

## TEST PLAN

Dept.No:

Dept.Name:

Dated:

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- A. TYPE OF TEST (Prepare separate plan for each type applicable)
- |  |  |
|--|--|
| Single team plans                            | Multiple team plans - test to be coordinated by Plan Administrator |
| <input type="checkbox"/> Document review     | <input type="checkbox"/> Simulation-formal                         |
| <input type="checkbox"/> Simulation-informal | <input type="checkbox"/> Integrated operations                     |
| <input type="checkbox"/> Operational         |  |

### B. SCHEDULING REQUIREMENTS

1. Dates: Duration of each test:
2. Describe nature of assumed disaster:

### C. TEST OBJECTIVES

1. The units involved in the test should include:
2. The chapters of the Plan to be tested include:
3. (Define any other objectives)

### D. LIMITATIONS OR CONSTRAINTS

1. Test will not disrupt normal operations and will include the D/R Coordinator so the costs and risks can be coordinated.
2. Identify others as applicable:

- E. SUCCESS CRITERIA (Describe what the results should be in order to assess whether the plan would be workable in a disaster.)

# EXAMPLE

(See next page for test team and responsibilities)

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CORPSAVE II(c) SAMPLE PLAN

TEST PLAN

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| TEAM MEMBER | TEST RESPONSIBILITIES |
|-------------|-----------------------|
|             |                       |

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**EXAMPLE**

(See next page for test checklist)

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# MAINTENANCE PHASE

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- TEST

  - By document review

  - By simulation

  - By segmented operations

  - By multiple units

- UPDATE PLANS

  - Site specific

  - Business units

  - Data processing

- COMPLIANCE REVIEWS

  - Audit

  - Security

  - Board of Directors

CORPSAVE II(c) SAMPLE PLAN

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**TEST PLAN**

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| TEST STEPS | OBJECTIVES | RESULTS/REMARKS       |
|------------|------------|-----------------------|
|            |            | <p><b>EXAMPLE</b></p> |