

# Business Recovery Survey

SUBJECT TO: OMB CONTROL #0693-0078; EXPIRATION DATE: 07/31/2022  
(NIST GENERIC CLEARANCE FOR COMMUNITY RESILIENCE DATA COLLECTIONS)

Date: \_\_\_\_\_ Surveyor(s): \_\_\_\_\_ PIN: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Result Completion Code: \_\_\_\_\_

1. Completed survey	4. hard refusal	7. incomplete/partial	10. no answer or response, but evidence/confirmation operating
2. Ineligible, no manager/owner to answer	5. Soft refusal, set time for future interview	8. non-operational business - closed BEFORE event	11. no access (e.g., fence preventing entry)
3. Wrong address, could not locate	6. Soft refusal, left form	9. non-operational - closed AFTER event / destroyed	12. ineligible, business (name) different than the one expected

Federal classification of the business: \_\_\_\_\_

A. Woman-owned      B. Minority certified by the SBA (8a)      C. Veteran-owned      D. NONE

## Business Background

### 1. What is the operational status of this business?

1. Open
2. Permanently closed
3. Moved to alternative location (provide address: \_\_\_\_\_)

Not sure/don't know (take notes on any information that can help us identify the status of the business: \_\_\_\_\_)

### 2. What event [wildfire or smoke from wildfire] did this location experience and in what year [associated "name" and/or year]

\_\_\_\_\_

### 3. [Take photo of outside of business with geocoding]

(THE FOLLOWING QUESTIONS SHOULD BE ANSWERED BY BUSINESS OWNER OR MANAGER. THE QUESTIONS IN THIS SURVEY RELATE ONLY TO THIS PARTICULAR LOCATION FOR THIS BUSINESS.)

[Type here]

4. **What is your role with this business?** 1. Owner 2. Manager 3. Owner and Manager

5. **How many years have you worked as a business owner/manager?**

5.1. At this location: \_\_\_\_\_ (years)

5.2. In your total career: \_\_\_\_\_ (years)

## Damage and Business Interruption

6. **Did you undertake any advance preparation/activities to prepare for potential hazards? 1. Yes 2. No**

6.1. If Yes [q 6], please describe the specific actions or investments: \_\_\_\_\_

7. **What kind of physical damage was caused by the event and how severe was the damage?**

[refer to separate business damage states table]

	Primary Damage Description	DS0	DS1	DS2	DS3
<b>Buildings</b>	Ignition (flaming or smoldering)	No damage	Light damage -- such as broken windows, slight damage to roofing and siding, interior partitions blown down, and cracked walls; the damage is not severe enough to preclude use of the installation for the purpose for which it was intended	Moderate damage -- precludes effective use of the structure, facility, or object for its intended purpose, unless major repairs are made short of complete reconstruction.	Severe damage -- precludes further use of the structure, facility, or object for its intended purpose.
	Smoke	No damage	Light damage - the damage is not severe enough to preclude use of the installation for the purpose for which it was intended	Moderate damage -- precludes effective use of the structure, facility, or object for its intended purpose, unless major repairs are made short of complete reconstruction.	Severe damage -- precludes further use of the structure, facility, or object for its intended purpose.
<b>Content/ Inventory</b>	Ignition (flaming or smoldering)	No damage	All reusable/usable, with zero or slight value drop	Moderate amount reusable, with moderate	Little to no reusable, with

				value drop	significant value drop
	Smoke	No damage	All reusable/usable, with zero or slight value drop	Moderate amount reusable, with moderate value drop	Little to no reusable, with significant value drop
<b>Machinery/Equipment</b>	Ignition (flaming or smoldering)	No damage	Operational, with zero or slight value drop	Partially operational, with moderate value drop	Non-operational, with significant value drop
	Smoke	No damage	Operational, with zero or slight value drop	Partially operational, with moderate value drop	Non-operational, with significant value drop

<b>Was the vegetation adjacent to business damaged?</b>	No damage	Minor damage—will recover in a 1-2 years	Major damage—will take 3-10 years to recover	Catastrophic damage—will take more than 10 years to recover
<b>Was the vegetation around the community damaged?</b>	No damage	Minor damage—will recover in a 1-2 years	Major damage—will take 3-10 years to recover	Catastrophic damage—will take more than 10 years to recover

**8. What types of utilities and services were disrupted at this building? And for how long?**  
 (\* N/A: not applicable, if your business does not use this service, please indicate N/A; DK: don't know)

<b>Did your business lose electric power?</b> 1. Yes 2. No 3. DK 4. N/A	<b>If YES, for how long?</b> ____ Hours or ____ days still don't have electricity
[If yes] Did this business use a backup generator? 1. Yes 2. No 3. DK 4. N/A	
<b>Did your business lose water?</b> 1. Yes 2. No 3. DK 4. N/A	
[If yes] Did this business have a backup water supply? 1. Yes 2. No 3. DK 4. N/A	
<b>Did your business lose natural gas?</b> 1. Yes 2. No 3. DK 4. N/A Hours or ____ days still don't have natural gas	
<b>Did your business lose sewer?</b> 1. Yes 2. No 3. DK 4. N/A Hours or ____ days still don't have sewer	

(Discussion copy)

PIN: \_\_\_\_\_

<b>Did your business lose landline phone?</b> 1. Yes 2. No 3. DK 4. N/A <small>Hours or days</small>	____ Hours or ____ days still don't have landline
<b>Did your business lose cell phone service?</b> 1. Yes 2. No 3. DK 4. N/A <small>Hours or days</small>	____ Hours or ____ days still don't have cell phone
<b>Did your business lose Internet access?</b> 1. Yes 2. No 3. DK 4. N/A <small>Hours or days</small>	____ Hours or ____ days still don't have internet/IT
<b>Did your business lose IT (e.g., access to Critical computer Programs/data) ?</b> 1. Yes 2. No 3. DK 4. N/A <small>Hours or days</small>	
<b>Did your business experience any accessibility issues such as road closures?</b> 1. Yes 2. No 3. DK 4. N/A <small>Hours or days</small>	
<b>Were you under an evacuation alert, evacuated the area, or voluntarily left due to hazard conditions?</b>	____ Hours or ____ days still have not returned

9. How long did it take for your business to resume operations? \_\_\_\_\_ (all days) Or N/A: operations did not shut down \_\_\_\_\_.

10. Were employees unable to access this work location during or after the event? 1. Yes 2. No

11. If yes [Q10], please answer the following:

11.1 How long did it take for employees to access this work location? \_\_\_\_\_ (all days)

11.2 Was there an alternate work location available for employees to work while the primary location was closed? 1. Yes 2. No

11.3 If [11.2=yes] How far away was the alternate work location from the primary location? \_\_\_\_\_ (mi.)  
 \_\_\_\_\_ not applicable

11.4 If [11.2=yes] What type of location was used: 1. Another physical location owned by the business 2. Third-party provided location 3. Employee's home

12. Did this business use any other backup systems besides generators or water supply? 1. Yes 2. No

12.1. [If yes] please describe \_\_\_\_\_

13. Please add any information about damages from loss of power or other utilities (e.g., leading to inability to move perishable inventory or other damage). \_\_\_\_\_

14. Was there a stoppage or delay in the delivery of supplies that interrupted business activities (e.g., production or sales)? 1. Yes 2. No 3. N/A If yes, for how long ? \_\_\_\_\_ (calendar not just work days)

14.1 If yes: Was this a complete or partial stoppage? 1. Complete 2. Partial; Time: \_\_\_\_\_ (all days, not just work days)

(Discussion copy)

PIN: \_\_\_\_\_

14.2 Did the business experience any other supply chain issues; please explain briefly:

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**15. During the event, operations were at:**

1. 100% (fully functioning )	2. 80-99%	3. 50-79%	4. 30-49%	5. 1-29%	6. 0% (operations completely ceased)
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**16. Did you make the decision to close the business prior to the event? 1. Yes 2. No**

**17. If yes [Q16], please answer the following:**

17.1 When did the business make the decision to close (e.g., 1 day, 1 hr. before the event hit)? \_\_\_\_

17.2 What prompted the closure?

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**18. If no [Q16], during or after the event, did the business close? 1. Yes 2. No**

**19. If yes [Q18], please answer the following:**

19.1 Was it a required closure because it could not function given damage?

19.2 Who made the final determination? 1. Owner 2. Manager 3. Local policy/requirement 4. Other \_\_\_\_

19.3 What information was used to make this decision? \_\_\_\_\_

**20. Which of the following did you use to get your information? (mark all that apply)**

- a. local network tv news
- b. National TV
- c. Weather Channel
- d. Accuweatherer.
- e. Local government
- f. social media
- g. AirNow.gov
- h. Community leaders
- i. radio
- j. internet source
- k. friends/family
- l. social media
- m. National Weather Service
- n. OTHER \_\_\_\_\_

20.1 What was the most important information used to close your business?

**21. How did the business communicate the status of the business (e.g., open or not) to potential customers and the public? (all that apply) 1. Telephone 2. E-mail 3. Text message 4. Social media 5. Other \_\_\_\_**

**(Discussion copy)**

PIN: \_\_\_\_\_

**22. How dependent is this business on this physical location? (In other words, can this business use virtual location(s) or service(s) during recovery):**

1. Not dependent on physical location at all
2. Somewhat dependent on physical location
3. Extremely dependent on physical location
4. Other \_\_\_\_\_

**23. Did the experience of this event change your approach to planning for possible future smoke/fire?**

23.1 If yes [Q23], how (please explain briefly)?

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23.2 If no [Q23], why not (please explain briefly)?

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## EMPLOYEE-RELATED QUESTIONS

**24. Did employees have to spend extra hours at work before, during, or after the event? 1. Yes 2. No**

**25. How did the business communicate the status of the business and their work schedule to employees? 1.**

**Telephone 2. E-mail 3. Text message 4. Social media 5. Other \_\_\_\_\_**

**26. Did your business experience any issues with employees' ability to report to work (once you began operation post-event)?**

28.1. Employee(s) could not report to work due to transportation problems/road closures/or they were evacuated? 1. Yes 2. No

28.2. Employee(s) could not report to work due to the need to repair damage to their property? 1. Yes 2. No

28.3 Employee(s) could not report to work because their children not yet back to school? 1. Yes 2. No

28.4 Employee(s) could not report to work due to hazard-related physical health issue? 1. Yes 2. No

28.5 Employee(s) could not report to work due to disaster-related mental health issues? 1. Yes 2. No

28.6 Other (please explain): \_\_\_\_\_

**27. Are you aware of any employee long-term health effects arising from the event (e.g., increased issues with asthma)? 1. Yes 2. No**

## Business Information

**28. In which year was this business established at this location? \_\_\_\_\_ (Year)**

**29. What is your primary line of business?**

1. Construction
2. Manufacturing
3. Retail trade
4. Service
5. Other (please specify): \_\_\_\_\_

**(Discussion copy)**

PIN: \_\_\_\_\_

**30. Before the most recent hazard event, how many full time and part time employees did this business have? And now?**

Before: Full time \_\_\_\_\_ Part time \_\_\_\_\_

Now: Full time \_\_\_\_\_ Part time \_\_\_\_\_

30.1. If the number of employees has changed after the event, was the change related to the event? 1. Yes 2. No

**31. Does this business own or rent the building?**

1. Own (including buying the building with mortgage) 2. Rent 3. Other \_\_\_\_\_

**32. What was the business ownership structure before the [event]?**

1. Single owner
2. Partnership (multiple owners)
3. Corporation or franchise
4. Cooperative
5. Other (please specify): \_\_\_\_\_

## Business Recovery

**33. Compared to before the event, what is the % capacity at which the business is operating today? \_\_\_\_\_ %**  
*(For "capacity," consider aspects of the business that are most important to you, like the quality and/or quantity of service or product offerings. For example: 50% for reduced capacity, 110% for increased capacity, or 0% for businesses that have not resumed operations.)*

**34. Did the business revenue change following the [event]? (Please reference gross revenue.) If yes:**

1. Decreased greatly
2. Decreased
3. Stayed the same
4. Increased
5. Increased greatly

**35. Has profitability of the business been impacted by the [event]?**

If yes, how has profitability changed since the event?

37.a. Before	o. Profitable	1. Breaking even	2. Unprofitable	3. Closed
37.b. Now	0. Profitable	1. Breaking even	2. Unprofitable	3. Closed

**36. Where do you feel your business stands in the process of recovery today?**

1. Still in operation but will never recover (please explain) \_\_\_\_\_
2. Still in survival/response mode
3. Recovering
4. Mostly recovered

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PIN: \_\_\_\_\_

5. Fully recovered

**37. Did this business experience a loss of customers during this event or in the remainder of the season?**

1. Lost customers (\_\_\_\_% loss)    2. Remained the same    3. Gained customers (\_\_\_% gain)

**38. Did your business have any type of oral or written plan: covering business continuity plan, disaster plan, employee training, (circle all that apply) to guide the actions of you and your employees through the hazard?**

1. Yes    2. No    3. other \_\_\_\_\_

38.1. [If 41="Yes"] Do you feel the plan enabled you to recover your operations more quickly than if you had no plan? 1. Yes    2. No    3. D/K

38.2. [If 41="Yes"] Have you updated your plan with the lessons learned from this event? 1. Yes 2. No 3. D/K

38.3 [If 41="No"] If you had no plan prior to this event, are you developing a plan now (or in the near future) based on the lessons learned from this event? 1. Yes    2. No    3. Maybe

## Recovery Finance & Mitigation

**39. Did you have insurance coverage related to this disaster type on the building, contents, or business interruption before the event? 1. Yes    2. No    3. D/K**

**40. Did you file claims and receive money?**

	Required to have insurance?	Had Insurance?	Filed Claim?	Received Money?	Received When? (months after event)	% insurance covered
Building	1. Yes 2. No 3. D/K	1. Yes 2. No 3. D/K	1. Yes 2. No 3. We paid for all	1. Yes 2. No 3. pending		
Content (business insurance/most relevant to renters)	1. Yes 2. No 3. D/K	1. Yes 2. No 3. D/K	1. Yes 2. No 3. We paid for all	1. Yes 2. No 3. pending		
Business interruption	1. Yes 2. No 3. D/K	1. Yes 2. No 3. D/K	1. Yes 2. No 3. We paid for all	1. Yes 2. No 3. pending		

**41. Did you receive any of the following assistance in recovery?**

Assistance Description	Applied?	Received?	Received When? (months after event)
a. FEMA financial assistance	1. Yes 2. No	1. Yes 2. No	
b. SBA (Small Business Administration) loan	1. Yes 2. No	1. Yes 2. No	

**(Discussion copy)**

PIN: \_\_\_\_\_

c. Other federal or state funds (specify): _____	1. Yes 2. No	1. Yes 2. No	
d. Local government funds (specify): _____	1. Yes 2. No	1. Yes 2. No	
e. Financial assistance from any church or other NGOs (non-government organizations)?	1. Yes 2. No	1. Yes 2. No	
f. Clean up or repair help from church or other NGOs?	1. Yes 2. No	1. Yes 2. No	
g. Loan from a Bridge Loan* program	1. Yes 2. No	1. Yes 2. No	
g. Private/bank loans	1. Yes 2. No	1. Yes 2. No	
h. Crowdsourcing online?	1. Yes 2. No	1. Yes 2. No	
i. Fundraisers (in-person/not online)?	1. Yes 2. No	1. Yes 2. No	
j. Other(s)? _____	1. Yes 2. No	1. Yes 2. No	

\*\* Bridge Loan: typically, loans between \$1,000 and \$50,000 for up to one year. While the bridge loan is a source of expedient funds, it is not designed to be the primary source of assistance for affected small businesses

**42. Was there assistance did you needed but did not have? (monetary or in-kind):**  
\_\_\_\_\_

**43. How long do you estimate this business could function in a deficit (X days, weeks, months)?** \_\_\_\_\_

**44. Have you taken any mitigation actions since [event name]? If yes, which [of the following or other]? (select all that apply)**

a. Changed marketing	b. Changed seasonal focus/added new seasonal activities	c. added or improved A/C or air purification systems	d. improved defensible space around property
e. Have an emergency plan in-place	f. Purchase increased insurance	g. Maintain offsite backups	h. reduced structure/building flammability, i.e., protected soffit vents, replaced roof.

**45. What are your thoughts today about extreme events such as the one discussed in this survey, regarding the economy of your community?**  
\_\_\_\_\_

Have there been changes in the severity of impacts and frequency of extreme events affecting your business?

<b>48.1.</b>	1. Decreasing greatly 2. Decreasing 3. Unchanged 4. Increasing 5. Increasing greatly
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**(Discussion copy)**

PIN: \_\_\_\_\_

<b>Severity (of impacts)</b>	
<b>48.2. Frequency</b>	1. Decreasing greatly 2. Decreasing 3. Unchanged 4. Increasing 5. Increasing greatly

**46. How many similar events [insert event type] have occurred at this location that have required your business to close temporarily or greatly reduced the number of people coming to your business (e.g., the business was inaccessible, decided to close)?**

Wildfire-related: \_\_\_\_\_ (if applicable, list names/dates, direct threat vs. smoke impacts, evacuated or under get ready-to-evacuate orders if direct threat)

**47. Are there resources you've gotten from your local government, wildfire programs or fire agencies that have been useful? If yes, what?**

\_\_\_\_\_

**48. Is there specific types of support you'd like to see provided by local government? If yes, what?**

\_\_\_\_\_

## Owner/manager demographics

**49. What is your age? \_\_\_\_\_ (years)**

**50. What is your number of years of schooling? Enter number of years \_\_\_\_\_ and indicate type of diploma or degree:**

1. Some high school, but didn't finish
2. Completed High School
3. Some college, but didn't finish
4. Associate degree
5. Bachelors
6. Masters or higher degree

**51. Are you Hispanic? Yes/no**

**52. What is your race? Select one or more.**

<input type="radio"/> White <input type="radio"/> Black or African American <input type="radio"/> American Indian or Native American	<input type="radio"/> Asian <input type="radio"/> Native Hawaiian or other Pacific Islander
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**53. What is your household income? (per year before taxes)**

a. Under \$25,000	e. \$80,000-\$99,999
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**(Discussion copy)**

PIN: \_\_\_\_\_

b. \$25,000-\$39,999	f. \$100,000-\$124,999
c. \$40,000-\$59,999	g. \$125,000-\$149,999
d. \$60,000-\$79,999	h. Over \$150,000

If you have any comments about the survey and/or business recovery after the [event], please let us know verbally or write them in the space below.

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**THANK YOU VERY MUCH FOR COMPLETING THE SURVEY!**

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