

UNPLANNED SHUTDOWN CHECKLIST

Having a response to an unplanned shutdown of your office, facilities, project site, etc. should be part of your Business Continuity Plan. It's important to plan for such events by establishing a contingency plan and a systematic procedure to coordinate your facility shutdown in the best possible way.

Complete this checklist to help you coordinate an unplanned shutdown of your facility.

IMPORTANT:

- This checklist provides general guidance only.
- Please refer to the terms and conditions of your policy for further details regarding your obligations with respect to shut down facilities, including office locations and project sites.
- In the event of any conflict between this general guidance and your policy, the terms of your policy will govern.

Communications

- ☐ **Contact your insurance broker to inform them of your shutdown and ask about any specific requirements to ensure insurance coverage remains in place. Confirm coverage and any exclusions that could apply.**

Date:

Time:

Responsible person's name:

Actions taken:

- ☐ **Establish a single point of contact for staff, suppliers, clients, etc., who can direct inquiries to the appropriate departments and individuals who can respond.**

Responsible person's name:

- ☐ **Establish specific roles and responsibilities for critical staff and leaders.**

Responsible person's name:

- ☐ **Confirm that you have an updated contact list of all staff, suppliers and clients so that you're prepared to distribute communications.**

Responsible person's name:

- ☐ **Establish an internal communication plan to disseminate information to staff and outline how staff are to communicate to one another (via email, text, etc.).**

Responsible person's name:

- ☐ **Develop a communication plan to update clients, suppliers, partners, etc. on the shutdown and how to contact your organization. Consider all distribution channels, including your website, email, social media, etc.**

Responsible person's name:

- ☐ **Post signage at the front entrance, advising visitors of the temporary shutdown and who to contact for additional information. Include any government issued signage if the shutdown is related to a state of emergency declaration.**

Date:

Time:

Responsible person's name:

Actions taken:

- ☐ **Update greetings on voice mail and establish a plan to redirect/forward calls. Establish a plan to ensure employees can retrieve voice messages.**

Date:

Time:

Responsible person's name:

Actions taken:

- ☐ **Turn on automated email response messages.**

Responsible person's name:

☐ **Stop or redirect mail and courier deliveries.**

Date:

Time:

Responsible person's name:

Actions taken:

☐ **Notify the landlord, if applicable, that your operations are shutdown.**

Responsible person's name:

☐ **Notify, and pause as needed, all contracts or services such as cleaning company, etc.**

Responsible person's name:

Actions taken:

Building and Premises

☐ **Establish a schedule where the premises are visited daily, either by staff or contractor, to ensure there are no issues with the building.**

Responsible person's name:

Actions taken:

☐ **Remove and dispose of any perishable stock, or items on premises such as perishables in lunchroom refrigerators.**

Date:

Time:

Responsible person's name:

Actions taken:

☐ **Remove and dispose of all garbage, recycling, and unnecessary debris.**

Date:

Time:

Responsible person's name:

Actions taken:

☐ **Adequately store hazardous materials. Preferably, remove them from the premises.**

Date:

Time:

Responsible person's name:

Actions taken:

☐ **Unplug/turn off all unnecessary equipment and shut off unnecessary circuit breakers.**

Date:

Time:

Responsible person's name:

Actions taken:

☐ **Ensure that all fire protection systems, including sprinkler system (if applicable) remain in proper working order.**

Date:

Time:

Responsible person's name:

Actions taken:

☐ **Ensure that building heat is maintained above freezing (min 4 degrees C) so that sprinkler and domestic water pipes are not subject to freezing.**

Date:

Time:

Responsible person's name:

Actions taken:

☐ **Remove and secure debris and hazards from the grounds/yard and leave the premises in safe condition.**

Date:

Time:

Responsible person's name:

Actions taken:

Crime

☐ **Remove all cash and anything of value (that can be easily removed) from the premises.**

Responsible person's name:

Actions taken:

☐ **Ensure the building security system is monitored by a Central Station Security Alarm Company and run tests with them to confirm that it is operational. Advise the Monitoring company that you plan to shut down and update the key staff emergency call list.**

Responsible person's name:

Frequency of inspection:

☐ **Ensure the sprinkler system is monitored by a Central Station Security Alarm Company and run tests with them to confirm that it is operational.**

Responsible person's name:

Frequency of inspection:

☐ **Ensure that exterior lighting is in good condition and fully functional.**

Responsible person's name:

☐ **Lock down or remove equipment and/or storage trailers on site.**

Responsible person's name:

Actions taken:

☐ **Ensure that access gates are locked, and perimeter fencing is in good condition.**

Responsible person's name: