



# 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](mailto: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 (Print Name): \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Business Contact Sign-Off: \_\_\_\_\_ Date Completed: \_\_\_\_\_

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

Specify and cite the State and Federal statutes and regulations that govern the business process:

## 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

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							
Up to 3 days							
Up to 1 Week							
Up to 2 Weeks							
Up to 3 Weeks							
Up to 1 Month							
Other							

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

## 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:

## 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 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.

System Name	Service Provided	LOW		MEDIUM		HIGH	
		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](mailto: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](mailto: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 \_\_\_\_\_