

**Instruction Booklet  
for Continuity of  
Operations  
Template 2026  
Version**

## Cover Page

1. Replace the placeholder department or division name with your department's official name.
2. Enter the **Version Date** (date the plan was created or significantly revised).
3. Enter the **Last Reviewed** date (updated annually at a minimum).

## Plan Approval

Complete all approval fields.

- Department
- Division
- Prepared By
- Reviewed By
- Approved By
- Date
- Next Annual Review Date

This page establishes ownership and accountability for the COOP.

## Record of Changes

1. Provide a summary of changes made to include; date, summary of changes, page/section, and completed by. *(Every time this COOP is revised, summarize the change in the Record of Changes. Minor edits such as contact information updates should also be documented.)*

### I. General Overview of the Plan

- A. Continuity of Operations Planning
- B. Situations and Assumptions
- C. Purpose

#### D. Scope

- a. Add any division/department that will be included in this plan. A division/department may fall under more than one plan. Be sure to include specific building numbers and room numbers. These details will be used for personnel and property accountability.

## **E. Objectives**

- a. You may add objectives to this list. The objectives should remain specific enough that the reader can easily understand the goal. Please refrain from providing a detailed step-by-step process or procedure in this section.

## **F. Authorities and References**

- a. Federal, State, and University references have been pre-populated and generally should not be removed. Departments may add additional authorities applicable to their operations.

## **G. Mission Essential Functions**

- a. List all mission essential functions that fall under this plan. Mission-essential functions are those that are critical to the mission of the University and must be continued. Not every function within a department is a Mission Essential Function. Provide the priority level in numerical form. If more than one function must be prioritized at the same time, assign those functions the same priority level. The "Time to Restoration" category should be measured in hours or days. Please use the hours' format up to 96 hours and then convert it to days. See the example below. List the position responsible for ensuring the function is completed (e.g., Director, Administrative Specialist, Coordinator). Do not list employee names.

| <b>Essential Function</b>                                                                                     | <b>Responsible Position</b> | <b>Priority Level</b> | <b>Time to Restoration</b> |
|---------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------|----------------------------|
| Maintain the safety and well-being of University students, faculty, staff, contractors, and visitors          | Department Director         | 1                     | < 2 hours                  |
| Maintain critical utilities (power, water, septic, and internet) necessary to support departmental operations | Facilities Manager          | 2                     | < 12 hours                 |
| Deliver academic programs and instructional support to students                                               | Department Chair            | 3                     | < 72 hours                 |

## **H. Delegations of Authority and Orders of Succession**

- a. List job titles in the order they assume responsibility if the primary leader is unavailable. Do not include employee names.

## **I. Alternate Work Locations**

- a. List your alternate work locations in order of occupation. If your alternate work location is "home" please use the term remote. For personnel accountability, please maintain a separate internal list that is protected of the exact location where your employee will be working remotely.

- b. Indicate whether reliable access to University systems (VPN, internet, Banner, shared drives, Teams, etc.) is available at that location.

#### **J. Essential Resources**

- a. **Name of Resource** – Laptop, printer, Wi-fi router, cell phone, radio, car, etc.
- b. **Type of Resource** – Electronic, Office supply, vehicle, etc.
- c. **# Of Resource Needed** – How many of each resource do you need to function at your alternate site
- d. **Location** – Match the location with an alternate site name.

#### **K. Personnel Issues and Coordination**

##### **I. Communications Plan**

- a. **Communication Method** – Cell phone, radio, HAM radio, etc.
- b. **Available at an Alternate Site?** – Yes or No. This will determine if you need this resource provided to you.
- c. **Available to the Entire Department?** – Yes or No. This will determine how you communicate with each member of your essential personnel.
- d. **Primary/Backup** –
  - Example:
    - Email = Primary
    - Teams = Backup
  - Example:
    - Cell Phone = Primary
    - Radio = Backup

##### **L. Essential Personnel**

- a. When assigning essential personnel consider those that are required to complete your mission essential functions. You should limit your personnel to only those that are needed to execute these functions. During times of emergency or disaster, too many personnel can become a safety issue.
- b. **Area of Responsibility** – This will be the area that they are responsible for during the emergency or disaster and not their everyday duties.
- c. **Access to Campus as Essential Personnel** – This will determine if they are allowed access to the campus during a complete or partial evacuation. This list should be short and confined to those who are required to operate on the campus and cannot execute their essential functions remotely.
- d. **Can Perform Duties Remotely?**
  - Example:
    - Yes = Employee can accomplish mission essential functions remotely.
    - No = Employee must physically report.

## **M. Identification and Protection of Vital Records and Databases**

- a. **Vital Record/Database** – Name of the record or database
- b. **Storage Location** – Name of location where this is stored. This can be digital or physical. When listing a digital location please provide a path name that allows the record to be easily found. (Example: <https://uwf.edu/finance-and-administration/departments/emergency-management/> ) When listing a physical location, please provide as much detail as possible.
- c. **Type of Record or Database** – Please list whether the record is *electronic* or *hardcopy*.
- d. **Essential Function** – List the related essential functions that this record supports.
- e. **Available Offline** – Yes or No.
- f. **Recovery Priority** – (Immediate, 24 hours, 72 hours, 1 week)

## **N. Tests, Training, and Exercises**

- a. Departments should:
  - Review annually
  - Train essential personnel annually
  - Exercise the COOP at least annually
  - Update after any activation, exercise, or organizational change

## **II. Implementation of the COOP**

### **Phase I - Readiness and Preparedness**

*(This section should not require any additional edits. It describes the department's ongoing preparedness activities, including annual plan reviews, training, exercises, maintenance of essential resources, and identification of alternate work locations.)*

**Phase II - Activation and Relocation:** plans, procedures, and schedules to transfer activities, personnel, records, and equipment to alternate facilities are activated.

*(The procedures in this section serve as a guide for activating your COOP. Departments may modify or expand these procedures to reflect their actual operations; however, the general sequence of activation, notification, relocation, continuity of essential functions, communications, documentation, security, and employee support should remain.*

*The COOP activation flowchart may also be modified if your department has a different internal decision-making process.)*

**Phase III - Continuity Operations:** full execution of essential operations at alternate operating facilities is commenced.

*(Review this section to ensure the listed activities accurately reflect how your department will continue performing its Mission Essential Functions while operating*

*from an alternate location. Add, remove, or modify procedures as necessary to fit your department's operations.)*

**Phase IV – Reconstitution:** operations at the alternate facility are terminated and normal operations resume.

*(Review this section and modify the listed activities to describe how your department will transition back to normal operations. This should include returning personnel and resources, restoring normal business processes, conducting an After-Action Review, updating the COOP, and providing any necessary refresher training.)*

## **II. How to Identify Mission Essential Functions**

### **Ask these questions:**

- ✓ Does this function protect life safety?
- ✓ Is it required by law?
- ✓ Does it support students?
- ✓ Does it support payroll?
- ✓ Does it support emergency response?
- ✓ Would the University suffer significant consequences if it stopped for several days?

If "yes," it's probably a Mission Essential Function.

If "no," it probably isn't.

## **XVII. Before You Submit**

Before submitting your completed COOP to Emergency Management, ensure:

- ☐ All required sections are complete.
- ☐ Mission Essential Functions have been identified and prioritized.
- ☐ Orders of succession have been completed.
- ☐ Alternate work locations have been identified.

- ☐ Essential personnel have been identified.
- ☐ Vital records and databases have been documented.
- ☐ Department leadership has reviewed and approved the plan.
- ☐ The Plan Approval page has been completed.

### **Questions?**

For assistance completing your COOP, contact:

**University of West Florida**  
Office of Emergency Management

850.474.3274

[ermgt@uwf.edu](mailto:ermgt@uwf.edu)