

# Infrastructure Forms



2025

# Infrastructure Electronic Forms

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Forms contained include

- Application & File Server Inventory
- Background Check Authorization
- Blog Policy Compliance Agreement
- BYOD Access and Use Agreement
- Change and Patch Management Control Log - (EXCEL)
- Company Asset Employee Control Log
- Email – Employee Acknowledgement
- Employee Termination Checklist
- Enterprise Owned Equipment Inventory
- FIPS 199 Assessment
- Google Glass Access and Use Agreement
- Incident Communication Contacts
- Internet Access Request
- Internet & Electronic Communication Employee Acknowledgement
- Internet Access Request
- Internet Use Approval
- Interview Questionnaire
- Job Evaluation Questionnaire
- Mobile Device Access and Agreement
- Mobile Device Security and Compliance Checklist
- New Employee Security Acknowledgement and Release
- New Employee On-boarding
- Non-Disclosure Agreement
- Outsourcing and Cloud Security Compliance Agreement
- Outsourcing Security Compliance Agreement
- Pandemic Planning Checklist
- Privacy Compliance Policy Acceptance Agreement
- Security Access Application
- Security Audit Report
- Security Violation
- Sensitive Information Policy Compliance
- Social Network Compliance Agreement
- Telecommuting IT Checklist
- Telecommuting Work Agreement
- Text Messaging Sensitive Information
- Threat and Vulnerability Assessment
- Wearable Device Access and Use Form
- Work From Home Contact Information
- Work From Home IT Checklist
- Work From Home Work Agreement
- Disaster Recovery – Business Continuity Forms
- Retention Schedule Forms
- Safety Records Forms
- SecurityForms
- Succession Planning

## Background Check Authorization

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Employee Name \_\_\_\_\_ SS Number \_\_\_\_\_

Former Name \_\_\_\_\_ DL/State \_\_\_\_\_

Address \_\_\_\_\_ DOB \_\_\_\_\_

\_\_\_\_\_  
Telephone \_\_\_\_\_

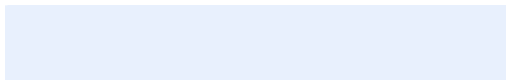
The information contained in this application is correct to the best of my knowledge.

*I hereby authorize COMPANY NAME and its designated agents and representatives to conduct a comprehensive review of my background report to be generated for employment and/or volunteer purposes. I understand that the scope of the report/ investigative report may include, but is not limited to the following areas: verification of social security number; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.*

*I further authorize any individual, company, firm, corporation, or public agency to divulge all information, verbal or written, about me, to COMPANY NAME or its agents. I further authorize the complete release of any records or data about me that the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. COMPANY NAME and its designated agents and representatives shall maintain all information received from this authorization confidentially to protect the applicant's personal information, including, but not limited to, addresses, social security numbers, and dates of birth.*

By signing this form, I affirm my approval to allow COMPANY NAME to conduct a background check on me for purposes of employment.

Signature



Date

[Click here to enter a date.](#)

### Notice to California, Minnesota, and Oklahoma Residents:

If you wish to receive a copy of the background check report that is requested.

☐ I wish to receive a copy of any Background Check Report on me that is requested.





# PANDEMIC PLANNING CHECKLIST

Electronic form that is filled out as part of the Disaster Recovery and Business Continuity Planning process.

ISBN 978-1881218-49-4



JANCO ASSOCIATES, INC.



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## Form

### Impact of a Pandemic on Enterprise

#### Tasks

Identify a pandemic coordinator and/or team with defined roles and responsibilities for preparedness and response planning. The planning process should include input from labor representatives.

☐ Not Started ☐ In Progress ☐ Completed

Identify essential employees and other critical inputs (e.g. raw materials, suppliers, subcontractor services/ products, and logistics) required to maintain business operations by location and function during a pandemic.

☐ Not Started ☐ In Progress ☐ Completed

Train and prepare ancillary workforce (e.g. contractors, employees in other job titles/descriptions, retirees).

☐ Not Started ☐ In Progress ☐ Completed

Develop and plan for scenarios likely to result in an increase or decrease in demand for your products and/or services during a pandemic (e.g. effect of a restriction on mass gatherings, or the need for hygiene supplies).

☐ Not Started ☐ In Progress ☐ Completed

Determine the potential impact of a pandemic on company business financials using multiple possible scenarios that affect different product lines and/or production sites.

☐ Not Started ☐ In Progress ☐ Completed

Determine the potential impact of a pandemic on business-related domestic and international travel (e.g. quarantines, border closures).

☐ Not Started ☐ In Progress ☐ Completed

Find up-to-date, reliable pandemic information from community public health, emergency management, and other sources and make sustainable links.

☐ Not Started ☐ In Progress ☐ Completed

Establish an emergency communications plan and revise it periodically. This plan includes the identification of key contacts (with back-ups), a chain of communications (including suppliers and customers), and processes for tracking and communicating business and employee status.

☐ Not Started ☐ In Progress ☐ Completed

Implement an exercise/drill to test your plan and revise periodically.

☐ Not Started ☐ In Progress ☐ Completed

# Disaster Recovery Business Continuity Electronic Forms



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# Disaster Recovery Electronic Forms

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Forms contained include:

- Contact Numbers
- LAN Node Inventory
- Off-Site Inventory
- Personnel Location
- Plan Distribution
- Remote Location Contact Information
- Server Registration
- Site Evaluation Checklist
- Team Call List
- Vendor List
- Wi-Fi Inventory
- Work From Home Contact Information
- Pandemic Planning Checklist
- Vendor / Partner Questionnaire

## Disaster Recovery Business Continuity Site Evaluation

This form is used to evaluate potential DR/BC sites and in the auditing process of sites that are approved DR/BC locations as defined in the DR/BC Plan.

Site Name:	Location:
Contact:	Phone/email:
Phone at Location:	Date:

Describe the Site:

**Power** – Is the power available adequate to meet current and future needs ☐ YES ☐ NO

**Location** - Is the location of the facility beneficial to the enterprise? Are there multiple geographically diverse sites to support future business expansion or disaster recovery site options? ☐ YES ☐ NO

**Resiliency** - What precautions are in place to protect the facility from natural disasters and other threats? ☐ YES ☐ NO

**Security & Protection** - Are security measures in place at the facility to control access? ☐ YES ☐ NO

**Carrier Diversity** - Does the facility provide access to multiple carriers and internet sources? Do they allow interconnection with other facilities? ☐ YES ☐ NO

**Scalability** - Can the facility support higher density utilization? ☐ YES ☐ NO

**Service Level Agreement (SLA)** - What level of availability does the facility provide? ☐ YES ☐ NO

**Compliance** - Is the facility audited by a third party? Has the audit been reviewed? ☐ YES ☐ NO

**Cost** - Does this facility offer the right combination of price and performance for your future infrastructure needs? ☐ YES ☐ NO

**Support** - Is technical support available 24/7? What is the process for addressing support issues? ☐ YES ☐ NO

**Amenities** - Does the facility offer workspace and conference rooms to enable productivity for employees? ☐ YES ☐ NO

**Environment** - Does the facility adhere to energy-efficient industry standards (LEED, ENERGY STAR, Green Globes)? ☐ YES ☐ NO

Summary Comments

Signature

Date



Electronic Form that is provided to vendors and partners as part of the Disaster Recovery and Business Continuity Planning process

# Vendor Partner Checklist



DRP and Business Continuity Strategy	
1. In the event of a disaster or significant disruption, does your organization have documented plans for business continuity and IT disaster recovery?	<input type="radio"/> Yes <input type="radio"/> No
2. What type of failure scenarios or outages do you plan for?	
3. What duration of time is assumed for each type of failure scenario or outage you plan for?	
4. Does the plan establish critical business functions with recovery priorities?	<input type="radio"/> Yes <input type="radio"/> No
5. If you answered "Yes" to Question (4), what is the expected recovery time for your critical business functions?	<input type="radio"/> 0 to 4 hours <input type="radio"/> 4 tp 8 hours <input type="radio"/> 8 to 24 hours <input type="radio"/> 1 to 2 days <input type="radio"/> More than 2 days
6. Does the plan account for interdependencies both internal and external to your organization?	<input type="radio"/> Yes <input type="radio"/> No
7. Does the plan cover some, most, or all locations from which you provide your services?	<input type="radio"/> Some <input type="radio"/> Most <input type="radio"/> All <input type="radio"/> NA
8. What percentage of "business as usual" servicing capability is the plan designed to address?	<input type="radio"/> 1%-10% <input type="radio"/> 11%-25% <input type="radio"/> 26%-50% <input type="radio"/> 51%-75% <input type="radio"/> 76%-99% <input type="radio"/> 100%
9. Do you have a dedicated team of professionals focused on business continuity and/or IT disaster recovery?	<input type="radio"/> Yes <input type="radio"/> No
10. If you answered "No" to Question (9), do you use an external BCP/DR service provider to handle your planning needs?	<input type="radio"/> Yes <input type="radio"/> No
11. Is your main IT facility or data center located in the same building or office complex occupied by your main business or operations staff?	<input type="radio"/> Yes <input type="radio"/> No
12. Please provide an illustration or schematic of how your organization's primary, secondary, and/or tertiary servicing centers are set up to provide redundant services to ENTERPRISE.	<input type="radio"/> Yes <input type="radio"/> No



# **Electronic Forms**

**for**

# **Record Management, Retention, and Disposition**

# Records Retention and Disposition Forms

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Forms contained include:

- Administrative Records
- Computer and Information Security Records
- Computer Operations and Technical Support
- Data Administration
- Facility Records
- Financial Records
- General Systems and Application Development
- Mobile Device Access and Use Agreement
- Network and Communication Services
- Personnel Records
- Safety Records
- Sales Records
- User and Office Automation Support
- Work From Home IT Checklist



# Work From Home IT Checklist

Both the employee and supervisor should initial each piece of equipment in the issued box and return box with the equipment issued or returned.

Employee: _____	Department: _____
Location: _____	Supervisor: _____
Phone at Location: _____	Date: _____

The alternate work location is located (check one):  
☐ in home  
☐ not in home

## Hardware Requirements

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| • Base Platform (e.g. laptop, desktop with monitor, tablet) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| • Printer   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| • Microphone/headset  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| • Camera for video conference                               | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| • Scanner   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| • Shredder  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

## Communication Requirements

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| • Landline – linked to enterprise auto attendant | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| • VoIP   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| • Internet Broadband                             | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| • VPN  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| • Email  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| • Instant Messaging                              | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| • File Sharing                                   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| • Records retention and destruction policies     | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

## Security and Compliance Requirements

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| • Two-factor access (password plus biometrics)                | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| • Enciphering   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| • Disaster Recovery Business Continuity Plan                  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| • Physical Security of all electronic assets located remotely | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| • User access to admin functions blocked                      | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| • Media copying blocked (CD/DVD/USB connectivity)             | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| • Training for telecommuter                                   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

## Other Considerations

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| • Reimbursement policy for WFH work-related expenses       | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| • Policy for non-business use of enterprise assets         | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| • Inventory of data and enterprise physical assets         | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| • Rules for audit and termination procedures for employees | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| • Records Management procedures Implemented for WFH        | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor \_\_\_\_\_ Date \_\_\_\_\_

# Safety Program

Forms



JANCO ASSOCIATES, INC.

**2025**

# Safety Program Electronic Forms

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Forms contained include:

- ▶ Area Safety Inspection
- ▶ Employee Job Hazard Analysis
- ▶ First Report of Injury
- ▶ Inspection Checklist – Alternative Locations
- ▶ Inspection Checklist - Computer Server Data Center
- ▶ Inspection Checklist – Office Locations
- ▶ Inspection Checklist – Work From Home Location
- ▶ New Employee Safety Checklist
- ▶ Safety Program Contact List
- ▶ Training Record
- ▶ OSHA Electronic Forms (Excel and PDF) – must file electronically.
  - OSHA 300
  - OSHA 300A
  - OSHA 301
  - or
  - OSHA-RK-Forms-Package

The electronic forms can be utilized as word documents (.docx) and PDF (.pdf) and filled in.

The PDF files for the forms can be filled in using Adobe Acrobat Reader - a free program. Note that you will need to make a unique copy of the form that will be filled in. Then once it is saved you can view it directly on any mobile device or it can be printed.

The easiest way to transport the PDF file is via a cloud file sharing tool.



OSHA’s Form 300 (Rev. 04/2004)

Log of Work-Related Injuries and Illnesses

**Note: You can type input into this form and save it.**  
Because the forms in this recordkeeping package are “fillable/writable” PDF documents, you can type into the input form fields and then save your inputs using the [free Adobe PDF Reader](#). In addition, the forms are programmed to auto-calculate as appropriate.

**Attention:** This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Form approved OMB no. 1218-0176

**Please Record:**

- Information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid.
- Significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional.
- Work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12.

**Reminders:**

- Complete an Injury and Illness Incident Report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.
- Feel free to use two lines for a single case if you need to.
- Complete the 5 steps for each case.

Establishment name

City State

Step 1. Identify the person			Step 2. Describe the case		
(A) Case no.	(B) Employee’s name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness (e.g., 2/10)	(E) Where the event occurred (e.g., Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch)
<div>Reset</div>			/		
			month / day		
<div>Reset</div>			/		
			month / day		
<div>Reset</div>			/		
			month / day		
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			month / day		
<div>Reset</div>			/		
			month / day		

Step 3. Classify the case				Step 4.		Step 5.						
SELECT ONLY ONE circle based on the most serious outcome:				Enter the number of days the injured or ill worker was:		Select one column:						
Remained at Work				Away from work	On job transfer or restriction	Illness						
Death	Days away from work	Job transfer or restriction	Other recordable cases	(K)	(L)	(M)	Injury	Skin disorder	Respiratory condition	Poisoning	Hearing loss	All other illnesses
(G)	(H)	(I)	(J)			(1)	(2)	(3)	(4)	(5)	(6)	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____ days	_____ days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____ days	_____ days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____ days	_____ days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____ days	_____ days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
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<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____ days	_____ days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____ days	_____ days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____ days	_____ days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____ days	_____ days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____ days	_____ days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Add a Form Page

# Security Electronic Forms



2025

# Security Electronic Forms

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Forms contained include:

- Application & File Server Inventory
- Blog Policy Compliance Agreement
- BYOD Access and Use Agreement
- Company Asset Employee Control Log
- Email – Employee Acknowledgement
- Employee Termination Checklist
- Internet Access Request
- Internet & Electronic Communication Employee Acknowledgement
- Internet Access Request
- Internet Use Approval
- Mobile Device Access and Agreement
- Mobile Device Security and Compliance Checklist
- New Employee Security Acknowledgement and Release
- Outsourcing and Cloud Security Compliance Agreement
- Outsourcing Security Compliance Agreement
- Preliminary Security Audit Checklist
- Privacy Compliance Policy Acceptance Agreement
- Risk Assessment Matrix
- Security Access Application
- Security Audit Report
- Security Violation
- Sensitive Information Policy Compliance Agreement
- Social Network Compliance Agreement
- Telecommuting Work Agreement
- Text Messaging Sensitive Information Agreement
- Threat and Vulnerability Assessment
- Work From Home Work Agreement



## Preliminary Security Audit Checklist

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Page 1 of 3

Name	<hr/>	Date	<a href="#">Click here to enter a date.</a>
Phone	<hr/>	Work Site	<hr/>
Email	<hr/>	Location	<hr/>

### General

- |   |  |
|---|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | Security Procedures are documented                         |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | Employees are trained in Security Procedures               |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | Security Risks know  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | Alarms are in place  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | Fire Protection Equipment is in place                      |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | Fire Protection Equipment testing/certification is current |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | Flammable liquids are safely stored                        |

Comments:

---

### Employees

- |   |   |
|---|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | Attentive   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | Do employees work alone in this area on any shift?                      |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | Did not observe or hear of any security risks due to employee behavior? |

Comments:

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# Threat and Vulnerability Assessment

## Physical and Electronic Sites - Page 1

Prepared by

Date

Location Type

Company

Residence

Multi-Tenant

Public Access

Address

Main Phone

Facility Manager

Assets at facility

Head count at Facility

Primary  
Functions  
Performed

Power Grid Distribution Point

Telephone CO Location

Backup Power

Yes

No

Length of Support Hrs

Safety Program

Yes

No

Date of Last Review

DRP/BCP

Yes

No

Date of Last Test

Internet Access

Yes

No

Num of Access Points

Category I - Extreme Financial Impact

Any Cat I in Facility

Yes

No

Category II - High Financial Impact

Any Cat II in Facility

Yes

No

Category III - Medium Financial Impact

Any Cat III in Facility

Yes

No

Category IV - Low Financial Impact

Any Cat IV in Facility

Yes

No

Public Access

Yes

No

Security Badges

Yes

No

Reception Desk

Yes

No

Card Key

Yes

No

Guards

Yes

No

Fenced

Yes

No

Armed

Yes

No

Guard Gate

Yes

No

Guest Escorted

Yes

No

Gate Manned

Yes

No

Cameras

Yes

No

24/7 Security

Yes

No

RT Monitoring

Yes

No

After Hours Contact





# **Succession Planning Worksheets**

**2025 Edition**





## **SUCCESSION PLANNING TOOL KIT FORMS**

The pdf forms that follow are designed for the succession planning process. They are

- Business and Operational Challenges
- Critical Job Position (One for each job a succession plan is created)
- Critical Success Factor (One for each job a succession plan is created)
- Potential Employee for succession (One for each employee who is eligible to meet the succession plan's criteria)

## STEP 1 Identify significant business challenges in the next 1–5 years

Your department's strategic plan is a great place to start in identifying current and future challenges. If your department doesn't have a strategic plan or it is not drilled down enough to your team's specific strategies and priorities, an environmental scan can provide you with enough information to start the succession planning process.

### Business and Operational Challenges

*Environmental scans can be conducted during a brainstorming session at a team meeting, as part of a management retreat, through surveying or talking with stakeholders, or by a combination of these methods.*

Participants:

Date:

*What's happening inside and outside your organization...*

**Right now?**

**In the near future?**

**In the distant future?**