



Covid-19 Internal Continuity Planning Checklist

1. Name:

2. Team:

3. Do you have a company laptop?

Yes

No

4. Do you have broadband access at home?

Yes

No

5. Do you have a company phone?

Yes

No

6. Do you have access to a phone to work from home?

Yes

No

7. Are the following applications working on your laptop at home? (Tick all that work)

Outlook

Teams

<insert your application>

<insert your application>

<insert your application>

<insert your application>



8. Do you have access to all applications necessary to work from home?

Yes

No

9. If not, what are you missing?

10. Do you have all the necessary equipment to work from home?

11. If not, what are you missing?
