

CONTINUITY OF OPERATIONS SELF-ASSESSMENT TOOL

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Scope				
Department and Agency has established the scope for the continuity plan to include applicability for the headquarters level and subordinate elements.				
	Criteria and Reference	Score	Comments	Location of Document or Supporting Resource
A. Plans and Procedures		<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
A.1	COOP Plan incorporates all of the following elements: essential functions; alternate facility(s); vital records, databases, and systems; orders of succession; delegation of authorities; COOP implementation plans and procedures; COOP responsibilities; content and maintenance of drive-away kits; interoperable communications; and COOP personnel and other employee contact lists? (Annex A.1-10 and Annex A.2.e)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
A.2	Plans for activation and relocation with or without warning? (Annex A.1.a)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
A.3	Plans for notifying the FOC, D/A headquarters, subordinate organizations, other points of contact, COOP related personnel, and non-COOP related personnel, as required? (Annex A.1.b and Annex A.2.f)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
A.4	Plans for movement to alternate operating facility(s) to include directions and maps of routes from primary location to alternate operating facility(s)? (Annex A.1.c)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
A.5	Plans for movement of records for activation and relocation, not pre-positioned, from the primary to the alternate operating facility(s)? (Annex A.1.d)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		

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A.6	Plans for ordering of necessary equipment/supplies not already in place? (Annex A.1.e)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
A.7	Plans for reception and in processing of COOP personnel? (Annex A.2.a)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
A.8	Plans for transition of responsibilities to the deployed COOP personnel? (Annex A.2.b)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
A.9	Guidance for non-deployed personnel? (Annex A.2.c)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
A.10	Identification of replacement personnel and augmentees, as necessary? (Annex A.2.d)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
A.11	Redeployment plans to phase down alternate facility operation and return operations, personnel, records, and equipment to the primary operating facility, when appropriate? (Annex A.2.g)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
A.12	Reconstitution plans informing all personnel, including non-deployed personnel, that the need to COOP no longer exists, and providing instructions for resumption of normal operations? (Annex A.3.a)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
A.13	Reconstitution plans for an orderly return to the normal operating facility, or movement to other temporary or permanent facility(s) using a phased approach if conditions necessitate? (Annex A.3.b)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		

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A.14	Plans to include notification of the status of relocation to the FOC, D/A headquarters, and other agency points of contact, as applicable? (Annex A.3.c)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
A.15	Plans for an after-action review of COOP operations and effectiveness of plans and procedures as soon as possible, identifying areas for correction, and developing a remedial action plan? (Annex A.3.d)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
A.16	Plans have been reviewed <i>annually</i> and approved by senior D/A official? (Interagency Recommendation)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
A.17	Plans include guidance for accounting for personnel? (Interagency Recommendation)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
B. Essential Functions		<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
B.1	Identified essential functions, which must be continued under all circumstances with minimal disruption or cannot be interrupted for more than 12 hours, without compromising the organization’s ability to perform its mission? (Annex B.1)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
B.2	Capable of sustaining the essential functions until normal business activities for up to 30 days? (Annex B.1)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
B.3	Essential functions are prioritized based on the criticality and time sensitivity of the function? (Annex B.2)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		

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B.4	Established staffing, resource requirements, and any other supporting activities needed to perform those functions within 12 hours or less of COOP activation and for up to 30 days? (Annex B.3)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
B.5	Established a roster of personnel, by position, needed to perform those essential functions? (Annex B.3.a)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
B.6	Identified personnel assigned to the positions? (Annex A.2.d)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
B.7	Identified equipment, including information technology and telecommunications hardware needed to perform essential functions? (Annex B.3.b)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
B.8	Identified mission critical data needed to perform essential functions? (Annex B.4)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
B.9	Identified consumable office supplies needed to perform essential functions? (Annex B.5)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
B.10	COOP plan includes a statement that indicated all functions deemed not essential would be deferred? (Annex B.6)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
B.11	Annual review and update of listed resources required to perform essential functions? (Annex B)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		

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B.12	Do Essential Functions identify integrated support activities or dependencies on other organizations where applicable? (Interagency Recommendation)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
B.13	Have dependencies been addressed, where applicable, to ensure availability of necessary? (Interagency Recommendation)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
C. Delegations of Authority		<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
C.1	Documentation of the legal authority for officials, including those below the agency head, to make key policy decisions during a coop situation? (Annex C.1)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
C.2	Identified the programs and administrative authorities needed for effective operations at all agency levels having essential functions? (Annex C.2)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
C.3	Documents the necessary authority for delineating the limits of authority and accountability? (Annex C.3.a)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
C.4	Documents the necessary authority of an official whom authority has been delegated to exercise agency direction, including any exceptions, and their authority to re-delegate functions and activities, as appropriate? (Annex C.3.b)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		

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C.5	Documents the circumstances under which delegated authorities would be exercised and when they would terminate? (Annex C.3.c)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
C.6	Ensure that D/A officials who might be expected to assume authorities in a COOP situation are trained to carry out their emergency duties, conducted at least annually? (Annex C.4)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
D. Orders of Succession		<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
D.1	Establish an order of succession to the position of agency head to include geographical dispersion among regional, field, or satellite leadership? (Annex D.1.a-b)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
D.2	Establish orders of succession to other key agency leadership positions including Regional Director(s) or other agency leadership as necessary? (Annex D.2.a-d)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
D.3	Describe the orders of succession by positions or titles rather than names of individuals? (Annex D.3)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
D.4	Establish the rules and procedures designated officials must follow when facing the issue of succession to office? (Annex D.4)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
D.5	Include in succession procedures the conditions under which succession will take place; method of notification; and, any temporal, geographical, or organizational limitations of authorities? (Annex D.5)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		

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D.6	Include orders of succession in the vital records of the agency and ensure they are available at the alternate facility in the event of COOP activation? (Annex D.6)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
D.7	Orders of succession are revised as necessary and distributed promptly as changes occur? (Annex D.7)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
D.8	Designate responsibility for updating and promulgating orders of succession? (Annex D.7)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
D.9	Provide annual briefings to designated successors on their responsibilities and on any provisions for their relocation, if necessary? (Annex D.8)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
E. Alternate Operating Facilities		<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
E.1	Performed an all-hazard risk assessment for facility(s) considered for COOP use? (Annex E.1)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
E.2	Alternate facility(s) has the ability to be operational within 12 hours of COOP activation? (Annex E.1.a)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
E.3	Alternate facility(s) has the ability to sustain operations until normal business operations can resume for up to 30 days? (Annex E.1.a)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
E.4	Alternate facility(s) is located enough distance from any vulnerable areas or facilities? (Annex E.1.b)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		

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E.5	Access to essential resources such as food, water, fuel, medical facilities, and municipal services from alternate facility(s)? (Annex E.1.c)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
E.6	Access to transportation for associates or a defined transportation plan that describes procedures for a warning/no warning event? (Annex E.1.d)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
E.7	Alternate facility(s) has the ability to run emergency power to allow essential functions and operations to continue in any environment? (Annex E.2)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
E.8	A signed MOU/MOA exists if the alternate facility is not owned or leased by the agency? (Annex E.3 and Annex E.1-7 “Acquisition Process”)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red <input type="checkbox"/> N/A		
E.9	The MOU/MOA is reviewed annually? (Annex E.3)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red <input type="checkbox"/> N/A		
E.10	The MOU/MOA takes into consideration the time period from notification of requirement to availability of facility for occupancy; space and services required; and sole use of allocated space during the period of occupancy? (Annex E.3)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red <input type="checkbox"/> N/A		
E.11	Alternate facility(s) is sized according to the scope of staffing needed for COOP activation? (Annex E.4)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		

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E.12	Plans are developed to address housing for COOP personnel? (Annex E.5)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red <input type="checkbox"/> N/A		
E.13	Transportation resources are identified for use at the alternate facility(s)? (Annex E.6)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red <input type="checkbox"/> N/A		
E.14	Adequate communications exist at alternate facility(s) to perform essential functions? (Annex E.7)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
E.15	Alternate facility(s) provides physical security that meets all requirements established by annual threat assessments and physical security surveys? (Annex E.8)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
E.16	Physical security capabilities are tested annually? (Annex E.8)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red <input type="checkbox"/> N/A		
E.17	Alternate facility(s) has sufficient perimeter, access, and internal security functions as required by agency policy? (Annex E.8)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
E.18	Adequate life support items are available from external sources and are accessible to the facility in sufficient quantities to sustain 30 days of operations? (Annex E.9)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
E.19	Agency has pre-positioned or detailed site preparation and activation plans to achieve full operational capability within 12 hours of notification? (Annex E.10)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		

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E.20	Agency developed facility maintenance and inspection procedures to ensure its alternate facility(s) is able to support COOP essential functions and personnel within 12 hours and for up to 30 days? (Annex E.11)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
E.21	D/A has addressed the use of virtual offices as an alternate facility? (Annex E.2.a-c)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
E.22	Agency identified all alternate facilities and provided the necessary data concerning the facility(s) to GSA? (Annex E “The Reporting Process”)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
F. Interoperable Communications		<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
F.1	Agency adequately identified all necessary communications media likely to be available and needed in an emergency situation? (Annex F and Annex F.2)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
F.2	D/A have the equipment resources to support the essential functions? (Annex F and Annex F.2)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
F.3	Interoperable communications capability is commensurate with agency’s essential functions, including quantity as per the staffing plan within an agency COOP? (Annex F.1 and Annex F.1)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
F.4	Ability to communicate with D/A COOP personnel, other employees, leadership, and other elements, to include bureaus, regions, and field offices? (Annex F.2)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		

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F.5	Ability to communicate with the FOC and the HSOC, other federal agencies and their COOP sites, and critical customers, as required? (Annex F.3)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
F.6	Access to data, systems, and services necessary to conduct essential functions and support activities? (Annex F.4)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
F.7	Agency reviewed redundant IT equipment and countermeasures that provide access to data systems and services to conduct essential functions and support activities? (Annex F.4)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
F.8	Redundant communications systems for use in COOP implementation and operations within 12 hours of COOP activation and sustained for up to 30 days? (Annex F.5-6)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
F.9	Communications and systems interoperability with existing field infrastructures? (Annex F.7)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
F.10	Quarterly testing of the COOP Communications Plan? (Annex F.3)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red <input type="checkbox"/> N/A		
F.11	Validate internal and external communications capabilities at all alternate facilities at least quarterly? (Annex F.3)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
G. Vital Files, Records and Databases		<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		

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G.1	Has a vital records program, with a specific purpose and scope, been officially established within your organization? (Annex G.1 and Annex G.1.a)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
G.2	Does the program assign roles and responsibilities? (Annex G.1.b)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
G.3	Does the program provide for staff training? (Annex G.1.c)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
G.4	Is the program periodically reviewed and tested? (Annex G.1.d)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
G.5	Within 12 hours of COOP plan activation, will your COOP personnel have access to the D/A local area network (LAN)? (Annex G.2.a)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
G.6	Within 12 hours of COOP plan activation, will your COOP personnel have access to the D/A vital electronic records? (Annex G.2.b)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
G.7	Within 12 hours of COOP plan activation, will your COOP personnel have access to the D/A critical information systems and data? (Annex G.2.c)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
G.8	Within 12 hours of COOP plan activation, will your COOP personnel have access to the D/A internal and external email and archives? (Annex G.2.d)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
G.9	Within 12 hours of COOP plan activation, will your COOP personnel have access to the D/A vital hard copy records? (Annex G.2.e)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		

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G.10	D/A addressed multiple redundant media for storage of vital records? (Annex G.2)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
G.11	Does your Agency maintain a complete inventory of records identified under Emergency Operating Records and Legal and Financial Records, along with location and access information? (Annex G.3)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
G.12	Does your D/A maintain Emergency Operating Records and Legal and Financial Records at multiple sites? (Annex G.3)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
G.13	Have you performed a risk assessment to identify risks if vital records are retained in current locations and medium, and the difficulty of reconstituting them if they are destroyed? (Annex G.4.a)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
G.14	Have you determined if off site storage is necessary? (Annex G.4.b)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
G.15	Have you determined if alternative storage media is advisable? (Annex G.4.c)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
G.16	Have you determined if it is necessary to duplicate records to provide a vital records copy? (Annex G.4.e)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
G.17	Have you selected protection methods for vital records? (Annex G.5)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		

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G.18	Do you have procedures for routinely updating vital records to ensure that they always contain the most current information? (Annex G.6)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
G.19	Have you identified records recovery experts and vendors to assist with recovery in the event of records damage? (Annex G.7)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
G.20	Have you developed and maintained a vital records plan packet? (Annex G.8)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
G.21	Does your plan packet contain a hard copy or electronic list of key agency personnel and disaster staff with up-to-date telephone numbers? (Annex G.8.a)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
G.22	Does it contain a vital records inventory with precise locations of vital records? (Annex G.8.b)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
G.23	Does it contain the necessary keys or access codes? (Annex G.8.c)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
G.24	Does it list alternate operating facility locations? (Annex G.8.d)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
G.25	Do you have a listing of the access requirements and lists of sources of equipment necessary to access the records? (Annex G.8.e)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
G.26	Does it list records recovery experts and vendors? (Annex G.8.f)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		

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G.27	Do you have a copy of the agency's disaster recovery plan (e.g. COOP or Vital Records Recovery Plan)? (Annex G.8.g)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
G.28	Do you periodically review the packet to ensure that the information is current? (Annex G.8)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
G.29	Is a copy securely maintained at the agency's alternate operating facilities? (Annex G.8)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
G.30	Have you developed a training program for all staff involved in the vital records program to include periodic briefings to managers about the vital records program and its relationship to their records and business needs and staff training focusing on the identification, inventorying, protection, storage, access to, and updating of the vital records? (Annex G.9)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
G.31	Do you periodically review the vital records program to address any new security issues, identify problem areas, update information, and identify additional vital records that may result from new agency programs or functions from organizational changes? (Annex G.10)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
G.32	Do you have capabilities for protecting unclassified and/or classified vital records and databases and providing access to them from the alternate operating facility? (Annex G.11)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		

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G.33	Is this capability-tested semi annually? (Annex G.11)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
H. Human Capital		<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
H.1	Does your COOP plan include agency procedures for dismissal or closure to employees that are reviewed at least annually? (Annex H-4)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
H.2	Does your COOP plan include agency procedures for identifying emergency employees who must report for work under various situations to continue Government operations? (Annex H-4)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
H.3	Does your COOP plan include agency procedures for notifying these employees in writing that they are so designated? (Annex H-4)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
H.4	Does your COOP plan include agency procedures for notifying "non-emergency employees" or "non-special categories of employees" to report for or remain at work when Government operations are disrupted? (Annex H-4)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
H.5	Does your COOP plan include agency procedures for determining, at least annually, when an employee's formal or informal telework agreement must be amended for telework employees who may be required to continue to work at their alternative worksites on their telework-day when the agency is closed? (Annex H-4)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		

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H.6	Does your COOP plan include agency procedures for notifying employees that if they are required to report for work and are not otherwise granted excused absence, they will be charged absence without leave (AWOL) for the period not worked and may potentially be disciplined for the AWOL at the agency's discretion? (Annex H-4)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
H.7	Does your COOP plan include agency procedures for requiring managers to be responsible for determining closure, dismissal, and leave policies for employees on shift work and for informing employees of these policies. (Annex H-5)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
H.8	Does your COOP plan include agency procedures for familiarizing employees with the methods of communications put into place at their agency, as well as the means of notification used to inform and instruct employees? (Annex H-5)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
H.9	Does your COOP plan include agency procedures for encouraging employees to remain aware and be attentive to suspicious activities? (Annex H-5)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
H.10	Does your COOP plan include agency procedures for regularly testing its fire and safety public address systems? (Annex H-5)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
H.11	Does your COOP plan include agency procedures for providing supplies in the case of shelter-in-place response to an emergency? (Annex H-5)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		

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H.12	Does your COOP plan include agency procedures for posting clear signage for evacuation routes? (Annex H-5)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
H.13	Does your COOP plan include agency procedures for having a protocol for safety and security personnel to maintain communications in an emergency? (Annex H-5)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
H.14	Does your COOP plan include agency procedures for having in place an overtime pay policy for Standby Duty, when employees are required to remain in a state of readiness to perform work during an emergency? (Agency H-6)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
H.15	Does your COOP plan include agency procedures for having in place a policy to utilize compressed work schedules during an extended emergency? (Agency H-6)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
H.16	Does your COOP plan include agency procedures for having a policy for implementation for the Biweekly Premium Pay Limitation? (Agency H-6)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
H.17	Does your COOP plan include agency procedures for having a policy for implementation for the Annual Premium Pay Limitation? (Agency H-6)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
H.18	Does your COOP plan include agency procedures for having in place a plan to fill emergency or special staffing needs for excepted appointments (Temporary Emergency Need (Up To 1 Year) and 30-Day Critical Need)? (Agency H-7)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		

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H.19	Does your COOP plan include agency procedures for having in place a plan to fill emergency or special staffing needs for reemploying annuitants? (Agency H-7)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
H.20	Does your COOP plan include agency procedures for having in place a plan to fill emergency or special staffing needs for reemploying buyout recipients? (Agency H-7)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
H.21	Does your COOP plan include agency procedures for having in place a plan to fill emergency or special staffing needs for direct-hire authority? (Agency H-7)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
H.22	Does your COOP plan include agency procedures for having in place a plan to fill emergency or special staffing needs for contract with private sector temporary firms for services to meet its emergency needs? (Agency H-7)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
H.23	Does your COOP plan include agency procedures for having in place a plan to fill emergency or special staffing needs for competitive service appointments of 120 days or less without clearing its Career Transition Assistance Plan (CTAP) or the Interagency Career Transition Assistance Plan (ICTAP)? (Agency H-7)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
H.24	Does your COOP plan include agency procedures for having in place a plan to fill emergency or special staffing need for reemployment priority list (RPL)? (Agency H-8)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		

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	Criteria and Reference	Score	Comments	Location of Document or Supporting Resource
H.25	Does your COOP plan include agency procedures for having access to "A Federal Employee's Emergency Guide," from the Office of Personnel Management's (OPM's) Web site?	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
I. Test, Training and Exercise Program		<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
I.1	Does your agency test program include quarterly testing of COOP alert, notification, and activation procedures? (Annex I.1.a)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
I.2	Do you semi-annually test plans for the recovery of vital classified and unclassified records, critical information systems, services, and data? (Annex I.1.b)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
I.3	Do you test, quarterly, your COOP communications capabilities? (Annex I.1.c)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
I.4	Do you annually test primary and backup infrastructure systems and services at alternate operating facilities (e.g., power, water, fuel)? (Annex I.1.d)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
I.5	Does your agency training program include an Annual COOP awareness briefing (or other means of orientation) for the entire workforce? (Annex I.2.a)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
I.6	Annual team training for COOP personnel? (Annex I.2.b)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		

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I.7	Annual team training for agency personnel (and host or contractor personnel) assigned to activate, support, and sustain COOP operations at alternate operating facilities? (Annex I.2.c)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
I.8	Annual exercise that incorporates the deliberate and pre-planned movement of the COOP personnel to an alternate operating facility? (Annex I.2.d)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
I.9	A comprehensive debriefing conducted after each exercise for the participants to identify systemic weakness in plans and procedures and recommend COOP plans revisions? (Annex I.2.e)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
I.10	Does your exercise program provide an opportunity for COOP personnel to demonstrate their familiarity with COOP plans and the capability to continue essential functions? (Annex I.3.a)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
I.11	Do you annually conduct a deliberate and pre-planned movement of COOP personnel to an alternate operating facility? (Annex I.3.b)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
I.12	Do you annually test your communications capabilities and inter- and intra-agency dependencies? (Annex I.3.c)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
I.13	Do you have plans to notify the FOC and other agency points of contact, as applicable? (Annex I.3.c)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		

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	Criteria and Reference	Score	Comments	Location of Document or Supporting Resource
J. Devolution of Control and Direction		<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
J.1	Does your plan for devolution identify prioritized essential functions and determine necessary resources to facilitate their immediate and seamless transfer to a devolution site? (Annex J.1)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
J.2	Does your plan for devolution include a roster identifying fully equipped and trained personnel at the designated devolution site with the authority to perform essential functions and activities when the devolution option of COOP is activated? (Annex J.2)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
J.3	Does it identify the likely triggers that would initiate or activate the devolution option? (Annex J.3)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
J.4	Does it specify how and when direction and control of agency operations will be transferred to the devolution site? (Annex J.4)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
J.5	Does it list the necessary resources (people, equipment, and materials) to facilitate the ability to perform essential functions at the devolution site? (Annex J.5)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
J.6	Does it establish reliable processes and procedures to acquire resources necessary to continue essential functions and sustain operations for extended periods? (Annex J.6)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		

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J.7	Does it establish capabilities to restore or reconstitute agency authorities to their pre-event status upon termination of devolution? (Annex J.7)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
J.8	Does your Devolution site and personnel have the capability to support all COOP essential functions and activities? (Annex J)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
K. Reconstitution Operations		<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
K.1	Does your Agency have an executable plan to transition from COOP status to an efficient normal operations status once a threat or disruption has passed? (Annex K1)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
K.2	Does your agency have coordinated and pre-planned options for the reconstitution of the agency regardless of the level of disruption causing implementation of its COOP plan? (Annex K.2)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
K.3	Do your pre-planned options include movement back from the COOP or devolution location to the original operating site or a new operating facility if necessary? (Annex K.3)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
K.4	Do you have reconstitution procedures that inform all personnel that the threat of or actual emergency no longer exists, and provide instructions for resumption of normal operations? (Annex K)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		

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K.5	Do you have reconstitution procedures that supervise an orderly return to the normal operating facility or movement to other temporary or permanent operating facility? (Annex K)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
K.6	Do you have reconstitution procedures that verify that all systems, communications, and other required capabilities are available and operational and that the agency(s) are fully capable of accomplishing all essential functions/operations at the new or restored facility? (Annex K)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
K.7	Do you have reconstitution procedures that instruct the Agency POC to reports status of the relocation to the FOC and other points of contact, as necessary? (Annex K)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
K.8	Do you have reconstitution procedures that provide for the conduct of an after-action review of COOP operations and the effectiveness of plans and procedures, identify areas for correction, and develop a remedial action plan as soon as possible after the reconstitution? (Annex K)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
L. Agency Head Responsibilities		<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
L.1	Establishes agency COOP Program? (12.a.1)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		

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L.2	Appoints a senior executive as the agency COOP program point-of-contact? (12.a.2)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
L.3	Developed a COOP Multi-Year Strategy and Program Management Plan that includes a program budget to support a viable COOP capability? (12.a.3)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
L.4	Developed, approved and maintains agency COOP plans and procedures for headquarters and all subordinate elements? (12.a.4)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
L.5	Conducts tests, training, and exercises of agency COOP plans at least annually, to include COOP personnel, and essential systems and equipment, to ensure timely and reliable implementation of COOP plans and procedures? (12.a.5)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
L.6	Participates in interagency COOP exercises to ensure effective interagency coordination and mutual support? (12.a.6)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
L.7	Notifies the FOC and other appropriate agencies upon any implementation of COOP plans? (12.a.7)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
L.8	Provides updates on COOP status to the FOC as designated or if the agency's COOP status changes? (12.a.8)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		
L.9	Coordinates intra-agency COOP efforts and initiatives with policies, plans, and activities in accordance with directives related to terrorism, Critical Infrastructure Protection, and all-hazards preparedness? (12.a.9)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		

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L.10	Contingency planning efforts such as Disaster Recovery Plans, Information Assurance, National Response Plan, Business Continuity Plans, etc., are integrated into the agency's COOP plan? (12.a.9)	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		