**Statewide Health Information Policy Manual (SHIPM) 3.1.1 – Contingency Plans**

*Compliance Tool Question #35 and 36*

## Artifact Must Haves and Best Practices

| **Item #** | **Topic** | **Covered (Y or N)** | **Comment** |
| --- | --- | --- | --- |
| 1 | Was an artifact(s) submitted describing organization’s data backup plans? | Y🞏 N🞏 |  |
| 2 | Does the artifact(s) specify backup/restoration for health information? | Y🞏 N🞏 |  |
| 3 | Does the artifact(s) specify who is responsible for the backups and plan (by name, positions, etc.)? | Y🞏 N🞏 |  |
| 4 | Does the artifact(s) address the frequency to backup data, systems, etc.? | Y🞏 N🞏 |  |
| 5 | Does the artifact(s) specify backup/restoration of the operating system, applications and user level? | Y🞏 N🞏 |  |
| 6 | Does the artifact(s) address management of the stored backups & backup data repositories, including at a minimum: |  |  |
| 6a | * Chain of custody process & documentation? | Y🞏 N🞏 |  |
| 6b | * Periodic (quarterly) media audit? | Y🞏 N🞏 |  |
| 6c | * Periodic testing of media restoration? | Y🞏 N🞏 |  |
| 7 | Does the artifact(s) address automatic media verification after write? | Y🞏 N🞏 |  |
| 8 | Does the artifact(s) address media encryption? | Y🞏 N🞏 |  |
| 9 | Does the artifact(s) specify the storage of backups in a secure, protected, offsite location(s)? | Y🞏 N🞏 |  |
| 10 | Does the artifact(s) specify the secure destruction of expired backups after the retention period? | Y🞏 N🞏 |  |
| 11 | Does the artifact(s) have official review/acceptance: |  |  |
| 11a | * Effective Date? | Y🞏 N🞏 |  |
| 11b | * Revision Date? | Y🞏 N🞏 |  |
| 11c | * Authorizing Sr./Executive or Management Signature? | Y🞏 N🞏 |  |

Title(s) of Submitted Policy/Document/Artifact(s) Reviewed:

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Stored Location of, or link to Artifact(s) Reviewed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Overall CalOHII Reviewer Comments:

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Name of CalOHII Reviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Reviewed: \_\_\_\_\_\_\_\_\_\_\_\_

Title of or link to Other Source(s) used (e.g., sources not in checklist, templates) – *optional*:

<http://www.documents.dgs.ca.gov/sam/SamPrint/new/sam_master/rev427sept14/chap5300/5325.6.pdf>