or significant disruption, does your organization have documented plans for business continuity? | |  |  |  |  | | --- | --- | --- | --- | | Yes |  | No |  | |
| *If no, explain what is in place.*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| What type of incidents (i.e. disruptions to service, disasters, emergencies, or outages) do you plan for? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| What duration of time is assumed for each type of incident you plan for? | *(please specify number and hours, days, weeks, months, etc. for each type)*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **BUSINESS IMPACT ANALYSIS (BIA)** | |
| Does the plan establish critical business functions with recovery priorities? | |  |  |  |  | | --- | --- | --- | --- | | Yes |  | No |  | |
| What is the expected Recovery Time Objective (RTO) for your critical business functions? | |  |  | | --- | --- | | 0 – 4 hours |  | | 4 – 8 hours |  | | Within 1 day |  | | 1 – 2 days |  | | More than 2 days |  | | Other (please specify) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | N/A |  | |  |  | |
| Does the plan account for interdependencies both internal and external to your organization? | |  |  |  |  | | --- | --- | --- | --- | | Yes |  | No |  | |
| Does the plan cover some, most, or all locations from which you provide your services? | |  |  | | --- | --- | | Some |  | | Most |  | | All |  | | Other (please specify) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | N/A |  | |  |  | |
| Do you have a dedicated team of professionals focused on business continuity? | |  |  |  |  | | --- | --- | --- | --- | | Yes |  | No |  |   How many? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Is your main IT facility or data center located in the same building or office complex occupied by your main business or operations staff? | |  |  |  |  | | --- | --- | --- | --- | | Yes |  | No |  | |
| **CYBER SECURITY** | |
| Do you have a plan in place to protect data in case of a cyber breach?  Do you have downtime procedures in place should they be needed? | |  |  |  |  | | --- | --- | --- | --- | | Yes |  | No |  |  |  |  |  |  | | --- | --- | --- | --- | | Yes |  | No |  | |
| **CRISIS COMMUNICATION** | |
| Do you have a documented crisis management process within your organization? | |  |  |  |  | | --- | --- | --- | --- | | Yes |  | No |  | |
| Does this crisis management process cover internal and external communications during a crisis event? | |  |  |  |  | | --- | --- | --- | --- | | Yes |  | No |  | |
| How would you notify Kaiser Permanente of a disruption to service? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Do you provide Kaiser Permanente with detailed **24x7 contact information** in the event of an outage or emergency? If so, who is that primary and secondary contact? | |  |  |  |  | | --- | --- | --- | --- | | Yes |  | No |  |  |  |  | | --- | --- | | **Primary Contact** | | | *Name:* |  | | *Title:* |  | | *Email:* |  | | *Phone:* |  | | **Secondary Contact** | | | *Name:* |  | | *Title:* |  | | *Email:* |  | | *Phone:* |  | |
| **TESTING** | |
| Is the Business Continuity Plan periodically tested? When was the last Business Continuity Plan test completed? | |  |  |  |  | | --- | --- | --- | --- | | Yes |  | No |  |  |  |  | | --- | --- | | Date: | \_\_\_\_\_\_\_\_\_\_\_ | |  |  | |
| Do you have Business Continuity Plan test dates scheduled over the next 12-18 months?  Does your testing include external parties? | |  |  |  |  | | --- | --- | --- | --- | | Yes |  | No |  | |  |  |  |  | | Yes |  | No |  | |
| Please list those test dates: | |  | | --- | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Do internal or external auditors review your Business Continuity Plans tests or After-Action Reports (AARs)? | |  |  |  |  | | --- | --- | --- | --- | | Yes |  | No |  | |
| Do you review business continuity plans for all Vendor subcontractors and key suppliers?  What is the frequency for review?  What is your requirement for business continuity planning for your partners? | |  |  |  |  | | --- | --- | --- | --- | | Yes |  | No |  |   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **BUSINESS CONTINUITY SUPPORT** | |
| Please provide primary and alternate contact information for business continuity communication during an emergency (Name, title, email, phone number/s). | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

*Prepared by:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Title:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Organization:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Date:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Upon completion, please email the completed survey to Kaiser Permanente’s National Business Continuity Management team at** **[BCM@kp.org](mailto:BCM@kp.org).**