## MEMORANDUM OF UNDERSTANDING – Work Area Recovery

## 1. Introduction

The identification of alternative premises builds resilience and ensures disruption is minimal. This document confirms the agreement and also provides detail on restrictions in the use of [insert name of premises to be used].

## 2. Agreement

**Agreement between [Agency], [Person in authority from the WAR site]**

**and [Agency], [Person in authority wanting to use WAR site]**

To provide limited fall back/work area recovery facilities in the event that an incident disrupts or prevents service delivery from [usual work site of using agency].

## 3. Premises details

[Insert full postal address]

[Insert full postal address]

[Insert full postal address]

[Insert full postal address]

[Insert full postal address]

Areas within the building identified for recovery:

[Insert rooms etc - e.g. that kitchen and toilet facilities are available]

Contact details if Work Area Recovery need to be invoked:

## 4. Restrictions

[Note any restrictions re time etc when the designated site may not be available]

We suggest that [agency using the site] should consider a range of options for WAR arrangements and test these in case this location is not available.

In the event of needing to invoke the use of the rooms detailed above, [agency using the site] agrees to ensure that all items used are returned as they were found.

## 5. Agreement

Agreement received from Senior Manager please confirm details below.

**Premises name: [Insert]**

[Title and name of person authorising use]

Signature: Date:

Next Review Date: