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

*Compliance Tool Question #35*

## 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? |  |  |
| 2 | Does the artifact(s) specify backup/restoration for health information? |  |  |
| 3 | Does the artifact(s) specify who is responsible for the backups and plan (by name, positions, etc.)? |  |  |
| 4 | Does the artifact(s) address the frequency to backup data, systems, etc.? |  |  |
| 5 | Does the artifact(s) specify backup/restoration of the operating system, applications and user level? |  |  |
| 6 | Does the artifact(s) address management of the stored backups & backup data repositories, including at a minimum: | n/a |  |
| 6a | * Chain of custody process & documentation?
 |  |  |
| 6b | * Periodic (quarterly) media audit?
 |  |  |
| 6c | * Periodic testing of media restoration?
 |  |  |
| 7 | Does the artifact(s) address media encryption? |  |  |
| 8 | Does the artifact(s) specify the storage of backups in a secure, protected, offsite location(s)? |  |  |
| 9 | Does the artifact(s) specify the secure destruction of expired backups after the retention period? |  |  |
| 10 | Does the artifact(s) have official review/acceptance: | n/a |  |
| 10a | * Effective Date?
 |  |  |
| 10b | * Revision Date?
 |  |  |
| 10c | * Document the authorizing (senior or executive) management approval?
 |  |  |

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 CDII Reviewer Comments:

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

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