

Essential Function Questionnaire

Building on the results documented in Worksheet #11, the objective of this worksheet is to further evaluate essential agency functions and develop measures to minimize. If, at any point, the function is determined NOT to be essential, it is not necessary to complete the questionnaire for that function.

Area of Responsibility: _____

Function: _____

Services this function provides:

Other agency functions and other agencies that depend upon this function:

(Use reverse side if additional space is needed)

1. The loss of this function would have the following effect on the agency:

- Catastrophic effect on the agency or some divisions
- Catastrophic effect on one division
- Moderate effect on the agency
- Moderate effect on some divisions
- Minor effect on the agency or some divisions

2. How long can this agency function continue without its usual operation of information systems and telecommunications support? Assume that loss of support occurs during your busiest, or peak, period. Check one only.

Check	Period of Time	Check	Period of Time	Check	Period of Time
<input type="checkbox"/>	Hours	<input type="checkbox"/>	Up to 3 days	<input type="checkbox"/>	Up to 3 weeks
<input type="checkbox"/>	Up to 1 day	<input type="checkbox"/>	Up to 1 week	<input type="checkbox"/>	Up to 4 weeks
<input type="checkbox"/>	Up to 2 days	<input type="checkbox"/>	Up to 2 weeks	<input type="checkbox"/>	Other (specify)

Indicate the peak time(s) of year and/or a peak day(s) of the week and/or peak time of the day, if any, for this function or its associated applications.

(Month) Jan Feb Mar Apr May Jun Jul Aug Sept Oct Nov Dec

(Day) Sun Mon Tue Wed Thu Fri Sat

(Hour) 1 2 3 4 5 6 7 8 9 10 11 12

(24 hr time) 13 14 15 16 17 18 19 20 21 22 23 24