Disaster Preparation Information
For System and User Function

1.)

Last Name ________________________________
First Name __________________________

Location/Department __________________________
Room # __________________________

2.)

Supervisor Name __________________________
Title __________________________

Department Manager Name __________________________
Title __________________________

3.)

Job Function: Includes deadlines/timelines and system and or staff dependencies.
Prioritize function appropriately by deadlines/timelines and mission critical systems

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<thead>
<tr>
<th>Function</th>
<th>D/T</th>
<th>Staff</th>
<th>Priority</th>
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4.)

Which Personnel will your job directly affect, if you are unable to perform your job duties?
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________

Which Personnel will your job indirectly affect, if you are unable to perform your job duties?
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________

How are your fellow employees impacted, if you are unable to perform your job duties?
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
5.) If your system was taken away from you how would this impact you and your department

CATASTROPHIC: Out of business and /or endanger public safety
SIGNIFICANT: Major impact on long term financial status
MODERATE: Major impact on short term financial status
MINOR: No impact to the financial status

1 Hour  ____ CATASTROPHIC   ____ SIGNIFICANT   ____ MODERATE   ____ MINOR
8 Hours  ____ CATASTROPHIC   ____ SIGNIFICANT   ____ MODERATE   ____ MINOR
24 Hours  ____ CATASTROPHIC   ____ SIGNIFICANT   ____ MODERATE   ____ MINOR
48 Hours  ____ CATASTROPHIC   ____ SIGNIFICANT   ____ MODERATE   ____ MINOR
1 Week  ____ CATASTROPHIC   ____ SIGNIFICANT   ____ MODERATE   ____ MINOR
1 Month  ____ CATASTROPHIC   ____ SIGNIFICANT   ____ MODERATE   ____ MINOR

System Information

Computer Name __________________________ System Manufacture __________________________

Operating System __________________________ System Serial # __________________________

O/S Y2K Compliant YES / NO Software Application Y2K Compliant YES / NO

Software Application
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
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__________________________________________________________________________________
__________________________________________________________________________________
6.) Which Software do you use to perform your job duties (i.e. Word, Excel, FRS, Netscape, Eudora etc). Include your email client, Internet Browser, campus systems and any specialized titles for your job.

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<tr>
<th>Function</th>
<th>Software</th>
<th>Function</th>
<th>Software</th>
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7.) List the Printer(s) (and their location) you use to perform your job function.

(Local/ HP LJ 4050, Shared/User Name and Printer Name, Network Printer/ Printer Name)

<table>
<thead>
<tr>
<th>Location</th>
<th>Printer Manufacture</th>
<th>Printer Series</th>
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8.) List which Internet site(s) you must have access to in order to perform your required job duties.

(Example: University of Arizona Main Campus Site/ http://www.arizona.edu)

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<tr>
<th>Function</th>
<th>Web Site</th>
<th>Web Address</th>
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9.) Where do you save your data, (i.e. your local system, server, shared system, Zip Drive, CD-ROM, Floppy Diskettes)

_____ Local System _____ Department Server _____ Shared System _____ Zip Drive
_____ CD-ROM Drive _____ Floppy Diskettes

10.) Which drive, and what folder(s) do you save your data files to (i.e. C:\My Document, D:\My Files)

____________________________________________________________________________________________________

____________________________________________________________________________________________________

____________________________________________________________________________________________________
Disaster Preparation Information
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11.) How often do you back up your data files
_____ Daily  _____ Twice a Week  _____ Three Times a Week  _____ Four Times a Week
_____ Weekly  _____ Monthly

12.) What was the last date you backed up your data files
____________________________________________________

13.) What Media did you use to back up your data files to (i.e. Floppy Diskettes, CD-ROM Drive, Zip Drive, Tape Cartridge)
_____ Floppy Diskettes  _____ CD-ROM Drive  _____ Zip Drive  _____ Tape Cartridge

14.) Which Browser do you most commonly use (Microsoft Internet Explorer or Netscape)
_____ Microsoft Internet Explorer  _____ Netscape

15.) Do you back up your Netscape bookmarks or your MS Internet Explorer Favorites?
If yes, which ones do you back up?
_____ Microsoft Internet Explorer  _____ Netscape

16.) Which Email client do you most commonly use (i.e. Eudora, Outlook, Netscape)
_____ Eudora  _____ Outlook  _____ Netscape  _____ MS Internet Explorer
_____ Other  ______________________________________________________________________

17. Do you back up your email message and address book? If yes, for which email client.
_____ Eudora  _____ Outlook  _____ Netscape  _____ MS Internet Explorer
_____ Other  ______________________________________________________________________

Warranty and Maintenance

Warranty Vendor______________ Warranty Period ________________ Warranty Phone______________

Maintenance Vendor____________ Maintenance Period______________ Maintenance Phone______________

System Maintenance Vendor ______________________________ System Phone _____________________

Printer Maintenance Vendor ______________________________ Printer Phone _____________________

Scanner Maintenance Vendor ______________________________ Scanner Phone _____________________