



BUSINESS IMPACT ANALYSIS (BIA)

ESSENTIAL SYSTEM/APPLICATION IMPACT SURVEY

Introduction

A Business Impact Analysis (BIA) is an assessment by the business unit of the potential financial and non-financial impact of an extended outage. It is designed to define the basic requirements for the survival of the business itself.

Assumptions

The recovery solution should be one that permits the business to sustain operations at the recovery site for a minimum period of four weeks. During this time, plans will be made for a return to the primary production site or arrangements made for an expansion into a more long term recovery solution.

The Process

The purpose of the following questionnaire is to gather the information concerning the exposure and impact to the agency, as a whole, that will result if the System/Application experiences a significant disruption. Assume that the primary production facility is inaccessible and unusable for up to 6 months.

Submission

Please email the completed form to OIT-DR@tech.nj.gov . The data you provide herein is confidential information and will be handled by personnel as such.

FUNCTION/APPLICATION NAME: _____

AGENCY: _____

BUSINESS UNIT: _____ DIVISION: _____

BIA Completed By: _____ Phone Number: _____

Business Contact (Please Print Name): _____ Phone Number: _____

Business Contact Sign-Off: _____ Date Completed: _____

Briefly describe the business process related to this System/Application:

Operational Impact

For this System/Application, please indicate what level of adverse impact to the agency as a whole you anticipate will occur at each period using the timeframes indicated below.

Mark the appropriate box with a number (1-3) that represents the level of adverse impact. There is no requirement to enter a value in every box – only those where there is a change.

Levels of adverse impact:

1) No Impact 2) Some Impact 3) Significant Impact

<i>Recovery Time Objective (RTO)</i>	<i>Cash Flow</i>	<i>Customer Service</i>	<i>Federal Funding</i>	<i>Federal Statute Obligation</i>	<i>Financial Reporting</i>	<i>Legal Liability</i>	<i>Public Health</i>	<i>Public Safety</i>	<i>State Statute Obligation</i>	<i>Other*</i>
Hours										
Up to 1 day										
Up to 2 days										
Up to 3 days										
Up to 1 week										
Up to 2 weeks										
Up to 3 weeks										
Up to 1 month										
Other*										

***OTHER – Please explain:**

Recovery Time Objective

Based on business objectives **during a disaster, not business as usual**, indicated how long your business can continue to function without this system.

The Recovery Time Objective (RTO) for this System/Application is: _____

NOTE: The RTO indicated here should match the RTO with the highest adverse impact in the table above.

NOTES - Please explain the Federal/State Statute Obligation(s) (if indicated above):

Recovery Point Objective

The recovery point objective indicates how much data will be lost. How frequently are your backups performed?

15 minutes to 1 hour _____ Hourly _____

Daily _____ Weekly _____

Monthly _____ Other (please specify) _____

Alternate Procedures

Do you have alternate procedures to recover lost data?

YES NO

If YES, please explain your procedure/methodology to recover lost data:

Financial Impact

Financial Impact refers to the loss of revenue from fees, collections, interest, penalties, etc. if the System/Application were not available. Assume that the disaster occurs at the worst possible time for this system and that the disruption lasts several months. Please indicate what level of adverse financial impact you would expect each month by placing the appropriate letter (A-E) in the Impact column below.

Financial Scale: **A** = over \$10M **B** = \$1M-10M **C** = \$100K – 1M **D** \$10K-100K **E**= Up to 10K

	Low Impact		Moderate Impact		Severe Impact	
	1	2	3	4	5	
January						
February						
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						

NOTES:

System Classification

Please indicate if the analysis of the BIA responses indicate that this System/Application should be considered "Essential" to the organization **during a disaster**.

Does this System/Application have a significant impact to Health, Safety, Security, Financial or Federal/State Statute Obligations **during a disaster**?

YES NO

Workaround Procedures

Following an outage, the System/Application may be inoperable for a minimum of approximately 36 hours before infrastructure restoration is complete and application recovery begins. Does your agency have procedures (a proven method) for “working around” a disruption until the System/Application is recovered?

YES NO

If YES, please explain your “work around” procedure/methodology:

Internal/External Dependencies

Please indicate the dependence of this System/Application on other systems/applications/services.

Rate dependence as **1** “Low” if this System/Application has little or no dependence on the other system/application/service.

Rate dependence as **5** “High” if this System/Application cannot operate without the other system/application/service.

Please list the system on which you depend and the type of service you receive from that system by placing an “X” in the appropriate box according to your level of dependence.

		<u>LOW</u>		<u>MEDIUM</u>		<u>HIGH</u>	
System Name	Service Provided	1	2	3	4	5	

NOTES:

Additional Information

Please specify any additional factors that should be considered when evaluating the impact of the loss of this System/Application:

Next Steps

Complete and submit the BIA to OIT-DR@tech.nj.gov. The BIA will be vetted for classification ("Essential" or "Business") and signed off by your agency's OIT Business Development Director.

NOTE: Your "Essential" System Disaster Recovery requirements are NOT fulfilled until the submission, review, and testing of a Solution Template. The Agency is required to complete a Solution Template for any system classified as "Essential" that is hosted within the NJ Shared IT Infrastructure. The template can be found at <http://www.state.nj.us/it/reviews/>.

If the Solution Template cannot be completed, an exception document must be completed and submitted to oars@tech.nj.gov.

FOR OIT PERSONNEL ONLY

Disaster Recovery Director *(Please print)* _____

Disaster Recovery Director _____

Date _____