Business Analysis Checklist

The University of Arizona Business Impact Analysis Form
(Administrative)

1. Business Process Name: _____________________________________________________________

2. Business Process Manager Name/Title:__________________________________________________

   Signature: __________________________

3. Business Process Description:
   ________________________________________________________________________________
   ________________________________________________________________________________
   ________________________________________________________________________________
   ________________________________________________________________________________
   ________________________________________________________________________________

4. Application Name:___________________________________________________________

5. How long can your Business Process continue to function without its usual I/S support?
   Assume that loss of I/S support occurs during your busiest, or peak period. Please check one
   only.
   
   Less than 1 day ______ Up to 2 weeks ______ Up to 2 days ______ Up to 1 month ______
   Up to 4 days ______ Up to 3 months ______ Up to 1 week ______ Up to 6 months ______

   Comments:
   ________________________________________________________________________________
   ________________________________________________________________________________
   ________________________________________________________________________________

6. Using the following labels, indicate the relative impact of the loss of this Business Process for
   each of the time frame slots below. Assume the outage is continuous and occurs during a
   time of peak business activity.
   • CATASTROPHIC Out of business and/or endanger public safety
   • SIGNIFICANT Major impact on the long term financial status of the University and/or
     endanger public safety.
   • MODERATE Major impact of the short term financial status of the University.
   • MINOR No impact to the financial status of the University.

   1 Hour ______________________ 8 Hours ______________________ 48 Hours ______________________
   72 Hours ______________________ 1 Week ______________________ 1 Month ______________________
Comments:

7. Indicate the peak and/or critical time of year and/or day of the week, if any, for this Business Process.

<table>
<thead>
<tr>
<th>Month</th>
<th>Day</th>
<th>Other (please specify)</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>Monday</td>
<td>End of Week</td>
</tr>
<tr>
<td>February</td>
<td>Tuesday</td>
<td>End of Month</td>
</tr>
<tr>
<td>March</td>
<td>Wednesday</td>
<td>End of Quarter</td>
</tr>
<tr>
<td>April</td>
<td>Thursday</td>
<td>End of Fiscal Year</td>
</tr>
<tr>
<td>May</td>
<td>Friday</td>
<td>End of Calendar Year</td>
</tr>
<tr>
<td>June</td>
<td>Saturday</td>
<td>Other (please specify)</td>
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<tr>
<td>July</td>
<td>Sunday</td>
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<td>August</td>
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<tr>
<td>December</td>
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</tr>
</tbody>
</table>

Please explain why:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

8. Interaction with Other Applications:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

9. Future System Changes:
   (Are there any major system changes scheduled and if so how will they affect the business function/process)

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

10. Business Decisions Affected by Lack of Information:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
11. Tangible Impact:

Y/N Priority: High (H), Medium (M), Low (L)

_____ Reduced Productivity _____
_____ Increased Expenses _____
_____ Delayed Collection of Funds _____
_____ Reduced Income/Revenues _____
_____ Lateness Penalties _____

Please give your best estimate. What are the losses if this Business Process could not be provided.

_____ Less than $1,000 _____ Between $100,000 to $499,999
_____ Between $1,000 to $9,000 _____ Between $500,000 to $9,999,999
_____ Between $10,000 to $99,000 _____ $1,000,000 or more

Please circle one: Per Hour Per Day Per Week Per Month

Comments:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

12. Intangible Impact:

Y/N Priority: High (H), Medium (M), Low (L)

_____ Embarrassment _____
_____ Loss Trust/Confidence _____
_____ Public Safety _____
_____ Regulatory/Statutory _____
_____ Loss Competitive Edge _____

Comments:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
Data Processing

13. Number of Users/Types of Users: (in-house, other departments, subsystems, etc.)
   ________
   ________
   ________

14. Major Input Documents (essential)
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________

15. Major Output Documents/Reports (essential)
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________

16. Type Use: On-Line_____ Batch _____ Other _______________________

17. Frequency Use: Daily (# hrs) _________ Weekly _______________________
    Other _______________________

18. Number of Transactions: _______________
    Please circle one: Per Hour    Per Day    Per Week    Per Month
USER DEPARTMENT COPING STRATEGIES

19. ALTERNATE PROCESSING CAPABILITY (to prevent/reduce impact):

A. Are there any documented manual procedures that could be used without I/S support:

B. When were the manual procedures last tested or used?

C. Additional Supplies Required: (tables, office supplies, desks, chairs,)

   Cost: __________

D. Additional Hardware Required: (PC’s, Check Signers, Modems, Terminals)

   Cost: __________

E. Additional Personnel Requirements: (office workers, runners, security personnel)

   Cost: __________

F. At what percentage level would Production drop, When Utilizing Alternate Processing Mode:

   % drop = ____

G. What is the Maximum Length of Time Which this Alternate Process Could be Performed:
20. Additional Comments:

Interviewer: ___________________________ Date: ________________