

DISASTER RECOVERY PLAN
DEPARTMENT OF MICROBIOLOGY, IMMUNOLOGY, AND CANCER
BIOLOGY
2017

“**NAME**” LAB

PREPARING FOR AN EMERGENCY

NOTE: All School of Medicine Employees and Students must wear a photo ID badge at all times.

Contact Information:

“**NAME**”, Principal Investigator:

1. Home/Cell Telephone: **XXX-XXX-XXXX**
2. Work Telephone: **434-XXX-XXXX** / lab- **XXX-XXXX**
3. Email: **XXXX**@virginia.edu

PROVIDE INFO ON A SECOND PERSON IN THE LAB:

“**NAME**”, “**TITLE**”

1. Home/Cell Telephone: **XXX-XXX-XXXX**
2. Work Telephone: **XXX-XXX-XXXX**
3. Email: **XXXX**@virginia.edu

Back Up and Storage of Research Data:

P.I.’s computer:

1. Administrative files backed up (weekly, bi-weekly, **fill in which**)
2. Email backed up (weekly, bi-weekly, **fill in which**)
3. Research data backed up (weekly, bi-weekly, **fill in which**)
4. Protocols (animal, etc.) backed up (monthly, **fill in which**)
5. Who backs up Protocols? **Fill in who**
6. How many back up copies are there? **(#)**
7. Back up copies are stored where? **Give location**

Lab Personnel:

1. Each lab member will be responsible for the back up of his/her own computer as well as the back up his/her own research data.
2. Computer and research back ups will be done on a monthly basis at a minimum.
3. How many back up copies are there? **(#)**
4. Back up copies are stored where? **Give location**

Frequency of Back Ups: Give Number

Required at a minimum of a monthly basis.

Restoration of Computer Files in the Event of a Disaster:

1. WHO IN THE LAB IS RESPONSIBLE FOR RESTORING GRANT-RELATED DATA?

PI? IT PERSON? FILL IN CORRECT ANSWER

Lab and Office Equipment List With Alarm and Contact Information:

1. Please list all the equipment you consider critical in and associated with your lab. **ATTACH**
2. Add whether the equipment has an alarm system and if so, where does the alarm go off.
3. Who should be notified (name and phone number) if equipment alarms (the contact info should be on the equipment)? **NAME**
4. Where is the list kept besides in the business office? **Give location**
5. The list should be reviewed at least quarterly to add/subtract equipment/contacts as needed.

Laboratory Protocols:

1. Who backs up Protocols? **Give name**
2. What are the Lab Protocols requiring separate back ups? **List**
3. Where are back ups kept off-grounds? **Give location**

Emergency Equipment in Laboratory:

1. Does the Lab have flashlights/emergency lights? **Yes or No**
2. Where are they kept? Where are batteries kept? **Give location**
3. Closest Fire Extinguishers are located: **Give location**
4. Closest Stairwell: **Give location**
5. Fire Alarms are located: **Give locations**
6. CALL **4-4012** or **9-911** if an emergency arises or to report a fire!

Dry Ice Needed For Failures and Temperature Sensitive Samples:

1. Freezers have Liquid CO2 back-up systems? **Yes or No**
2. Are refrigerators, incubators, etc. plugged into emergency back up outlets? **Yes or No**
3. Are laboratory personnel aware of a plan for preserving samples? **Yes or No**

4. If center is out of dry ice, where will you find another source? **MIC at 7th floor Jordan Hall**

PI Reviews Emergency Evacuation Plan and Procedures With Employees:

1. Annually for entire laboratory.
2. New employees when they start employment.

Person Responsible for Knowing Who is in the Lab at All Times:

1. **PI'S NAME**
2. **LAB MANAGER OR OTHER NAME**

Person Responsible for Notification of Lab Personnel In Case of Emergency:

1. During Working Hours:
PI'S NAME
2. After Hours and Weekends:
PI'S NAME