**The Elmore County COOP Plan Template!**

**Your Agency’s Name**

(Jurisdiction)

**1. Organizational chart for your organization:**

**(Insert or attach Org. Chart)**

**2. Essential functions of your organization. i.e. What you do for the citizens of Elmore County?**

**1.**

**2.**

**3.**

**4.**

**5.**

**3.  Essential positions for the above: i.e. Director, Chief, Supervisor etc.**

**1.**

**2.**

**3.**

**4.**

**4. Top Three Decision Makers in your organization and their contact information.**

**Name           Position       24 Hr Contact #   Email address**

**Position 1.**

**Back up**

**Back up**

**Position 2.**

**Back up**

**Back up**

**Position 3.**

**Back up**

**Back up**

**5. Alternative work arrangements for providing services: (brief description of your plans)**

**Employees work from home?**

**Using Social Distancing?**

**6. Total number of employees per department or essential function: (list all departments in your organization)**

**If you lose 40% of your employees can you operate?**

**Department - Employees per dept. - 40% absenteeism - Can you operate?**

**ex. litter crew       15                             6                    yes**

**1.**

**2.**

**3.**

**4.**

**5.**

**7. Back - up Operations Facility: (If you could not use your current facility where would you operate?)**

**Address:**

**Contact information:**

**Trigger for  moving to this facility: (fire, roof collapse, flood)**

**8. Please list the critical systems and equipment at both your primary and alternate operating facility location.**

**1.**

**2.**

**3.**

**4.**

**9. Interoperable Communications:**

**How do you communicate with internal stakeholders? (These are people within your organization)**

**How do you communicate with External Stakeholders? (These are people outside your organization, i.e. citizens)**

**10. Do you have a Public Information Officer (PIO)?Please provide contact information for PIO.**

**Please list the person and authority**

**Name**

**Position**

**24 Hour Contact**

**email address**

**11. Vital Records and Data Base Management Plan (Brief Description of Plan)**

**Vital Records:(Please list)**

**Databases: (Please list)**

**List the person in charge of your vital records and their 24 hour contact information**

**List the person in charge of your databases and their 24 hour contact information**

**12. Do you have the following Plans, Policies, and Procedures?**

**1. Hiring Policy?**

**2. Leave Policy?**

**3. Pay Policy?**

**4. Mental Health?**

**5. SOG's?**

**6. SOP's?**

**7. MOU's?**

**8. MOA's?**

**13. Do you have an Emergency Operations Plan(EOP)?**

**Last Update of the plan?**

**Last test of plan:**

**14. Are employees cross trained on the essential functions of your Organization?**

**15. Who are your essential service providers?**

**Services                        Provider                     Contact info**

**1. Power**

**2. Gas**

**3. Telephone**

**4.Cable**

**5. Internet**

**6. Water**

**7. Computer Services**

**8. Radio Communication**

**9. Fuel - Vehicles**

**10. Fuel - Generators**