

TEMPLATE #3: STAND APART® BUSINESS EMERGENCY HOTLINE NEEDS SURVEY



If you have set up a business emergency hotline, use the following survey to register businesses, determine impact, and understand immediate and short-term needs.

Date:

Interviewer Name:

GENERAL BUSINESS INFORMATION

Company Contact Number 1:

Name

Cell Phone Number

Other Phone Number

Email Address

Company Contact Number 2:

Name

Cell Phone Number

Other Phone Number

Email Address

Type of Physical Location:

- Building owner
- Home-based business
- Renter/lease space
- Other (please specify) _____

Type of Business: *(Note: Specify products/service.)*

How long has your business been in operation?

__ Years

__ Months

Are you a franchise?

Yes

No

- *If yes, do you have corporate support*

IMPACT OF DISASTER

Did the disaster affect your business?

Yes No Unknown

- *If yes, what functions were impacted and their status.*

Please explain *how* the disaster affected your business.

Evacuation

Lost due to fire

Smoke damage

Building destroyed

Other (please specify)

EMPLOYEE INFORMATION

Number of employees at your company before the disaster.

Full time ____

Part time ____

Seasonal/contract ____

Foreign workers ____

Did you lay off or terminate any employees post disaster?

Yes No

- *If yes, how many employees do you have now?*

What is the status of your employees?

Cannot reach them

They are safe

Not sure

How many lost their homes?

Will your employees need assistance?

Yes No

- *If yes, what type of assistance (e.g., financial, clean up, etc.)?*

Did you help your employees with personal recovery?

Yes No

- *If yes, how?*

CRITICAL BUSINESS PAPERS, RECORDS, AND POLICIES

Are your critical records secure and backed up?

Yes No Unknown

- *If yes, do you need assistance in accessing them?*

Do you have business insurance?

Yes No Unknown

- *If yes, who is your insurance provider?*

Does your business insurance cover fire and smoke damage losses?

Yes No Unknown

Does your business insurance cover loss of income, inventory, and/or interruption of business?

Yes No Unknown

BUSINESS CONTACTS

Do you have a customer list to advise them of the status of your business?

Yes No Unknown

Do you have a supplier or vendor list to advise them of the status of your business?

Yes No Unknown

IDENTIFICATION OF NEED

What are your immediate needs?

- Insurance advice
- Whether or not to reopen/rebuild
- Operating expenses
- Employee support/advice
- Understanding what grants/financial support and options are available
- Physical help to clean up or repair the business (specify type)
- Professional help to repair the business (specify the trade or service)
- Equipment (specify type)
- Alternate location to ship inventory
- Other (please specify)
- Do not know yet

What resources do you believe you will need within the next one to two weeks?

- Insurance advice
- Whether or not to reopen/rebuild
- Operating expenses
- Employee support/advice
- Understanding what grants/financial support and options are available

Master Your Disaster

- Physical help to repair the business (specify type)
- Professional help to repair the business (specify the trade or service)
- Equipment (specify type)
- Finding a new location for the business
- Tax/accounting preparation/issues
- Marketing (getting customers back)
- Business planning
- Supply chain issues
- Other (please specify)
- Do not know yet

OTHER

Do you have anything else you would like to add?