



Continuity of Operations Alternate Work Site Worksheet

1. Enter an agency essential function. Add columns as needed for each additional essential function.
2. List the number of personnel needed to perform that essential function. Remember that this is the number of people that will need to be fed and provided for at the alternate facility.
3. Indicate what electricity requirements are needed to perform that essential function.
4. Indicate the communication requirements needed to perform that essential function.
5. Indicate the space requirements needed to perform that essential function.
6. Indicate whether lodging at the alternate work site will be necessary to perform that essential function, and if so, for how many.
7. Indicate what security requirements may be necessary to perform that essential function.
8. Indicate what secure storage requirements may be necessary to perform that essential function.
9. Considering the essential function requirements identified in columns 1-6, list viable alternate work sites.
10. Provide the alternate work site's address.
11. Indicate what transportation will be provided to the alternate work site, or if key personnel must provide their own transportation.
12. Identify the agreement the agency has in place allowing it to use the alternate work site following a COOP event.
13. Indicate the date this agreement was executed.
14. Indicate the cost to the agency for this agreement.
15. Provide any special notes that should be included regarding the alternate work site.

Source: Continuity of Operations Plan Guidance for Indian Health Centers, Global Vision Consortium Native American Alliance for Emergency Preparedness, June 2010



| | Essential Function 1 | Essential Function 2 |
|-----------------------------------|--|----------------------|
| 1. Essential Function Name | <i>Example: Home Visits to Isolated Elders and Persons with Chronic Conditions</i> | |
| 2. # of Personnel | <i>3 Community Health Representatives</i> | |
| 3. Electricity | <i>Not required</i> | |
| 4. Communication | <i>Phone, hand held radio</i> | |
| 5. Space | <i>Not required</i> | |
| 6. Lodging | <i>Not required</i> | |
| 7. Security | <i>Personal and Health Center identification</i> | |
| 8. Secure Storage | <i>Not required</i> | |
| 9. Alternate Work Site | <i>Home of workers; home of patients</i> | |
| 10. Address | <i>TBD</i> | |
| 11. Transportation | <i>Personal vehicle; health center van</i> | |
| 12. Agreement | <i>N/A</i> | |
| 13. Date Executed | <i>N/A</i> | |
| 14. Cost | <i>Normal salary + overtime</i> | |
| 15. Special Notes | <i>List of priority clients maintained in secure location off-site</i> | |

This job aid is a component of the free, on-demand CDC training course “Laboratory Continuity of Operations.” Find the course at <https://www.cdc.gov/labtraining>.