Know Your Operations

Use this form to identify what business functions are critical to your business' survival. Duplicate the form for each business function.

Updated: _____

Next review date: _____

Business function:

Priority: ☐ Extremely High   ☐ High   ☐ Medium   ☐ Low

Employee in charge: _____

Time frame or deadline: _____

Money lost (or fines imposed) if not done: _____

Obligation: ☐ None   ☐ Legal   ☐ Contractual   ☐ Regulatory   ☐ Financial

Who performs this function? (list all who apply)

Employees: _____

Suppliers/vendors: _____

Key contacts: _____

(For additional space, use the Notes area below)

What is needed to perform this function? (list all that apply)

Equipment: _____

Special reports/supplies: _____

Dependencies: _____

(For additional space, use the Notes area below)

Who helps perform this function? (list all who apply)

Employees: _____

Suppliers/vendors: _____

Key contacts: _____

(For additional space, use the Notes area below)

Who uses the output from this function? (list all who apply)

Employees: _____

Suppliers/vendors: _____

Key contacts: _____

(For additional space, use the Notes area below)

Brief description of how to complete this function:

_____

Workaround methods: _____

Notes: _____

Frankenmuth
INSURANCE