

#### **Appendix C: Courses of Action**

Reflecting on the questions below can help you anticipate issues that may arise because of a disaster (some questions may not apply to your business). The answers you provide will help you determine what courses of action you may need to take to minimize disruption to your operations.

- Are there features of your business processes or building that would make it difficult to relocate temporarily to another location?
  - Can business operations be moved to another facility used by the business?
  - Is there a similar facility operated by another entity with which your business could establish a mutual aid agreement?
  - Can any work be temporarily outsourced?
  - o Can production lines be adjusted or duplicated?
- If business functions are interdependent, what is the weakest link? How can that function be reinforced to reduce the likelihood of failure?
- Approximately how much raw material and finished product does your business have on hand, and can it be increased?
  - Would additional storage capacity be needed? Could it be sited in a different location to reduce the likelihood of both facilities being impacted by a disaster?
  - What elements (specific materials, equipment, etc.) would influence your ability to continue production, and can redundancies be introduced?
  - If the business has perishable stock, is back-up power available, or can perishable items be moved to another storage location?
  - o Would it be possible to install a generator at your facility?



- Are shut down and startup plans for equipment, computer systems, or utility systems documented and clearly labeled?
  - o Can equipment be repaired by employees?
  - Are there service or maintenance plans to use if equipment goes offline?
  - o Can shutdown procedures be practiced as part of a drill or exercise?
- Does the business have a security system in case the facility is inaccessible after a disaster?





USE THIS FORM TO DOCUMENT KEY BUSINESS FUNCTIONS AND PROCESSES CRITICAL TO THE SURVIVAL OF YOUR BUSINESS.

| ate Employee:  Ingrequired for alternate employee:  Ingreduired for alternate employe | Recovery Priority:                                                       | <b>□</b> Extremely High               | ■High                           | □Medium                             | □Low                                             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|---------------------------------------|---------------------------------|-------------------------------------|--------------------------------------------------|--|
| rame or Deadline:  ation: None Legal Contractual Regulatory Financial y lost (or fines imposed) if not done:  Operforms this function? All that apply)  Operes:  Operes:  Opered Reports/Supplies:  Opered Reports/Supplies:  Opered Reports Supplies:  Oper | Responsible Employee                                                     | 9:                                    |                                 |                                     |                                                  |  |
| rame or Deadline:  ation: None Legal Contractual Regulatory Financial  y lost (or fines imposed) if not done:  performs this function?  all that apply)  byees:  persolvendors:  postacts:  persolvendors:  persolvendors this function?  Equipment:  Special Reports/Supplies:  Dependencies:  (For additional space, use the Notes area below)  whelps perform this tion? (List all that apply)  byees:  persolvendors:  Suppliers/Vendors:  Employees:  Employees:  Suppliers/Vendors:  Suppliers/Vendors:  Key Contacts:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Alternate Employee:                                                      |                                       |                                 |                                     |                                                  |  |
| Astion: None Legal Contractual Regulatory Financial  y lost (or fines imposed) if not done:  Deperforms this function?  All that apply)  Depersors:  Dependencies:  Suppliers/Vendors:  Employees:  Employees:  Suppliers/Vendors:  Key Contacts:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Training required for a                                                  | lternate employee:                    |                                 |                                     |                                                  |  |
| y lost (or fines imposed) if not done:  performs this function? What is needed to perform this function? (List all that apply)  pyees: Equipment:  pers/vendors: Special Reports/Supplies:  Dependencies:  phal space, use the Notes area below)  whelps perform this tion? (List all that apply)  pyees: Employees: Employees:  pers/vendors: Suppliers/Vendors:  Employees: Suppliers/Vendors:  phal space area below)  Who uses the output from this function? (List all that apply)  pyees: Employees: Suppliers/Vendors:  phal space area below)  What is needed to perform this function? (List all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Timeframe or Deadline                                                    | e:                                    |                                 |                                     |                                                  |  |
| performs this function? What is needed to perform this function? (List all that apply)  pyees: Equipment:  personal space, use the Notes area below)  phelps perform this tion? (List all that apply)  pyees: Employees: Employees: Employees: Employees: Employees: Employees: Employees: Suppliers/Vendors: Suppliers/Vendors: Key Contacts: Key Contacts:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Obligation: 🛮 None 🚨                                                     | Legal 🛮 Contractual 🗖                 | Regulatory <b>II</b> F          | inancial                            |                                                  |  |
| function? (List all that apply)  byees:  Equipment:  Special Reports/Supplies:  Dependencies:  Onal space, use the Notes area below)  O helps perform this tion? (List all that apply)  Dyees:  Employees:  Employees:  Employees:  Suppliers/Vendors:  Key Contacts:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Money lost (or fines im                                                  | nposed) if not done:                  |                                 |                                     |                                                  |  |
| function? (List all that apply)  byees:  Equipment:  Special Reports/Supplies:  Dependencies:  Onal space, use the Notes area below)  O helps perform this tion? (List all that apply)  Dyees:  Employees:  Employees:  Employees:  Suppliers/Vendors:  Key Contacts:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>\</b>                                                                 | · · · · · · · · · · · · · · · · · · · | \                               |                                     | - <b></b> +l-:-                                  |  |
| Equipment:  Special Reports/Supplies:  Dependencies:  Onal space, use the Notes area below)  O helps perform this tion? (List all that apply)  Dependencies:  Who uses the output from this function? (List all that apply)  Dependencies:  Special Reports/Supplies:  Dependencies:  (For additional space, use the Notes area below)  Who uses the output from this function? (List all that apply)  Dependencies:  Suppliers/vendors:  Suppliers/vendors:  Key Contacts:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | •                                                                        |                                       | ·                               |                                     |                                                  |  |
| Special Reports/Supplies:  Dependencies:  Dependencies:  Onal space, use the Notes area below)  One helps perform this tion? (List all that apply)  Dependencies:  Who uses the output from this function? (List all that apply)  Dependencies:  Special Reports/Supplies:  Dependencies:  Suppliers (For additional space, use the Notes area below)  Who uses the output from this function? (List all that apply)  Dependencies:  Suppliers (For additional space, use the Notes area below)  Who uses the output from this function? (List all that apply)  Employees:  Suppliers/Vendors:  Suppliers/Vendors:  Extra Contacts:  Key Contacts:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (List all that apply                                                     | У)                                    | Tunction                        | n? (List all that                   | appiy)                                           |  |
| Dependencies:  Onal space, use the Notes area below)  O helps perform this tion? (List all that apply)  Oyees:  Dependencies:  (For additional space, use the Notes area below)  Who uses the output from this function? (List all that apply)  Employees:  Suppliers/Vendors:  Ontacts:  Key Contacts:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Employees:                                                               |                                       | <u>Equipmen</u>                 | t:                                  |                                                  |  |
| onal space, use the Notes area below)  O helps perform this tion? (List all that apply)  Oyees:  Diers/vendors:  Onal space, use the Notes area below)  Who uses the output from this function? (List all that apply)  Employees:  Suppliers/Vendors:  Key Contacts:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Suppliers/vendors:                                                       |                                       | Special Re                      | ports/Supplies:                     |                                                  |  |
| whelps perform this tion? (List all that apply)  byees:  iers/vendors:  brunction? (List all that apply)  Employees:  Suppliers/Vendors:  Key Contacts:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Key contacts:                                                            |                                       | Dependen                        | icies:                              |                                                  |  |
| tion? (List all that apply)  pyees:  Employees:  Suppliers/Vendors:  Extended that apply)  Employees:  Suppliers/Vendors:  Key Contacts:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (For additional space, use the Notes area                                | a below)                              | (For additional spa             | ace, use the Notes area below)      |                                                  |  |
| byees: Employees: Suppliers/Vendors: Suppliers/Vendors: Key Contacts:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Who helps perfo                                                          | rm this                               | Who us                          | es the output t                     | from this                                        |  |
| Suppliers/Vendors:  Ontacts:  Key Contacts:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | function? (List al                                                       | ll that apply)                        | function                        | n? (List all that                   | apply)                                           |  |
| ontacts: Key Contacts:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Employees:                                                               |                                       | Employees                       | 5:                                  |                                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Suppliers/vendors:                                                       |                                       | Suppliers/\                     | Vendors:                            |                                                  |  |
| onal space, use the Notes area below)  (For additional space, use the Notes area below)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Key contacts:                                                            |                                       | Key Contac                      | cts:                                |                                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (For additional space, use the Notes area                                | a below)                              | (For additional spa             | ce, use the Notes area below)       |                                                  |  |
| description of how to complete this function:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | function? (List all<br>Employees:<br>Suppliers/vendors:<br>Key contacts: | II that apply)                        | Employees Suppliers/ Key Contac | Cts:  Ce, use the Notes area below) |                                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                          |                                       |                                 |                                     |                                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                          |                                       |                                 |                                     |                                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Notes:                                                                   |                                       |                                 |                                     |                                                  |  |
| ble. Document detailed procedures for these workarounds, including any additional resources required, in a separat<br>nt.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Last Updated:                                                            |                                       |                                 |                                     |                                                  |  |
| ble. Document detailed procedures for these workarounds, including any additional resources required, in a separat<br>nt.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Next Update:                                                             | <del>_</del>                          | OFB-E                           | EZ® is a program of the Insurance I | nstitute for Business & Focument at disastersafe |  |



## **Appendix A: Inventory and Equipment**

Use this form to document key equipment, machinery, supplies, and other items you will need to fulfill your critical business functions. Attach photos as appropriate.

| Item:                                                                                |
|--------------------------------------------------------------------------------------|
| Related business function:                                                           |
| Brief description of item:                                                           |
| Location within the facility:                                                        |
| Manufacturer:                                                                        |
| Model number:                                                                        |
| Serial number:                                                                       |
| Asset tag number:                                                                    |
| Quantity: Purchase/lease date: Acquired new or used:                                 |
| Price paid:                                                                          |
| Warranty or service contract information:                                            |
| If the equipment is replaceable, indicate how long it would take to replace:         |
| Is vendor installation required?                                                     |
| If the equipment can be fixed, indicate how long it would take to become functional? |
| Are spare parts available?                                                           |
| Are spare parts on hand in your facility?                                            |
| Primary supplier:                                                                    |
| Alternate supplier:                                                                  |
| If the equipment cannot be easily replaced, indicate potential workarounds:          |
| Notes:                                                                               |



## 3. KNOW YOUR EMPLOYEES

USE THIS FORM TO RECORD INFORMATION ABOUT ALL EMPLOYEES, INCLUDING THE BUSINESS OWNER, SO THAT EACH PERSON CAN BE CONTACTED AT ANY TIME.

| EMPLOYEE NAME:                                                     |              |                  |                             |
|--------------------------------------------------------------------|--------------|------------------|-----------------------------|
| Position/title:                                                    |              |                  |                             |
| Key Responsibilities:                                              |              |                  |                             |
| Alternative Employee Who Can Perfo                                 | rm Duties:   |                  |                             |
| Home address:                                                      |              |                  |                             |
| City, State, ZIP:                                                  |              |                  |                             |
| Office phone:                                                      | Ext.         | Alternate phor   | ne:                         |
| Home phone:                                                        |              | Mobile phone:    |                             |
| Office e-mail:                                                     |              | Personal e-ma    | il:                         |
| Special needs:                                                     |              |                  |                             |
| Certifications:  ☐ First Aid ☐ Emergency Medical T                 | echnician (F | MT)   CPR   Ham  | Padio                       |
| Other:                                                             |              | pecial licenses: | Tradio                      |
| Evacuation Information  County:                                    | Evacuatio    | on Zone:         |                             |
| Evacuation Destination:                                            |              |                  |                             |
| Local Emergency Contact                                            |              |                  |                             |
| Full name:                                                         | R            | elationship:     |                             |
| Home phone:                                                        | M            | lobile Phone:    |                             |
| E-mail:                                                            |              |                  |                             |
| Out of State Emergency Co                                          | ontact       |                  |                             |
| Full name:                                                         | R            | elationship:     |                             |
| Home phone:                                                        | M            | 1obile Phone:    |                             |
| E-mail:                                                            |              |                  |                             |
| Notes:                                                             |              |                  |                             |
| OFB-EZ® is a program of the Insurance Institute for Business & Hom | ne Safety    |                  | Last Updated:  Next Update: |
| Download this document at <u>disastersafety.org/ofb-ez</u>         |              |                  |                             |

### 8. KNOW YOUR FINANCES



## USE THIS CHECKLIST TO CONSIDER AND PLAN FOR YOUR BUSINESS'S FINANCIAL NEEDS IN THE EVENT OF A DISRUPTION.

#### **OVERALL BUSINESS NEEDS**

- - a. Who is responsible to activate it and who has access to it?
- 2. How much of an emergency reserve fund would be needed to survive a 3-day, 5-day, 10-day, or longer shutdown?
  - a. For what purpose is the emergency reserve fund needed?
  - b. Who would make the decision to utilize the emergency reserve fund?
  - c. Who would have access to the emergency reserve fund?
- 3. Do you have sufficient funds to pay for various additional services that might be needed, such as janitorial or security services? 

  No
- 4. Do you have a company credit card that could be used for emergency purchases? \( \bar{\text{L}}\) Yes \( \bar{\text{L}}\) No
  - a. If Yes, who is authorized to use the credit card?
- 6. Will you be able to pay your bills/accounts payable? ☐ Yes ☐ No
  - a. Do you have procedures in place to accommodate a business disruption? (For instance, paying bills early if cash flow allows in order to eliminate costly late fees.) \( \bigcap \) Yes \( \bigcap \) No
- 7. Have you identified an alternate location where you can work? Yes No

| Last Updated:  |  |
|----------------|--|
| Nevt I Indate: |  |



## 8. KNOW YOUR FINANCES

#### **HUMAN RESOURCES**

3.

4.

5.

| DMAN RESOURCES                                                                                                       |                            |
|----------------------------------------------------------------------------------------------------------------------|----------------------------|
| 1. In the event of a widespread disaster, how will payroll be handled?                                               |                            |
| 2. If your business is forced to shut down temporarily, will some or all paid? Pes No If <b>Yes</b> a. For how long? | employees continue to be   |
| b. Will they be able to use their sick and/or vacation time without                                                  | restriction?               |
| c. Are there union considerations?                                                                                   |                            |
| d. Have your employees been made aware of policies that will be in                                                   | place during a disruption? |
| If banks are closed, will your business provide payroll-cashing services                                             |                            |
| What is your business policy on advances, check cashing, and employ                                                  | ee loans?                  |
| Will your employees be expected to work overtime?☐Yes ☐No                                                            |                            |
|                                                                                                                      |                            |

Last Updated:

Next Update:



#### **Insurance Discussion Form**

# Open for Business Worksheet Insurance Coverage Discussion Form

Use this form to discuss your insurance coverage with your agent. Having adequate coverage now will help you recover more rapidly from a catastrophe.

| Phone:                                                                | Fax:            |                  | Email:        |                                 |
|-----------------------------------------------------------------------|-----------------|------------------|---------------|---------------------------------|
|                                                                       | INSURANCI       | E POLICY INFO    | DRMATION      |                                 |
| Type of Insurance                                                     | Policy No.      | Deductibles      | Policy Limits | Coverage<br>(General Descriptio |
|                                                                       |                 |                  |               |                                 |
|                                                                       |                 |                  |               |                                 |
|                                                                       |                 |                  |               |                                 |
|                                                                       |                 |                  |               |                                 |
|                                                                       |                 |                  |               |                                 |
|                                                                       |                 |                  |               |                                 |
|                                                                       |                 |                  |               |                                 |
| Do you need Flood Ins<br>Do you need Earthqua<br>Do you need Business | ke Insurance?   | a Expense Insura | Y             | /es No<br>/es No<br>/es No      |
| r disaster-related insura                                             | ance questions: |                  |               |                                 |

### **POSSIBLE MITIGATION ACTIVITIES**

#### Low-Cost

## Mid-Cost

#### **High-Cost**



Remove all vegetation and groundcover within the first 5 ft.

Removing fuel sources within the first 5 ft of your building's exterior walls can decrease risk of ignition and flames spreading to your building.



**Choose fire-resistant landscaping** 

Selecting fire-resistant plants, adding firebreaks, and creating space between vegetation can minimize the spread of fire on your property.



Install ember resistant vents

Covering vents with at least 1/8 inch metal mesh can help prevent embers from entering and igniting a structure.



Incorporate non-combustible gutters and downspouts

Replace plastic gutters and downspouts with fire-resistant materials such as steel, copper, or aluminum to reduce potential fire damage.



**Cover gutters** 

Placing covers over your gutters can reduce the accumulation of leaves and debris to reduce the risk of spreading embers in the event of a fire. This also makes clearing and maintaining these areas easier.



Create 6 inches of vertical clearance between the ground and structure siding

Having non-combustible materials such as brick, stone, or fibercement 6 vertical inches from the ground can help prevent embers from igniting exterior walls. 6



Install non-combustible fencing Updating wooden fences or gates

with fire-resistant materials such as metal or masonry can protect your property from spreading fire as well as reduce the risk of fire damage.



Incorporate non-combustible exterior doors

Replacing exterior doors with non-combustible materials such as metal or fiberglass can help prevent fire from spreading to the interior of the building.



7



Install fire-resistant roofing material

Using Class A fire-resistant roofing materials such as asphalt shingles, clay tiles, or metal roofing can help protect your building from fire damage.



Use non-combustible materials for exterior walls

Using non-combustible materials around the exterior of your building such as fiber-cement, stucco, stone, or brick can reduce the risk of ember ignition and fire damage. 10



Install dual or multi-pane windows Installing fire-resistant windows such as dual or multi-pane tempered glass can prevent fire from spreading into the interior of the building.

11



Install exterior sprinkler systems

Adding exterior sprinkler systems programed to keep your property wet in the event of a wildfire can reduce potential fire damage.

12

- 1- IBHS
- 2- Remoov
- 3- Vulcan Vent 4- IBHS
- 5- Philips Home Improvement 6- IBHS
- 7- External Works 8- USA Fire Door
- 9- Zinc Roofing & Cladding
- 11- Atlantic Window Warehouse
- 10- Quality Stucco & Stone