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| --- | --- | --- | --- |
| Ref:  |  | NZTA Business Continuity:Critical Business Function Plan | http://onramp/Work-with-others/Publishing/Branding-and-Templates/Documents/NZTA%20Logo%20CMYK.jpg |
|  |
|  |
| **1. Critical Business Function Key Info** |
| **Process or Function** |  |
| **Work Team, Group** |  |
| **How this plan will be invoked** |  |
| **Max Tolerable Period of Disruption** | 4 continuous hours |
| **Recovery Time Objective** |  |
| **Impact Description** |  |
| **Peak processing or service times** |  |
|  |
| **Staff responsible for Critical Function** | **Critical Business Function Coordinator (CBFC)** | **CBFC Alternate #1** | **Oversight role or CBFC Alternate #2**  |
| **Name**  |  |  |  |
| **Position** |  |  |  |
| **Phone (Work)** |  |  |  |
| **Phone (Cell phone)** |  |  |  |
| **Phone (Home)** |  |  |  |
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| **2. BCP Support Contacts** |
| **Standard Support Contacts** |
| ***HNO IM&BC Lead* on the Local Incident Management Team (LIMT)** This person represents your business group on your office’s LIMT. The LIMT will stand up to manage the on the ground response to medium and high impact disruptions i.e. those that impact multiple Critical Business Functions (CBFs).Events of minor impact or only affecting one team will typically be managed by normal decision makers instead of the LIMT. | **IS Service Desk** |
| When to contact: | The Critical Business Function Coordinator (CBFC) should contact their business group’s rep on the LIMT:* **if they haven’t been contacted** immediately following an event that has either has, or will, disrupt the delivery of this Critical Business Function (CBF)

The Critical Business Function Coordinator (CBFC) should go through their business group’s rep on the LIMT to:* request any **required resources** for the performance of the function (e.g. workstations at an alternative NZTA office or other premises)
* **provide updates** on the status of their CBF
* **receive updates** on the response to the wider incident (with regard to how this affects the ability to resume or continue this CBF).
 | When to contact: | Contact the IS Service Desk directly:* to **report** **IT systems outages**
* with **urgent IT queries** relating to the resumption or continuation of your CBF.

During the response to an incident **DO NOT** contact the IS Service Desk for:* **update**s on the resumption of IT Systems – updates will be provided regularly by the IS Service Desk or the LIMT
* **requests for additional NZTA laptops** or other required ICT resources – these should go through your business group’s IM&BC Lead on the LIMT.
 |
| Contact details: | Please refer to the relevant office business continuity plan for names and contact numbers of the LIMT members | Contact details: | 0800 80 52 63 / ext. 6667[service@nzta.govt.nz](file:///C%3A%5CUsers%5CDarron%5CAppData%5CRoaming%5COpenText%5COTEdit%5Cinfohub_nzta_govt_nz-otcs%5Cc11148999%5Cservice%40nzta.govt.nz)  |
| **Support Contacts specific to the Critical Business Function**  |
| Refer Appendix A for BCP Support contacts and Alternative HNO role holders from other office locations |
|  |
| **3. Response Strategies** |
| **Situations requiring response** | Situation 1 |  |
| Situation 2 |  |
| Situation 3 |  |
| Situation 4 |  |
| Situation 5 |  |
| **Response Situation 1:**  |
|  | **Action** | **Period** | **Responsibility** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |
| 9 |  |  |  |
| **Response – Situation 2** |
|  | **Action** | **Period** | **Responsibility** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| **Response Situation 3:**  |
|  | **Action** | **Period** | **Responsibility** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| **Response Situation 4:**  |
|  | **Action** | **Period** | **Responsibility** |
| 1 |  |  |  |
| 2 |  |  |  |
| **Response Situation 5:**  |
|  | **Action** | **Period** | **Responsibility** |
| 1 |  |  |  |
| 2 |  |  |  |
|  |
| **4. Communication Plan Objectives** |
| **Key Information** | **Communication channel to use** | **Recipients** |
| a) |  |  |  |
|  |
| **5. Resourcing Requirements** |
| **Resources required to perform function***E.g. computers, desk phones, etc. If computer required but staff member’s personal home computer can be used to complete this Critical Business Function please note this.* |
|  |  |  |
| **Information and Communications Technology (ICT) System Requirements*****If updating this section please contact Risk Assurance as changes may impact your ICT Disaster Recovery requirements***  |
| **ICT System Name** | **System hosted where?**INTERNALorEXTERNAL | **Recovery Point Objective** (RPO)*Please note whether this is in business hours (BH) or continuous hours (CH)* | **Recovery Time Objective** (RTO)*Please note whether this is in business hours (BH) or continuous hours (CH)* | **Maximum Tolerable Period of Disruption** (MTPD)*Please note whether this is in business hours (BH) or continuous hours (CH)* | **Available remotely?**YES or NO*If yes, include remote access method e.g. internet, GoDass or Citrix* | **Additional Info**This should include:* Is the system Essential or Desirable for performing your critical function in an emergency
* Do you require specific elements of the ICT system (e.g. specific SAP modules) vs. the entire system
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| **People** |
| **Position** | **Responsibilities** |
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| **6. Related Critical Business Function Plans** |
| **Plan Name** | **Dependency?**(Input or Output) | **Name of group/ team/organisation** | **Key contact details** |
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| **7. Vital Documents & Records***E.g. those records (plans/guides/databases/legislated records) that are required for this critical function and are essential for NZTA’s ongoing business; without which it could not continue to function effectively.* |
| **Type** | **Description** | **Location** |
| **Electronic** |  |  |
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| **Printed** |  |  |
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| **8. BCP Distribution** |
| **Hard Copies** | **Name** | **Position** | **Location** |
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| **Electronic Copies** | **Document name or link**  | **Location** |
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| **9. BCP Maintenance & Exercising** |
| **Review Register***Note: remember to notify those on the BCP distribution list whenever material changes are made.* |
| **Date**  | **Reason for Review** | **Changes Made** | **Changes made by** |
|  |  |  |  |
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|  |  |  |  |
| **Exercising Register** |
| **Date** | **Type of exercising undertaken** | **Exercising led by:** |
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| **10. Outstanding Actions Requiring Follow-up** |
| **#** | **Action required** | **Person responsible** | **Due date** | **Date completed**  |
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| 10 |  |  |  |  |
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| **Appendix 1. BCP Support Contacts** |
| **Primary Support Contacts** |
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|  |  |  |  |
| work |  | work |  | work |  | work |  |
| cell |  | cell |  | cell |  | cell |  |
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| work |  | work |  | work |  | work |  |
| cell |  | cell |  | cell |  | cell |  |
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| work |  | work |  | work |  |
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| **Alternative Role Holders** |
| **Position** | **Southern Business Unit** | **Cell** | **Nation Wide** | **Cell** |
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