

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 an 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 for to OIT-DR@tech.nj.gov. The data you provide herein is confidential information and will be handled by personnel as such.

unction/Application Name:		
Agency:		
Business Unit:		
BIA Completed By:		
Business Contact (Print Name):	Phone Number:	
Business Contact Sign-Off:	Date Completed:	
riefly describe the business process related to this Sy	vstem/Application:	
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pecify and cite the State and Federal statutes and reg	julations that govern the business process:	

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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

*Please describe the Legal Liability your System/Application may have:

3) Significant Impact

Recovery Time Objective (RTO)	Cash Flow	Customer Service	Federal Funding	Financial Reporting	Legal Liability *	Public Health	Public Safety
Hours			,				
Up to 1 day							
Up to 2 days	3						r.
Up to 3 days							
Up to 1 Week							
Up to 2 Weeks							
Up to 3 Weeks			_				
Up to 1 Month			Į.			,	
Other							

Pocovory Timo Objective
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. If the RTO is "HOURS" in the matrix above, please specify the number of hours (i.e. 1 hour, 2 hours, etc.)
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.
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:

Fin	an	cial	llm	na	nt
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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
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	Low Impact	1	lerate pact	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 or Financials 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.

		LOW	M	EDIUM	HIGH	
System Name	Service Provided	1	2	3	4	5
				k-2		
	1					
	1					
	+					
		.,,	1		,	
Additional Information						
Please specify any additional factors that sho	uld be considered when evaluating the impact	of the loss of t	his Syste	m/Applicati	on:	

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 OIT Disaster Recovery Director.

NOTE: Your disaster Recovery requirements are **NOT** fulfilled until the submission, review and testing of a Disaster Recovery Plan are completed. Please contact the OIT Disaster Recovery Team at OIT-DR@tech.nj.gov to begin building your DRP Guide.

FOR OIT PERSONNEL ONLY Disaster Recovery Director (Please print):		
Disaster Recovery Director (Signature):	Date	