



Voice / Data Communications

Use this form to list your voice and data communications needs. Communication with employees, vendors, customers, emergency officials and other key contacts is vital to your ability to resume business operations following a disaster event. This form should be used to determine what telecommunications equipment you need to help you with that communication.

If you go to a recovery location, it is likely you will need to lease or purchase telecommunications equipment. You may use the *Voice / Data Communications* form to list what you would order, and in the *Description & Model No.* field, write "Unknown," or similar words, if you do not yet have that information. Be sure to explain in *Recovery Notes*.

If you plan to purchase or lease multiple items of the same type—e.g. telephones—you can condense the information into one record. List relevant details in *Recovery Notes*.

You can download copies of this form from: http://www.disastersafety.org/business_protection.
Save a blank version so you can make additional copies as needed.

Type Of Service:		<input type="checkbox"/> Telephone	<input type="checkbox"/> Satellite Phone
		<input type="checkbox"/> PBX w/ ACD (Private Branch Exchange w/ Automatic Call Distribution)	<input type="checkbox"/> Fax Machine
		<input type="checkbox"/> PC Data Communications	<input type="checkbox"/> Two-Way Radio & Pager
		<input type="checkbox"/> Mobile Phone	<input type="checkbox"/> Other
		Explain:	
Description And Model Number: (Enter "unknown" if telecommunications item is to be leased / bought for recovery location)			
Status:	<input type="checkbox"/> Currently In Use <input type="checkbox"/> Will Lease/Buy For Recovery Location		
Voice Communications Features:		<input type="checkbox"/> Voice Mail	<input type="checkbox"/> Conversation Recorder
		<input type="checkbox"/> Speaker	<input type="checkbox"/> Other
		<input type="checkbox"/> Conference	Explain:
		<input type="checkbox"/> Text Messaging	
Data Communications Features:		<input type="checkbox"/> Cable	<input type="checkbox"/> Dial-Up
		<input type="checkbox"/> DSL	<input type="checkbox"/> Other
		<input type="checkbox"/> T-1	Explain:
Quantity:			
Primary Supplier/Vendor:			
Alternate Supplier/Vendor:			
Recovery/Install Location:			
Recovery Notes:			