**Continuity of Operations Alternate Facility Worksheet**

Indicate all facilities in which your organization operates, and designate those facilities needed in an emergency or disaster situation.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Facility Type** | **Physical Address** | **Phone Number** | **Primary or Alternate Facility** | **Required for** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

This job aid is a component of the free, on-demand CDC training course “Laboratory Continuity of Operations.” Find the course at <https://reach.cdc.gov/training>.

v.23030