

**Business Continuity Plan Maintenance**

**PLAN NAME:** \_\_\_\_\_

In accordance with Executive Order 1014, departments shall review their business continuity plan annually or more frequently as needed, and update the plan whenever changes occur in their operating procedures, processes, or key personnel. Updated plans shall be approved/signed off by the head of the department and the Business Continuity Coordinator, or Designee.

I hereby certify that this plan has been reviewed, changes have been communicated to department staff/key personnel and plan has been updated to maintain accurate:

- 1. lists of key personnel.
- 2. telephone numbers, including those contained in any documents uploaded to *StanReady*.
- 3. plan elements that may be affected by changes in department structure or critical functions.

I have reviewed the above certification and confirm that this business continuity plan has been reviewed and updated. Changes to the plan have been communicated to department staff/key personnel.		
_____ DEAN/DIRECTOR/MANAGER (Print Name)	_____ SIGNATURE	_____ DATE
_____ BCP COORD./DESIGNEE (Print Name)	_____ SIGNATURE	_____ DATE
I have reviewed the above certification and confirm that this business continuity plan has been reviewed and updated. Changes to the plan have been communicated to department staff/key personnel.		
_____ DEAN/DIRECTOR/MANAGER (Print Name)	_____ SIGNATURE	_____ DATE
_____ BCP COORD./DESIGNEE (Print Name)	_____ SIGNATURE	_____ DATE
I have reviewed the above certification and confirm that this business continuity plan has been reviewed and updated. Changes to the plan have been communicated to department staff/key personnel.		
_____ DEAN/DIRECTOR/MANAGER (Print Name)	_____ SIGNATURE	_____ DATE
_____ BCP COORD./DESIGNEE (Print Name)	_____ SIGNATURE	_____ DATE