

**Governor's Office of Emergency Services, State of California**  
**Continuity of Operations/Continuity of Government**  
**Plan Review Checklist and**  
**Certification of Completion**

**Agency/Department Name:**

**Instructions:** This checklist should be used to ensure that you are addressing all of the elements of COOP/COG in departmental planning documents. Review the COOP/COG planning elements on the left and record in the right column, the plan name, date of that plan, and page reference for where the information can be found.

In addition to completing this **Plan Review Checklist and Certification of Completion** form, please attach an explanation for each planning element that has not been completed in your COOP/COG plan, and include an agency or department level Point of Contact(s) for obtaining additional information.

<b>Planning Element</b>	<b>Plan Reference</b>
<b>Emergency Plans and Procedures</b>	Include plan name, plan date, and page number reference.
1. Procedures for employee advisories, alerts and COOP/COG plan activation are included.	
2. Provisions for personnel accountability throughout the duration of the emergency are included.	
3. Procedures exist for an annual review of this agency COOP/COG plan and the ability to make any needed revisions.	
4. Includes a risk or hazard analysis to identify threats to facilities and operations.	
5. Includes an adopted operational plan that identified activation criteria, responsibilities, and command and control during a COOP/COG Plan activation.	
<b>Essential Functions</b>	Include plan name, plan date, and page number reference.
1. Essential functions are listed and prioritized.	
2. Staffing requirements for each essential function are identified.	
3. Resource requirements for each essential function are identified.	
4. Critical data and data systems for each essential function are identified.	
5. Support activities are addressed as part of essential functions.	
6. Resumption or Recovery plans exist for essential functions to ensure operational capability within 12 hours.	
7. Processes and procedures exist to acquire resources necessary to continue essential functions and sustain	

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operations for up to 30 days.	
<b>Line of Succession/Delegation of Authority</b>	Include plan name, plan date, and page number reference.
1. Line of Succession is established for the agency's highest position of authority.	
2. Line of succession is established for the other key leadership positions.	
3. Policy for the delegation of emergency authorities is established and described. (Limitations for delegated authorities are listed.)	
4. Lines of succession are included in continuity plans.	
5. Rosters of trained personnel with the authority to perform essential functions and activities are maintained.	
6. Rules and procedures for implementing lines of succession are established.	
7. Rules and procedures for lines of succession include initiating conditions, notification methods and terminating conditions.	
<b>Alternate Operating Facilities</b>	Include plan name, plan date, and page number reference.
1. Immediate capability exists to operate under potential threat conditions including WMD threats.	
2. Sufficient space and equipment to sustain the relocating organization are identified and included in relocation planning.	
3. Pre-positioned resources are identified and where possible contingency contracts are established or prepared with appropriate resource providers.	
4. Plan includes provisions for establishing interoperable communications with all identified essential internal and external organizations, critical customers and the public.	
5. Alternate facilities provide for logistical support, services and infrastructure systems (e.g., water, electrical power, heating and air conditioning.)	
6. Plan contains provisions to sustain operations for a period of up to 30 days.	
7. Plan addresses considerations for the health and safety of relocated employees.	
8. Plan addresses physical security and access controls.	
<b>Interoperable Communications</b>	Include plan name, plan date, and page number reference.
1. Procedures or plans exist for communications with COOP/COG contingency staff, management and other	

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organizational components.	
2. Procedures or plans exist for communications with other agencies and emergency personnel.	
3. Procedures or plans exist for access to data and systems necessary to conduct essential activities and functions.	
<b>Protection of Government Resources, Facilities, and Personnel (Human Capital)</b>	Include plan name, plan date, and page number reference.
1. Includes procedures for the dismissal of employees and/or closure of the facility following an emergency impacting the facility.	
2. Designates COOP/COG staff and other special categories of employees and their roles and responsibilities.	
3. Includes procedures for non-COOP/COG staff and non-special categories of employees are identified (pay flexibilities, benefit issues).	
4. Includes agency guidelines for communicating to/with employees following an emergency.	
<b>Safeguarding Vital Records and Databases</b>	Include plan name, plan date, and page number reference.
1. Essential emergency operating plans, including line of succession; delegations of emergency authorities; staffing assignments; policy or procedural records, are identified and protected.	
2. Essential legal/financial records, such as accounts receivable; contracting and acquisition files; official personnel files; Social Security, payroll, retirement, insurance records and property management and inventory records, are identified and protected.	
3. Provisions for classified or sensitive data are included.	
4. Procedures for data backup and restoration are included.	
5. Location and accessibility to vital records are identified.	
<b>Tests, Training, and Exercises</b>	Include plan name, plan date, and page number reference.
1. Plans include annual individual and team training of agency COOP/COG emergency personnel.	
2. Plans include annual agency testing and exercising of COOP/COG plans and procedures.	
3. Plans include quarterly testing of emergency alert and notification procedures.	
4. Plans include refresher orientation for COOP/COG staff.	
5. Plans include inter-agency exercising of COOP/COG plans	

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where applicable and feasible.	
<b>Devolution of Command and Control</b>	Include plan name, plan date, and page number reference.
1. Identifies the likely triggers that would initiate or activate the devolution option.	
2. Specifies how and when direction and control of agency operations will be transferred to the devolution site.	
3. Lists necessary resources (people, equipment, and materials) to facilitate the ability to perform essential functions at the devolution site.	
4. Establishes capabilities to restore or reconstitute agency authorities to their pre-event status upon termination of devolution.	
<b>Reconstitution</b>	Include plan name, plan date, and page number reference.
1. Provides an operational plan to transition from COOP/COG status to an efficient normal operations status once a threat or disruption has passed.	
2. Includes coordinated and pre-planned options for reconstitution of the agency regardless of the level of disruption causing implementation of the COOP/COG Plan. (Options to include movement from the devolution location back to headquarters or a new operating site if necessary.)	
3. Outlines procedures necessary to affect a smooth transition from the relocation site, whether standard COOP/COG or devolution scenario, to a new or restored headquarters.	

**Certification of Completion**

Understanding that all elements may not currently exist, the Director and COOP/COG Planning Coordinator certify with their signatures that the information being submitted is the current level of capability of the agency or department. The goal is for each agency and department to establish a baseline and continue to work toward a complete and comprehensive plan. I hereby certify that:

1. A Continuity of Operations/Continuity of Government (COOP/COG) Program exists (which includes all the department's COOP/COG planning documents, processes, and procedures) and that this program contains the elements as listed in the checklist above;

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2. A program is in place to ensure the confidentiality of the sensitive material in the documents and only persons authorized because of their operational functions will have access to sensitive portions of the document; and,
3. These documents are being provided to the Governor's Office and the Governor's Office of Emergency Services consistent with Government Code 6254.5(e) provisions for exchanging confidential information.

I certify that a Continuity of Operations/Continuity of Government (COOP/COG) Plan exists containing the elements and information as indicated above.

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Name and Title:  
AGENCY/DEPARTMENT DIRECTOR  
Date:

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Name and Title:  
COOP/COG PLAN COORDINATOR/POINT OF CONTACT  
Date:

Telephone Number:

Email Address:

Physical/Mailing Address:

AGENCY NAME:

Physical/Mailing Address:

DEPARTMENT NAME:

Physical/Mailing Address: